2005-2006

Graduate Medical Education Directory

Including Programs Accredited by the Accreditation Council for Graduate Medical Education
Graduate Medical Education Directory
2005–2006

Including programs accredited by the Accreditation Council for Graduate Medical Education
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Preface

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

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

Contents of the Directory

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

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

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

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

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

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

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

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

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

Contents of the GMED Companion

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

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

Production of the Directory

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

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

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

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

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

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

AMA Physician Masterfile

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

Medical Education Data Service

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

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

Disclaimer

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

Back issues of the Directory

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

Special Acknowledgment to the ACGME

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

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

Acknowledgments

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

AMA Department of Data Collection, for data collection and information resources management: Susan Montrimas, Chris Mathews, Frank Karnavas, Patrick Cook, John Wilson, Angelina Martinez, and Charles Fisher.

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

Graduate Medical Education Directory 2005-2006
Section I

Graduate Medical Education Information

Review and Accreditation of Graduate Medical Education Programs

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

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Request of Program. Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:
1. A program director may request voluntary withdrawal of accreditation of a program, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in E below, the director will seek voluntary withdrawal of accreditation. Normally, such requests would come from the program director, with a letter of confirmation from the sponsoring institution's chief executive officer.
2. Two or more programs may be merged into a single program. If the review committee accredits the new program, it will take concurrent action for withdrawal of accreditation, without prejudice, of the previously separate programs. The review committee will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).
3. Delinquency of Payment. Programs that are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of ACGME-accredited programs.

C. Noncompliance with Accreditation Actions and Procedures. A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedures:
1. To undergo a site visit and program review;
2. To follow directives associated with an accreditation action; and
3. To supply a review committee with requested information.

E. Program Inactivity or Deficiency. A review committee may withdraw accreditation of a program, without prejudice. It is expected that if a program is found to be inactive or deficient for one or more of the reasons set forth in G below, the program will be subject to withdrawal of accreditation.

1. The program has been inactive for 2 or more years, without requesting and being granted official “inactive status.”
2. The program has incurred a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not creditable.
3. The program has incurred an egregious accreditation violation.

F. Withdrawal of accreditation for reasons noted in the above paragraphs (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, and Program Inactivity or Deficiency) is an administrative action and is not subject to the appeals process.

G. The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):
1. The effective date of withdrawal of accreditation shall not be less than 1 year from the date of the final action taken in the procedures to withdraw accreditation.
2. The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
3. Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.
4. When action has been taken by a review committee to withdraw accreditation of a residency program and the program has entered into appeal procedures, an application for re-accreditation of the program will not be considered until the appeal action is concluded. The Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions, provided in this document, contain further details.

H. Inactive Status in Lieu of Withdrawal of Accreditation

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

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

Actions Regarding Accreditation of Subspecialty Programs

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

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

B. When the accreditation status of a subspecialty program is directly related to, or dependent upon, the status of a general specialty/parent program, the following accreditation actions are used:

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

2. Accreditation. The subspecialty program has demonstrated substantial compliance with the Essentials and is attached to a general specialty program that holds full accreditation or is otherwise deemed satisfactory by the review committee.

3. Accreditation With Warning. The accredited subspecialty program has been found to have one or more areas of noncompliance with the Essentials that are of sufficient substance to require correction.

4. Accreditation With Warning, Administrative. The general specialty program to which the subspecialty program is attached has been granted accreditation on a probationary basis. This action simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.

5. Withdraw Accreditation. An accredited subspecialty program is considered not to be in substantial compliance with the Essentials and has received a warning about areas of noncompliance.

6. Withdraw Accreditation, Administrative. If a general specialty program has its accreditation withdrawn, simultaneously the accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.

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

Warning Notices

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

The warning procedure may be used as follows:

A. For a program with provisional accreditation. A review committee may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the Essentials.

B. For a program with full accreditation. A review committee may elect to continue full accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time probationary accreditation will be considered if the program is not in substantial compliance with the Essentials.

C. Review committees may extend the interval before the next review to 2 years, as in cases where program improvements may be addressed more appropriately within 2 years rather than 1 year.

Deferral of Accreditation Action

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

Size of Resident Complement

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

Participating Institutions

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

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

**Notification of Accreditation Status**

**Letters of Notification**

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

**Notifying Residents and Applicants**

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

**Duration of Accreditation**

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

**Identification of Programs in ACGME Records**

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

The following standards are followed:

a. The program title clearly identifies the sponsoring institution.

b. Only one sponsoring institution is identified.

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

d. Outpatient facilities and ambulatory clinics and inpatient sites not serving as major participating institutions generally are listed in the Accreditation Data System (ADS) on an optional basis, as determined by the program.

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

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

**ACGME Procedures for Proposed Adverse Actions**

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

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

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

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

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

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

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

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

a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel. [Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.] [Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.] If a written request for such a hearing is not received by the executive director of the ACGME within 30 days following receipt of the letter of notification, the action of an RRC will be deemed final and not subject to further appeal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h. The decision of the ACGME in this matter shall be final. There is no provision for further appeal.

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

Program Organization

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

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

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

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

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

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

Fees for Evaluation and Accreditation
Fees charged for the accreditation of programs are determined annually by the ACGME. As of January 1, 2006, the following fee schedule is in effect.

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

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

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

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

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

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

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Graduate Medical Education Directory 2005-2006
Section II—Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements—begins with a preface containing general information about the three major phases of the education of physicians, the accreditation of graduate medical education programs, and a glossary of selected terms, followed by a copy of the Institutional Requirements and the Common Program Requirements, both effective July 1, 2003. The bulk of Section II consists of Program Requirements organized by specialty/related subspecialty, reflecting updates/revisions in 2003. Because the RRCs meet periodically throughout the year to review programs, the most current list of accredited programs of graduate medical education and relevant Program Requirements can be found at the ACGME Web site at www.acgme.org.

Preface

I. The Education of Physicians

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

A. Undergraduate Medical Education

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

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

B. Graduate Medical Education

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

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

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

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

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

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

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

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

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

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

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

B. Accreditation of Residency Programs

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

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

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

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

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

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

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

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

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

C. Structure of the ACGME and of the Review Committees

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

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

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

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

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

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

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

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

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

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

III. A Glossary of Selected Terms Used in GME Accreditation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Shall: (See “Must.”)

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

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

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

**Institutional Requirements**

I. Introduction

A. Purpose of Graduate Medical Education (GME)

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

B. Sponsoring Institution

1. ACGME-accredited GME programs must operate under the authority and control of a Sponsoring Institution (see definition of “Sponsoring Institution” in the Glossary under “Institution”).

2. A Sponsoring Institution must be appropriately organized for the conduct of GME in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. Compliance with ACGME Requirements, Policies and Procedures

1. A Sponsoring Institution must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional, common and specialty-specific Program Requirements.

2. A Sponsoring Institution’s failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored ACGME-accredited programs.

3. A Sponsoring Institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (ACGME Web site, www.acgme.org). Of particular note are those policies and procedures that govern “Administrative Withdrawal,” an action that could result in the closure of a Sponsoring Institution’s ACGME-accredited program(s) and cannot be appealed.

II. Institutional Responsibilities

A. Commitment to GME

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

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

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

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

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

III. Institutional Responsibilities for Residents

A. Eligibility and Selection of Residents
The Sponsoring Institution must assure that all enrolled residents are eligible as defined below. Institutions and ACGME-accredited programs that enroll ineligible residents will be subject to administrative withdrawal. The Sponsoring Institution must have written policies and procedures for the recruitment and appointment of residents that comply with the following requirements and must monitor each program for compliance:
1. Resident eligibility:
   Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:
   a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
   c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
      1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment or
      2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training.
   d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.[*A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).]
a) The Sponsoring Institution must ensure that its ACGME-accredited programs provide residents with a written agreement of appointment or contract outlining the terms and conditions of their appointment to an ACGME-accredited program, and the institution must monitor the implementation of these terms and conditions by the program directors. Sponsoring Institutions and program directors must ensure that residents adhere to established practices, policies, and procedures in all institutions to which residents are assigned. The agreement must contain or provide a reference to at least the following:

a. Residents’ responsibilities;

b. Duration of appointment;

c. Financial support;

d. Conditions under which living quarters, meals, and laundry services or their equivalents are provided;

e. Conditions for reappointment;

1) Nonrenewal of agreement of appointment: The Sponsoring Institution must provide a written institutional policy that conforms to the following: In instances where a resident’s agreement is not going to be renewed, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the resident(s) with a written notice of intent not to renew a resident’s agreement no later than four months prior to the end of the resident’s current agreement. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the resident(s) with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

2) Residents must be allowed to implement the institution’s grievance procedures as addressed below if they have received a written notice of intent not to renew their agreements.

f. Grievance procedures and due process: The Sponsoring Institution must provide residents with fair and reasonable written institutional policies on and procedures for grievance and due process. These policies and procedures must address:

1) academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident’s agreement or other actions that could significantly threaten a resident’s intended career development; and,

2) adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

g. Professional liability insurance:

1) The Sponsoring Institution must ensure that residents in ACGME-accredited programs provide professional liability coverage for the duration of training. Such coverage must provide legal defense and protection against awards from claims reported or filed after the completion of the ACGME-accredited program if the alleged acts or omissions of the residents are within the scope of the ACGME-accredited program.

2) The professional liability coverage should be consistent with the Sponsoring Institution’s coverage for other medical/professional practitioners.

3) Current residents in ACGME-accredited programs must be provided with the details of the institution’s professional liability coverage for residents.

h. Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.

i. Leaves of absence:

1) The Sponsoring Institution must provide written institutional policies on residents’ vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws.

2) The Sponsoring Institution must ensure that each program provides its residents with a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

j. Duty Hours:

1) The Sponsoring Institution is responsible for promoting patient safety and education through carefully constructed duty-hour assignments and faculty availability.

2) The institution must have formal written policies and procedures governing resident duty hours that support the physical and emotional well-being of the resident, promote an educational environment, and facilitate patient care.

k. Moonlighting:

1) Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents’ educational experience and safe patient care. Therefore, institutions and program directors must closely monitor all moonlighting activities.

2) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:

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

E. Resident Participation in Educational and Professional Activities
1. The Sponsoring Institution must ensure that each ACGME-accredited program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:
   a. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   b. **Medical knowledge** about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
   c. **Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
   d. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
   e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
   f. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
2. In addition, the Sponsoring Institution must ensure that residents
   a. develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
   b. participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;
   c. have the opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care;
   d. participate in an educational program regarding physician impairment, including substance abuse.
3. The Sponsoring Institution must ensure that residents submit to the program director or to the DIO at least annually confidential written evaluations of the faculty and of the educational experiences.

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

IV. Graduate Medical Education Committee (GMEC)

A. GMEC Composition and Meetings

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

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

B. GMEC Responsibilities

The GMEC must:

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

V. Internal Review

A. Process

1. The GMEC is responsible for the development, implementation and oversight of the internal review process. The internal review process must comply with the following:
   a) The GMEC must designate an internal review committee(s) to review each ACGME-accredited program in the Sponsoring Institution. The internal review committee must include faculty, residents, and administrators from within the institution but from ACGME programs other than the one that is being reviewed. External reviewers may also be included on the committee as determined by the GMEC.
   b) The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this section (Section V).
   c) Reviews must be conducted at approximately the midpoint between the ACGME program surveys.
   d) Although departmental annual reports are often important sources of information about a residency program, they do not meet the requirement for a periodic internal review.
2. While assessing the residency program's compliance with each of the program standards, the review should also appraise
a. the educational objectives of each program;
b. the effectiveness of each program in meeting its objectives;
c. the adequacy of available educational and financial resources to support the program;
d. the effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
e. the effectiveness of each program in defining, in accordance with the Program and Institutional Requirements (Section III.B), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
f. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;
g. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,
h. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
3. Materials and data to be used in the review process must include
a. Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs;
b. accreditation letters from previous ACGME reviews and progress reports sent to the RRC; and,
c. reports from previous internal reviews of the program.
4. The internal review committee must conduct interviews with the program director, faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the committee.
5. Program inactivity: ACGME-accredited programs and subspecialties that have applied for and received RRC approval for "inactive" status do not need internal reviews. However, an internal review must be conducted prior to requesting RRC approval for reactivation.

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

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

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

Common Program Requirements

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

I. [Specialty Introduction inserted here]

II. Institutions

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

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

d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

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

b) The program director must be certified in the specialty by the American Board of ________, or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

1. the addition or deletion of a participating institution; [as further specified by the RRC]

2. a change in the format of the educational program;

3. a change in the approved resident complement for those specialties that approve resident complement. [as further specified by the RRC]

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

B. Faculty

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of ________, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program. [as further specified by the RRC]

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

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

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

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

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

D. Resources

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

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

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

C. Resident Transfers

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

D. Appointment of Fellows and Other Students

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

V. Program Curriculum

A. Program Design

1. Format

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

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

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

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

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties)
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

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

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

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

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

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

A. Resident

1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

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

B. Faculty

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

C. Program

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

E. Oversight

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

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

F. Duty Hours Exceptions

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

VIII. Experimentation and Innovation

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

IX. Certification

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

ACGME: February 2003 Effective: July 1, 2004
Editorial Revision: February 2004
Program Requirements for Residency Education in Allergy and Immunology

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

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

I. Introduction

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

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

II. Institutional Support

A. Sponsoring institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
1. Allergy and immunology programs should be conducted principally in institutions with accredited graduate medical education programs in pediatrics and internal medicine.
2. The sponsoring institution must provide sufficient faculty, financial resources, clinical resources, research opportunities, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. Participation by any institution providing more than 4 months of education for each resident during the 2-year program must receive prior approval by the Residency Review Committee (RRC).

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B and VII.A of the Program Requirements;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.
   e) outline the educational goals and objectives to be attained by the resident during the assignment.

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

III. Program Personnel and Resources

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

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

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty must include:
   a. qualified allergist(s) and immunologist(s) with a background in internal medicine and
   b. qualified allergist(s) and immunologist(s) with a background in pediatrics.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise. They must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, and must support the goals and objectives of the educational program of which they are a member and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section III.B.4.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching
V.D., prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

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

V. The Educational Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

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

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

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties)
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

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

E. Role of Program Director and Faculty
The program director, with assistance of the faculty is responsible for developing and implementing the academic and clinical program of resident education by providing documentation that each resident is provided with the following components in the 24-month course of study as referenced in Sections V.F. and G. of these Program Requirements:
1. Fifty percent of the program must be devoted to direct patient care activities.
2. Twenty-five percent of the program must be devoted to research and scholarly activities.
3. Twenty-five percent of the program must be devoted to other educational activities.

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

The following basic science areas must be included in the educational program:
2. Knowledge of aerobiology; cellular and molecular immunobiology; humoral and cellular immunology; pulmonary physiology; mechanisms of inflammation; pharmacology and
pharmacokinetics, drug metabolism, drug side effects, and drug interactions; the scientific basis of the methodology, indications, and interpretation of laboratory tests and imaging procedures used in the diagnosis and follow-up of patients with asthmatic, allergic, immunologic, and other diseases; preparation and standardization of allergen extracts; means to measure indoor allergens and the institution of environmental control measures in the home and other sites; transplantation medicine and tumor immunology, reproductive immunology; the costs of therapy and diagnostic testing; and the psychological effects of chronic illness.

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

4. Knowledge of the etiology, immunopathogenesis, differential diagnosis, therapy, and complications of those diseases referenced in these Program Requirements.

5. Knowledge of controversial or unproven drug or therapeutic techniques in allergy, asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

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

1. Direct patient care experience: Fifty percent of the resident’s time must be devoted to direct patient care activities. Direct patient care is defined as both inpatient and outpatient care, clinical case conferences, and record reviews.

a. Cross-training in internal medicine and pediatrics: Residents must receive cross-training in both pediatric and adult allergy and immunology because specialists in allergy and immunology, whatever their primary specialties, are called on to diagnose and treat individuals of all ages.

1) Twenty percent of the required minimum 12-month equivalent direct patient care activity is the required cross-training experience.

2) Inpatient experiences, both initially and through follow-up, should be provided as an educational experience in the crossover specialty.

b. Ambulatory experience: A sufficient number of adult and pediatric ambulatory patients must be provided for each resident during the 24-month program.

c. Inpatient experience:

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

2) Inpatient activities may be accomplished through educational liaisons with other specialties or services. There must be sufficient diversity of patient ages and diagnoses to reflect the breadth of the specialty.

2. A patient listing consisting of a unique patient identifier, age, and diagnosis for each patient seen by each resident must be available for verification by the site visitor.

3. Continuity of care: Residents must be provided with continuing responsibility for the care of patients with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

4. Number, variety, and classification of patients: The program must provide a sufficient number of pediatric and adult patients to provide education in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

a. Residents must have direct patient contact with children and adults with the following diagnoses:

1) Anaphylaxis
2) Asthma
3) Atopic dermatitis
4) Contact dermatitis
5) Drug allergy
6) Food allergy
7) Immunodeficiency
8) Rhinitis
9) Sinusitis
10) Stinging insect hypersensitivity
11) Urticaria and angioedema

b. Direct contact with patients with the following diagnoses is strongly encouraged:

1) Autoimmune disease
2) Bronchopulmonary aspergillosis
3) Eosinophilic disorders
4) Hypersensitivity pneumonitis
5) Mastocytosis
6) Oral allergies
7) Occupational lung disease
8) Vasculitis

5. Residents must demonstrate proficiency with the following procedures

a. Allergen immunotherapy
b. Delayed hypersensitivity skin testing
c. Drug desensitization and challenge
d. Immediate hypersensitivity skin testing
e. IVIG treatment
f. Performance and interpretation of pulmonary function tests
g. Physical urticaria testing

6. Resident proficiency with the following procedures is highly desirable:

a. Exercise challenge
b. Methacholine and other bronchial challenge testing
c. Nasal cytology
d. Oral challenge tests
e. Patch testing
f. Rhinolaryngoscopy

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

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

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

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

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

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

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

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semester written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance. The structured use of checklists and evaluation forms is encouraged. The direct observation of resident interactions with patients should be included. Innovation in resident evaluation is encouraged.

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

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

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

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

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

program Requirements for Graduate Medical Education in Anesthesiology

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

I. Introduction

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

B. Duration and Scope of Education

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

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

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

The Clinical Base Year must include at least 10 months of clinical rotations, of which at most 1 month may involve training in anesthesia. Clinical Base Year rotations include training in internal medicine or emergency medicine, pediatrics, surgery or any of the surgical specialties, critical care...
Clinical assignments in the CA-3 year must include difficult or complex anesthesia procedures and the care of seriously ill patients. Subspecialty rotations are encouraged, but none may be longer than 6 months. A curriculum specific to each of the subspecialty programs offered must be on file in the department. This curriculum must be distinct from the CA-1 and CA-2 years subspecialty curricula, and must reflect increased responsibility and learning opportunities. These assignments must not compromise the learning opportunities for the CA-1 and CA-2 residents.

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

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

c) Research Track

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

C. Goals and Objectives

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

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

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

II. Institutions

A. Sponsoring Institution

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

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

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

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

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

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

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

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The number of faculty must be sufficient to provide each resident with adequate supervision, which shall not vary substantially with the time of day or the day of the week. In the clinical set-
Additional necessary professional, technical, and clerical personnel must be provided to support the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC. Faculty who are not ABA-certified should be in the process of obtaining certification.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

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

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

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

6. The faculty should have varying interests, capabilities, and backgrounds, and must include individuals who have specialized expertise in the subspecialties of anesthesiology, which includes but is not limited to critical care, obstetric anesthesia, pediatric anesthesia, neuroanesthesia, cardiothoracic anesthesia, and pain medicine. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. Fellowship training, several years of practice (primarily within a subspecialty), and membership and active participation in national organizations related to the subspecialty may signify expertise.

7. Teaching by residents of medical students and junior residents represents a valid learning experience. The use of a resident as an instructor of junior residents, however, must not substitute for experienced faculty.

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

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

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

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

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

IV. Resident Appointments

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

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

2. Appointment of a minimum of nine residents with, on average, three appointed each year is required. Any proposed increase in the number of residents must receive prior approval by the RRC.
C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

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

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

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

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

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

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

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

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

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

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

a) Forty anesthetics for vaginal delivery; evidence of direct involvement in cases involving high-risk obstetrics, as well as a minimum of 20 cesarean sections.

b) Anesthesia for 100 children under the age of 12, including anesthesia for 15 infants less than 1 year of age, including infants less than 45 weeks postconceptional age.

c) Anesthesia for 20 patients undergoing surgical procedures involving cardiopulmonary bypass.

d) Twenty other major vascular cases (including endovascular cases).

e) Twenty intrathoracic (thoracotomy, thoracoscopy) noncardiac cases.

f) Twenty procedures involving an open cranium, some of which must include intracerebral vascular procedures.

g) Fifty epidural anesthetics for patients undergoing surgical procedures, including cesarean sections.

h) Ten major trauma cases.

i) Fifty subarachnoid blocks performed for patients undergoing surgical procedures.

j) Forty peripheral nerve blocks for patients undergoing surgical procedures.

k) Twenty-five new patient evaluations for management of patients with acute, chronic, or cancer pain disorders. Residents should have familiarity with the breadth of pain medicine, including clinical experience with interventional pain procedures.

l) Documented involvement in the management of acute postoperative pain, including familiarity with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.

m) Documented involvement in the systematic process of the preoperative management of the patient.
n) Significant experience with certain specialized techniques for airway management (such as fiberoptic intubation, double lumen endotracheal tube placement, and laryngeal mask airway management), central vein catheter placement, pulmonary artery catheter placement, peripheral arterial cannulation, transesophageal echocardiography, evoked potentials, and electroencephalography.

o) A postanesthesia care experience of 2 continuous weeks, which must involve direct care of patients in the postanesthesia-care unit and responsibilities for management of pain, hemodynamic changes, and emergencies related to the postanesthesia-care unit. Designated faculty must be readily and consistently available for consultation and teaching.

p) Critical care rotation, including active participation in patient care by anesthesia residents in an educational environment in which participation and care extend beyond ventilatory management, and active involvement by anesthesiology faculty experienced in the practice and teaching of critical care. This training must take place in units in which the majority of patients have multi-system disease. The postanesthesia-care unit experience does not satisfy this requirement.

q) Appropriate didactic instruction and sufficient clinical experience in managing problems of the geriatric population.

r) Appropriate didactic instruction and sufficient clinical experience in managing the specific needs of the ambulatory surgical patient.

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

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

VI. Resident Duty Hours and the Working Environment

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

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

   2. Faculty schedules must be structured to provide residents with continuous supervision and consultation. Supervision shall not vary substantially with the time of day or day of the week. In the clinical setting, faculty members should not direct anesthesia at more than 2 anesthetizing locations simultaneously.

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

B. Duty Hours

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

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

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

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call. The RRC will not consider requests for a rest period of less than 10 hours.

C. On-Call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During the 6 additional hours, residents may not administer anesthesia in the operating room for a new operative case or manage new admissions to the ICU. The resident should not manage non-continuity patients in the 6 hours post-call.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

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

   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

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

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

2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

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

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

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

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

VII. Evaluation

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

   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

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

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

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

   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

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

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

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

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

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

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

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

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

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

Program Requirements for Residency Education in the Subspecialties of Anesthesiology

Preface
The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty. These requirements apply to all of the accredited subspecialty areas and should be consulted along with the individual subspecialty Program Requirements.

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

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

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

B. Residency education programs in the subspecialties of anesthesiology may be accredited only in an institution that either sponsors a residency education program in anesthesiology accredited by the ACGME or is related by formal integration agreement with the core program. (The pediatric anesthesiology program is an exception to this requirement. See Program Requirements for Pediatric Anesthesiology, Sec. II.A) Close cooperation between the subspecialty and residency program directors is required.

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

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

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of program director, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
Program Requirements for Residency Education in the Subspecialties of Anesthesiology

a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b. The program director must be certified in the specialty by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC, and shall have had post residency experience in the subspecialty, preferably fellowship training (See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements.)
c. The program director must be appointed in good standing and based at the primary teaching site.
d. The program director must be a member of the anesthesiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.

4. Responsibilities of the program director as follows:

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

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

B. Faculty

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b. The physician faculty must be certified by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

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

5. Qualifications of the nonphysician faculty are as follows:

a. Nonphysician faculty must be appropriately qualified in their field.
b. Nonphysician faculty must possess appropriate institutional appointments.

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

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

C. Other Program Personnel

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

D. Facilities and Resources

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

1. Space and Equipment

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

2. Library

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

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

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

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

D. Subspecialty Fellow/Core Residents
The subspecialty fellowship program must not dilute or detract from the educational opportunities available to residents in the core anesthesiology residency program.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

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

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

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

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

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

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

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

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

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

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

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

5. There must be close interaction between the core residency program in anesthesiology and the subspecialty program. Lines of responsibility for the anesthesiology fellows and the subspecialty fellow must be clearly defined. It is imperative that the educational program for the subspecialty fellow not adversely affect the education of the anesthesiology residents, in terms of either experience or patient responsibility.

B. Duty Hours and Conditions of Work
1. Duty hours are defined as all clinical and academic activities related to the subspecialty program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

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

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

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

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

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

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

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

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

VII. Evaluation
A. Fellow
1. Formative Evaluation
   a. The faculty must evaluate the fellow in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing performance of fellows throughout the program, and for utilizing the results to improve of performance.
   b. Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

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

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

C. Program
   a. The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed by the subspecialty program director, the core anesthesiology program director, and by the Institutional Review Committee on a regular basis. Written evaluations by fellows should be utilized in this process.
   b. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effec-
Anesthesiology critical care medicine (ACCM) is a subspecialty of anesthesiology devoted to the acute and long-term care of critically ill patients with multiple organ system derangements.

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. Facilities and Resources

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

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

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

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

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

V. Educational Program

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

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

C. Consultation
In preparation for roles as consultants to other specialists, the subspecialty trainee in ACCM must have the opportunity to provide consultation under the direction of faculty responsible for teaching in the ACCM program.
D. ICU Administration
Subspecialty trainees in ACCM should gain experience in the ad-
ministration of an ICU as related to appointment and training of
nonphysician personnel, establishment of policies regulating func-
tioning of the ICU, and coordination of the activities of the ICU with
other in-hospital units.

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

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

VII. Evaluation
Faculty responsible for teaching subspecialty trainees in ACCM
must provide critical evaluations of each trainee's progress and
competence to the director at the end of 6 months and 12 months of
training. These evaluations should include intellectual abilities,
manual skills, attitudes, and interpersonal relationships, as well as
specific tasks of patient management, decision-making skills, and
critical analysis of clinical situations. The subspecialty trainee in
ACCM must achieve an overall satisfactory evaluation at 12 months
to receive credit for training. There must be written feedback of
these evaluations to the subspecialty trainee.
Written and confidential evaluation of CCM faculty performance
by the resident must take place once a year.
Written evaluations of patient care and subspecialty training ob-
jectives are required annually.

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

ACMG: February 2000  Effective: January 2001

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

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

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

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

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

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

C. Institutional Policy: Resources
Because pain medicine is a multidisciplinary approach to a com-
mon problem, there should be an institutional policy governing the
educational resources committed to pain medicine that ensures co-
ooperation of all involved disciplines.

III. Program Director/Faculty
A. Program Director
The program director must be an anesthesiologist who has been
certified in pain medicine by the American Board of Anesthesiology,
or who possesses qualifications judged to be acceptable by the RRC.
The subspecialty program director has responsibility for the
teaching program in pain medicine subject to the approval of the
director of the core residency program.

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

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

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

IV. Facilities and Resources

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

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

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

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

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

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

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

V. The Educational Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Revised: December 13, 2000 (editorial)
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April 23, 2003 (editorial)
October 2005 (editorial)

Program Requirements for Residency Education in Pediatric Anesthesiology (Anesthesiology)

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

I. Introduction

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

B. Duration and Scope of Education
Subspecialty training in pediatric anesthesiology shall be 12 months in duration, beginning after satisfactory completion of the residency program in anesthesiology as required for entry into the examination system of the American Board of Anesthesiology.

Subspecialty training in pediatric anesthesiology is in addition to the minimum requirements described in the Program Requirements for the core program in anesthesiology.

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

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

II. Institutional Organization

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

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

1. The program may be under the sponsorship of another institution that conducts a fully accredited core anesthesiology residency program, in which case there must be an affiliation agreement between the two institutions.

2. The program may be under the direct sponsorship of the children's hospital, in which case the children's hospital must be the sponsoring institution for an ACGME-accredited core pediatric residency and at least one pediatric subspecialty program that is under a primary specialty other than pediatrics. There must also be a GMEC in the children's hospital that assumes the responsibility of a sponsoring institution as stipulated in the Institutional Requirements.

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

III. Faculty Qualifications and Responsibilities

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

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

2. Responsibilities of the Program Director
a. Preparation, periodic review, and, if necessary, revision of a written outline of the educational goals of the program with respect to the knowledge, skills, and other attributes of resi-
students at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.

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

c. Selection and supervision of the teaching staff and other program personnel.

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

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

f. Preparation of an accurate statistical and narrative description of the program, as requested by the Residency Review Committee (RRC).

B. Faculty

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

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

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

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

IV. Clinical and Educational Facilities and Resources

The following resources and facilities are necessary to the program:

A. Intensive care units for both newborns and older children.

B. An emergency department in which children of all ages can be effectively managed 24 hours a day.

C. Operating rooms adequately designed and equipped for the management of pediatric patients. A postanesthesia care area adequately designed and equipped for the management of pediatric patients must be located near the operating room suite.

D. Pediatric surgical patients in sufficient volume and variety to provide a broad educational experience for the program. Surgeons with special pediatric training and/or experience in general surgery, cardiovascular surgery, neurosurgery, otolaryngology, ophthalmology, orthopedics, plastic surgery and urology must be available.

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

F. Allied health staff and other support personnel.

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

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

V. Educational Program

A. Goals and Objectives

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

B. Clinical Components

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

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

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

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

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

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

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

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

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

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

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

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

3. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

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

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

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

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

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

B. There must be a regular opportunity for residents to provide written, confidential evaluation of the faculty and program.
C. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in pediatric anesthesiology should be involved in continuous quality improvement, utilization review, and risk management.
D. Periodic evaluation of subspecialty training objectives is encouraged.

ACGME: September 2003  Effective: July 1, 2004
Program Requirements for Graduate Medical Education in Colon and Rectal Surgery

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

I. Introduction

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

II. Institutional Support

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

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

III. Program Personnel and Resources

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

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b. The physician faculty must be certified in the specialty by the American Board of Colon and Rectal Surgery, or possess qualifications judged to be acceptable by the RRC.
c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

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

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

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

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

D. Facilities and Resources
   The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
   1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
   2. Library services should include the electronic retrieval of information from medical databases.
   3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments
   A. Eligibility Criteria
      The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
   
   B. Number of Residents
      The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.
   
   C. Resident Transfers
      To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
   
   D. Appointment of Fellows and Other Students
      The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.
   
V. Program Curriculum
   A. Program Design
      1. Format
         The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
      2. Goals and Objectives
         The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.
      
   B. Specialty Curriculum
      The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.
      
   C. Residents Scholarly Activities
      Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.
      
   D. ACGME Competencies
      (N.B.: Section V.D. does not apply to certain subspecialties)
      The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
      1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
      2. Medical knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
      3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
      4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

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

E. Didactic Components
1. Residents in colon and rectal surgery should be given the opportunity to obtain sufficient knowledge of those aspects of anesthesia, radiology, and pathology that relate to colon and rectal surgery to develop overall competence as a specialist. Such teaching is best accomplished in cooperation with the departments of anesthesia, radiology, and pathology.
2. Teaching contributes to the educational process, and therefore should be a regular part of the training program.

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

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

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

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

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

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

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

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

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

VII. Evaluation

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

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

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

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

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

ACGME: June 1995 Effective: July 1996
Competencies: July 2001
Editorial Revision: July 2004
Program Requirements for Graduate Medical Education in Dermatology

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

I. Introduction: Duration and Scope of Training

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

B. A dermatology residency may be accredited to offer either 3 or 4 years of graduate medical education:

1. A 3-year program is preceded by a broad-based clinical year of training (PGY-1) in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program or similar program accredited in Canada.

2. A 4-year program must provide a broad-based clinical experience during the first year and 3 years of dermatology education in the second through fourth year of the program.

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

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

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

II. Institutions

A. Sponsoring Institution

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

2. The sponsoring institution must assure the financial, technical, and moral support and provide the necessary space, facilities, and supply of patients for the establishment and maintenance of an approved residency program in dermatology.

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

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

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

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, and must have a full-time commitment to the educational program and related activities. Directors should have at least 5 years of experience (following residency) in the care of dermatology patients and as a teacher in a dermatology residency.
   b) The program director must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

1. the addition or deletion of a participating institution;
2. a change in the format of the educational program;
3. a change in the approved resident complement for those specialties that approve resident complement.

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

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

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

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

B. Faculty

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

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

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

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

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

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

D. Resources

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

2. Projection equipment and facilities for reviewing and taking clinical photographs should be provided.

3. Space should also be made available for dermatology conferences, preferably space dedicated for that purpose.

4. Residents must have ready access to a major medical library, the care and precision given to these responses will be taken into consideration in the assessment of the training program.

5. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

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

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the pro-
Program Requirements for Graduate Medical Education in Dermatology

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

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

V. Program Curriculum

A. Program Design

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

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

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

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

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

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

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

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

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

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

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

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

C. Residents Scholarly Activities

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

D. ACGME Competencies

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

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

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

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

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

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

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

B. Duty Hours

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

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

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

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

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

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

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

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

D. Moonlighting

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

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

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

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semi-annual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

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

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

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

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

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

Program Requirements for Graduate Medical Education in Dermatopathology (Dermatology)

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

I. Introduction
A. Definition and Scope of the Subspecialty
1. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous append-
Program Requirements for Graduate Medical Education in Dermatopathology (Dermatology)

I. Personnel

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

2. The Program Director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows, and the maintenance of records related to program accreditation, as well as for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership, and must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;

   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;

   c) specify the duration and content of the educational experience; and

   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

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

2. The Program Director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows, and the maintenance of records related to program accreditation, as well as for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership, and must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.
dermatopathology to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

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

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

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

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

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

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

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

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

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

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also pro-
vide fellows with direct experience in progressive responsibility for patient management.
1. Didactic Components
   a. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.
   b. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational resources (e.g., the internet, etc.).
2. Clinical Components
   a. Fellows must actively participate in the review and diagnosis of current dermatopathological specimens on a daily basis. This experience must extend throughout the 12 months of accredited education and must be equivalent in quantity and quality for all fellows.
   b. The program must include didactic instruction and practical experience in the diagnosis of skin disorders by direct inspection, and by histological techniques (including frozen sections and interpretation of Mohs micrographic frozen sections), histochemical, immunological, molecular, microbiological, and other related techniques.
   c. Dermatopathology fellows must be given clearly defined assignments and increasing responsibility as they progress through the program.
   d. The program must provide a sufficient volume and variety of dermatopathology specimens (at least 5,000 new accessions per fellow per year) and other educational material for the fellow to acquire the qualifications of a consultant in dermatopathology.
   e. The program must provide the fellow with the experience required to set up and to operate a dermatopathology laboratory and to supervise and train laboratory personnel.
   f. All dermatopathology fellows should participate in patient examination appropriate to dermatopathology. Fellows who are pathologists must participate in the examination of at least 1,000 dermatology patients.
   g. Dermatopathology fellows who are dermatologists must have exposure to surgical pathology. This experience should emphasize contemporary diagnostic techniques and require attendance at surgical pathology conferences, and the review of slide sets of diseases relevant to dermatopathology. Participation in autopsies appropriate to dermatopathology is desirable.

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

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

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

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

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
Program Requirements for Graduate Medical Education in Dermatopathology (Dermatology)

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

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

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

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

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

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

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

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

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

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

ACGME: February 2002 Effective: July 2002
Editorial Revision: March 2004
II. Institutions

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

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

III. Program Personnel and Resources

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

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

B. Faculty

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

a) All programs should have at least two faculty who are actively involved in the clinical practice of procedural dermatology and have significant responsibility for the instruction and supervision of all fellows during the 12 months of accredited education.

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

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

b) The physician faculty must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

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

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

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

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

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

D. Resources

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

2. Adequate space should be dedicated to the performance of dermatologic surgery procedures; this must include a Mohs micrographic frozen section laboratory and examination areas for surgical patients.

3. The frozen section laboratory should be in close proximity to the operating suite or rooms in which dermatologic surgery is performed. The technician must be proficient in performing histologic sections.

4. Program laboratories should be in compliance with all federal, state and local regulations regarding a work environment (e.g., OSHA and CLIA).

5. There should be appropriate space for fellows to read, study, and complete their paperwork.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

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

C. Fellow Transfers

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

D. Appointment of Other Students

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

V. Program Curriculum

A. Program Design

1. Format

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.
E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service. 
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

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

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. 
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow. 
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

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

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

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

ACGME: February 2003    Effective: February 2003
Editorial Revision: June 2004
Program Requirements for Residency Education in Emergency Medicine

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

I. Introduction

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

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

II. Institutions

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

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

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

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

E. Facilities and Resources
In every hospital in which the emergency department is used as a training site, the following must be provided; exceptions for rotations in rural settings will be considered with appropriate educational justification:
1. adequate space for patient care;
2. adequate space for clinical support services;
3. laboratory and diagnostic imaging results returned on a timely basis; (especially those required on a STAT basis)

Graduate Medical Education Directory 2005-2006
4. adequate program support space, including office space for faculty and residents;
5. current medical library resources, including access to appropriate informational resources and medical databases in the emergency department. In addition, residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions; these services should include the electronic retrieval of information from medical databases;
6. adequate and readily accessible instructional space;
7. information systems; and,
8. appropriate security services and systems to ensure a safe working environment.

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

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership. Frequent changes in leadership or long periods of temporary leadership may adversely affect the accreditation status of the program.
3. Qualifications of the Program Director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Emergency Medicine, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. The program director must function within a sound administrative organizational framework, and have an effective program faculty; both are essential elements of an approved residency program.
   e. The program director must be a member of the program's core teaching faculty.
   f. The program director must have at least three years' experience as a clinician, administrator, and educator in emergency medicine.
   g. The program director must not work more than 20 hours per week clinically, on average, or 960 clinical hours per year.
   h. The program director must be active full time in emergency medicine, be clinically active, devote sufficient time and effort to the program to provide day-to-day continuity of leadership, and fulfill all of the responsibilities inherent in meeting the educational goals of the program.
   i. The program director must demonstrate leadership qualities and the capability to mentor emergency medicine residents.
   j. The program director must demonstrate active involvement in:
      1) continuing emergency medicine education,
      2) state, regional, or national societies; and,
      3) presentations, publications, and other scholarly activities.
   k. The program director must have appropriate authority to oversee and to organize the activities of the educational program, including but not limited to:
      1) supervision, direction and administration of the educational activities;
      2) evaluation of the residents and residency program; and, 3) participation in the evaluation of faculty.

4. Responsibilities of the Program Director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary. Such changes, for example, include:
      1) the addition or deletion of a participating institution to which residents rotate for 4 months or longer;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement (prior approval is not required for temporary changes in resident numbers due to makeup or remedial time for currently enrolled residents or to fill vacancies at the same level of education in which the vacancy occurs);
   e. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members.
of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

g. Regular evaluation of the residents' knowledge, skill and overall performance.

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

B. Faculty

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member. A core physician faculty member, a member of the program faculty, is one who provides clinical service and teaching, devotes the majority of his or her professional efforts to the program and has sufficient time protected from direct service responsibilities to meet the educational requirements of the program. To this end, core faculty should not average more than 28 clinical hours per week, or 1344 clinical hours per year.

3. Qualifications of the physician faculty are as follows:

a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b. The physician faculty must be certified in the specialty by the American Board of Emergency Medicine or possess qualifications judged to be acceptable by the RRC. This standard applies to all core physician program faculty and to other attending staff hired to provide resident supervision in any emergency department where emergency medicine residents rotate.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

d. The physician faculty for emergency medicine must show evidence of participation in a spectrum of professional activities within the institution, as well as within local, state, regional, and national associations.

e. The physician faculty for emergency medicine must be engaged in research and have protected time and adequate support services to accomplish these tasks.

f. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

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

a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

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

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

d. Active participation in regional or national professional and scientific societies;

e. Editorial review services, such as serving on editorial boards or serving as a reviewer for peer-reviewed publications;

f. Abstract or grant review services;

5. Qualifications of nonphysician faculty are as follows:

a. Nonphysician faculty must be appropriately qualified in their field.

b. Nonphysician faculty must possess appropriate institutional appointments.

6. Core Faculty Development Each program should encourage the academic growth of its core faculty. Faculty development opportunities should be made available to each core faculty member.

7. Chair/Chief of Emergency Medicine The chair/chief of emergency medicine shall:

a. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted);

b. be a member of the program's core teaching faculty;

c. be qualified and have at least three years' experience as a clinician, administrator, and educator in emergency medicine;

d. be certified in emergency medicine by the American Board of Emergency Medicine or have possess appropriate qualifications judged to be acceptable by the RRC;

e. demonstrate active involvement in emergency medicine through:

   1) continuing medical education,
   2) professional societies, and
   3) scholarly activities, and

f. demonstrate leadership qualities and be capable of mentoring faculty, residents, administrators, and other health care professionals.

C. Other Program Personnel Additional necessary professional, technical, and clerical must be provided to support the program.

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

2. The program faculty must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
3. The program faculty members should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available. The sponsoring institution for emergency medicine education must have a major educational commitment as evidenced by training programs in other major specialties. The program must demonstrate the availability of educational resources in other specialties for the training of emergency medicine residents. A lack of such resources will adversely affect the accreditation status of the program.

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

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

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

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

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

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

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

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

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

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

1. Organization and Structure
   a. Patient Population

   1) There must be an adequate number of patients of all ages and both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of emergency medicine residents and other residents who are assigned for training in emergency medicine. The primary clinical site and other emergency departments where residents rotate for 4 months or longer should have at least 30,000 emergency department visits annually. Educationally justifiable exceptions will be considered, such as clinical sites in a rural setting.

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

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

2. Curriculum
   a. The program director must provide each resident and member of the faculty, in writing and in advance of the experience, a
comprehensive curriculum specific to the educational needs of the emergency medicine resident and designed to accomplish the defined goals and core competencies of the emergency medicine training program. The curriculum shall be readily available for review.

b. The curriculum must include didactic and clinical information to enable the residents to achieve the goals and competencies of the training program. These include knowledge and skill-based competencies as listed in the Model of the Clinical Practice of Emergency Medicine (www.acgme.org) that include, but are not limited to, signs, symptoms, and presentations; abdominal and gastrointestinal disorders; cardiovascular disorders; cutaneous disorders; endocrine, metabolic and nutritional disorders; environmental disorders; head, ear, eye, nose, throat disorders; hematologic disorders; immune system disorders; systemic infectious disorders; musculoskeletal disorders (nontraumatic); nervous system disorders; obstetrics and gynecology; psychobehavioral disorders; renal and urogenital disorders; thoracic-respiratory disorders; toxicologic disorders; and traumatic disorders.

c. The curriculum must include measurable competency objectives for each year of training, a description of how the objectives will be assessed and remediated when necessary. Measurable objectives should also be developed for each non-EM rotation with assessment tools described.

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

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

2) The curriculum should include resident experience in scholarly activity prior to completion of the program. Some examples of suitable resident scholarly activities are the preparation of a scholarly paper such as a collective review or case report, active participation in a research project, or formulation and implementation of an original research project; and,

3) Residents must be taught an understanding of basic research methodologies, statistical analysis, and critical analysis of current medical literature.

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

D. ACGME Core Competencies

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

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

d. Prioritize and stabilize multiple patients and perform other responsibilities simultaneously.

2. Medical Knowledge: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Among other things, residents are expected to:
   a. Identify life-threatening conditions, the most likely diagnosis, synthesize acquired patient data, and identify how and when to access current medical information
   b. Properly sequence critical actions for patient care and generate a differential diagnosis for an undifferentiated patient
   c. Complete disposition of patients using available resources

3. Practice-Based Learning: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Among other things, residents are expected to:
   a. Analyze and assess their practice experience and perform practice-based improvement
   b. Locate, appraise and utilize scientific evidence related to their patient’s health problems
   c. Apply knowledge of study design and statistical methods to critically appraise the medical literature
   d. Utilize information technology to enhance their education and improve patient care
   e. Facilitate the learning of students and other health care professionals

4. Interpersonal and Communication Skills: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates. Among other things, residents are expected to:
   a. Develop an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences
   b. Demonstrate effective participation in and leadership of the health care team
   c. Develop effective written communication skills
   d. Demonstrate the ability to handle situations unique to the practice of emergency medicine
   e. Effectively communicate with out-of-hospital personnel as well as non-medical personnel

5. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to demonstrate a set of model behaviors that include but are not limited to:
   a. Treats patients/family/staff/paraprofessional personnel with respect
   b. Protects staff/family/patient’s interests/confidentiality
   c. Demonstrates sensitivity to patient’s pain, emotional state, and gender/ethnicity issues
   d. Able to discuss death honestly, sensitively, patiently, and compassionately
   e. Unconditional positive regard for the patient, family, staff, and consultants
   f. Accepts responsibility/accountability
   g. Openness and responsiveness to the comments of other team members, patients, families, and peers
6. Systems-Based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Among other things, residents are expected to:
   a. Understand, access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal emergency care
   b. Understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient
   c. Practice cost-effective health care and resource allocation that does not compromise quality of care
   d. Advocate for and facilitates patients’ advancement through the health care system.

E. Planned Educational Experiences

1. Each program must offer its residents an average of at least 5 hours per week of planned educational experiences (not including change of shift report) developed by the emergency medicine residency program.

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

3. These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, evidence-based learning, laboratories, and computer-based instruction, as well as joint conferences cosponsored with other disciplines. The Committee will consider the use of alternative methods of education, such as interactive teleconferencing, with appropriate educational justification.

4. Emergency medicine faculty are expected to attend and meaningfully participate in these planned educational experiences. Participation in resident conferences should be one component in the annual evaluation of the core emergency medicine faculty.

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

6. The program must assure that the residents follow-up on a representative sample of patients so as to learn about the results of diagnostic studies, the outcome of interventions, and the final patient diagnosis.

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

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

9. Resuscitations and Procedures
   Each resident must have sufficient opportunities to perform invasive procedures, monitor unstable patients and direct major resuscitations of all types on all age groups. A major resuscitation is patient care for which prolonged physician attention is needed and interventions such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (e.g., thrombolytics, vasopressors, neuromuscular blocking agents), or invasive procedures (e.g., cut downs, central line insertion, tube thoracostomy, endotracheal intubations) that are necessary for stabilization and treatment. The resident must have the opportunity to make admission recommendations and direct resuscitations.
   a. Programs must maintain a record of all major resuscitations and procedures performed by each resident. The record must document their role, i.e., participant or director; the type of procedure(s); and age of patient. Only one resident may be credited with the direction of each resuscitation and the performance of each procedure.
   b. These records should be verified by the residency director and should be the basis for documenting the total number of resuscitations and procedures in the program. They should be available for review by the site visitor and the Residency Review Committee.

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

VI. Resident Duty Hours and the Working Environment

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

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

4. All residents within the emergency department must be under the supervision of qualified emergency medicine faculty in the emergency department at all times, except when residents from other services provide supervised care to patients on their service. In such circumstances, they must be supervised by emergency medicine faculty or by faculty from their services.

5. Sufficient faculty must be present to provide supervision appropriate to the care of each patient.

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

7. Allied health professionals, such as physician assistants and nurse practitioners must not compromise the educational objectives of the emergency medicine program by diluting the training experience or preventing appropriate progressive responsibility for the emergency medicine residents.

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

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

10. Fellowships

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

a. The appointment of other individuals for special training or education, such as fellows, must not dilute or detract from the educational opportunities of regularly appointed emergency medicine residents.

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

B. Duty Hours

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

2. Emergency medicine rotations

a. As a minimum, residents shall be allowed an average of 1 full day in 7 days away from the institution and free of any clinical or academic responsibilities, including planned educational experiences.

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

c. A resident should not work more than 66 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours.

3. Non-Emergency Department Rotations

a. For rotations on other services, duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

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

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

C. On-Call Activities

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

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

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

3. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

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

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

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

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

5. Extracurricular activities

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.

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

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

F. Duty Hour Exception
The RRC will not grant an exception to the applicable duty limits described above.

VII. Evaluation
A. Resident
There must be effective, ongoing evaluation of all components of the residency program. This evaluation process must relate to the educational objectives of the program and provide a mechanism to effect change.
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
   3. At least annually, there must be a formal evaluation of each resident's competency to progress to the next year of training. The competency evaluation tools should be defined prospectively and take into account the core competencies.
   4. At least yearly, competency in chief complaint assessment, procedures and resuscitations must be formally evaluated by the program with remediation plans put in place as needed.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by the residents.
1. At least annually, individual faculty members must be formally evaluated by the chair/chief of emergency medicine, which should include information from the program director and the emergency medicine residents. A mechanism for preserving resident confidentiality in the evaluation process must be implemented.
2. Faculty evaluations should include documentation of teaching ability, clinical knowledge, administrative and interpersonal skills, participation and contributions to resident conferences, and scholarly contributions. A summary of the evaluations should be communicated in writing to each faculty member.

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

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved.
Program Requirements for Residency Education in Emergency Medicine

The following requirements pertain to programs in the subspecialties of emergency medicine. Each program must comply with the requirements listed below as well as with the specialty content found in the program requirements for the respective area. These programs must exist in conjunction with and be an integrated part of an Accreditation Council for Graduate Medical Education (ACGME)-accredited emergency medicine residency program. Their existence should not compromise the integrity of the core program.

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

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

A. Program Design
All educational components of a residency program should be related to program goals.
1. The program design and/or structure must be approved by the Residency Review Committee (RRC) for Emergency Medicine as part of the regular review process.
2. Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

B. Program Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.

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

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the program is located. (Certain federal programs are exempted.)
   c. Certification by one of the following boards: American Board of Emergency Medicine, American Board of Family Practice, American Board of Internal Medicine, or American Board of Pediatrics, and possess a Certificate of Added Qualifications in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

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

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

e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
   1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
   2. Communicate each evaluation to the resident in a timely manner.
   3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
   4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

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

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

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

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

B. Teaching Staff

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

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

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

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

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

C. Other Program Personnel

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

III. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

6. Provision of support for resident participation in scholarly activities.

B. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

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Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

I. Introduction

A. Definition and Description of the Subspecialty

1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.

2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.

3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]

2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.

3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution

1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.

2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.

3. The following services must be organized and provided at the primary clinical site:
   a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities
   b. Renal dialysis services with 24-hour availability
   c. Toxicology laboratory services with 24-hour availability
   d. Inpatient and outpatient facilities with staff who consult the toxicology service
   e. It is desirable that hyperbaric oxygen therapy is available

4. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.

   a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.

   b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.

   c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.

   d. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.

   e. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.

   f. A letter of agreement with each institution participating in the program must be developed to include:
      1. the educational objectives and the method to accomplish and to evaluate each objective;
      2. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
      3. the resident's duties and responsibilities and duty hours for the assignment; and
      4. the relationship that will exist between medical toxicology residents and residents and faculty in other programs.

C. Library

Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents

The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the
faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources available to the program.

III. Faculty Qualifications and Responsibilities
A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be a minimum of two medical toxicology faculty who each devote a minimum of 5 hours per week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultations on cases.
B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.
C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program
A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.
B. The curriculum must include the following academic and clinical content:
1. The clinical manifestations, differential diagnosis, and management of poisoning
2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs
3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis
4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research
5. Laboratory techniques in toxicology
6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene
7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention
8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures
9. The function, management, and financing of poison control centers
10. Oral and written communication skills and teaching techniques
11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology
C. Clinical Experience
Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct bedside patient evaluation, management, screening, and preventive services. Residents must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic.
D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral setting, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.
E. Regional Poison Information Center
1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.
2. Each resident must have 12 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.
3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.
F. Planned Educational Conferences
Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored by other disciplines.
G. Additional Educational Experiences
The program curriculum must include pharmacology, pharmacokinetics, and drug interactions. This must be accomplished by (1) an affiliation with a school of pharmacy or department of pharmacology that provides regular didactic experience and consultation to residents or (2) the presence of a Doctor of Pharmacology or PhD pharmacist as a participating member of the teaching faculty.
H. Additional Clinical Experience
The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to medical toxicology as a condition of the educational program.
I. Communication and Teaching Experience
Residents must have progressive experience and responsibility for the teaching of medical toxicology to health care professionals. Residents in the second year of training should participate in the teaching and supervision of first-year residents and should be responsible for regular contributions to formal didactic experiences within the training program, in other academic depart-
ments in the institution(s), and in the community. Research leading to publication should be encouraged.

V. Board Certification
Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

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Program Requirements for Residency Education in Pediatric Emergency Medicine (Emergency Medicine)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics or Emergency Medicine, programs in pediatric emergency medicine must comply with the following requirements.

I. Introduction
The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training
A training period of 3 years is required for all subspecialty residents. [Note: For those planning to seek certification from the American Board of Pediatrics, 3 years of training is required.]

[Note: If a third year is offered, it must be described when the program is reviewed by the Residency Review Committee. Those planning to seek certification should consult with the appropriate certifying board regarding the criteria for eligibility, including duration of training.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum
The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists who have training and experience in the care of children and adolescents, and other specialists must be available.

Specialty-specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident's training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident's training.

The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular, congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/genitourinary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, eg, appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracostomy or administration of antibiotics, before arriving at a definitive diagnosis.
The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency-based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences
There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff
There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a pediatric residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured.

The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population
A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only care givers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients. In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities
There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must meet the generally accepted standards of a modern emergency department and be available within the institution on a 24-hour-a-day basis.

The institution should have comprehensive radiologic and laboratory support systems and readily available operative suites and intensive care unit beds.

VIII. Board Certification
Residents seeking certification in the subspecialty of pediatric emergency medicine should consult their primary specialty board, i.e., the American Board of Pediatrics or the American Board of Emergency Medicine, regarding the criteria for eligibility for certification in this subspecialty.

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Program Requirements for Residency Education in Sports Medicine (Emergency Medicine)

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the
resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend ½ day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

I. Introduction

A. Definition and Scope of the Specialty

1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.

2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in undersea and hyperbaric medicine.

3. Programs must offer a broad education in undersea and hyperbaric medicine to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.

2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.

B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.

C. The following services must be organized and provided at the primary clinical site:

1. Twenty-four-hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year

2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities

Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

VI. Specific Knowledge and Skills

A. Clinical

The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise

2. Basic nutritional principles and their application to exercise

3. Psychological aspects of exercise, performance, and competition

4. Guidelines for evaluation prior to participation in exercise and sport

5. Physical conditioning requirements for various activities

6. Special considerations related to age, gender, and disability

7. Pathology and pathophysiology of illness and injury as they relate to exercise

8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems

9. Prevention, evaluation, management, and rehabilitation of injuries

10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs

11. Promotion of physical fitness and healthy lifestyles

12. Functioning as a team physician

13. Ethical principles as applied to exercise and sports

14. Medical-legal aspects of exercise and sports

15. Environmental effects on exercise

16. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000 Effective: June 2000

E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

ACGME: June 2000 Effective: June 2000
3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service

D. Participating Institutions
1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas. Such facilities must not preclude all residents' participation in such experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.
4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
5. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
6. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
7. A letter of agreement with each institution participating in the program must be developed to include:
   a. The educational objectives and the method to accomplish and to evaluate each objective;
   b. The resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
   c. The resident's duties, responsibilities, and duty hours for the assignment; and
   d. The relationship that will exist between undersea and hyperbaric medicine residents and the faculty in other programs.
8. Participation by any institution that provides 3 months or more of education in a program must be approved by the RRC.

E. Appointment of Subspecialty Residents
1. The Residency Review Committee (RRC) will approve the number of undersea and hyperbaric medicine residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for education purposes; and the institutional resources available to the program.
2. Prerequisite training for entry to an undersea and hyperbaric medicine program is contingent upon completion of an ACGME-accredited residency program involving a minimum of 12 months of preventive, primary, surgical, and/or critical care training.

F. Resident Policies
1. Supervision
   a. All patient care services must be supervised by appropriately qualified faculty.
   b. The program director must ensure, direct, and document proper supervision of residents at all times.
   c. Residents must be provided with rapid, reliable systems for communicating with faculty. Supervising faculty with appropriate experience for the severity and complexity of patient conditions and treatments must be available at all times.
2. Duty hours and conditions of work
   It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and 2 on-call in the hospital no more often than every third night.

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

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the program director
   a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
   c. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. The program director, with participation of the faculty, shall:
      1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2) communicate each evaluation to the resident in a timely manner;
      3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice compe-
The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational, clerical, and personnel needed to support the administrative and educational conduct of the program.

IV. Programs

C. Other Program Personnel

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

IV. The Educational Program

The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RBC.

A. The curriculum must include the following academic and clinical content

1. History of undersea and hyperbaric medicine
2. Decompression theory and physiology, including theory and application of decompression tables
3. Oxygen physiology in normobaric, hyperbaric, and hypobaric environments; oxygen toxicity
4. Pathophysiology of decompression illness and arterial gas embolism, including iatrogenic gas embolism
5. Diving operations and human performance in the hypobaric environment
6. Medical examination/standards for divers and personnel working in hypobaric environments
7. Effects of hyperbaric oxygenation on infectious disease
8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning
9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds
10. Tissue oxygen measurement
11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill patients in the hyperbaric environment, clinical monitoring, and mechanical ventilation
12. Evaluation of the patient for clinical hyperbaric treatment, including contraindications and side effects
13. Hazards of standard electrical therapies in hyperbaric environments, e.g., electrical defibrillation and precautions
14. Emergency procedures for both monoplace and multiplace installations
15. Saturation diving covering air quality standards and life support requirements, including the physiology and practical (medical) issues associated with heliox, trimix, and hydrogen/oxygen/helium mixtures
16. Systems management, including administrative aspects of chamber operations, such as billing issues, quality assurance, and peer review

B. Residents must have a minimum of 10 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation and management. A maximum of 2 elective months can be offered in appropriate related areas.

C. Residents must have opportunities to evaluate and manage patients with both acute and non-emergency indications for hyperbaric oxygen therapy. The resident should have the opportunity to evaluate and manage 100 or more patients, including responsibility for providing bedside evaluation and management. This experience should be organized for a minimum of 10 months or its full-time equivalent and cover IV.C.1 through IV.C.8. Up to 2 months of elective time may be allowed for additional training in areas of relevance to the subspecialties, such as critical care, surgery, submarine medicine, toxicology, or radiation oncology. Competencies that will be attained at the end of the 12-month training period must include:

1. Assessment of prospective divers for fitness to dive
2. Assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber
3. Assessment of patients with suspected decompression sickness or iatrogenic gas embolism and prescription of treatment.
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

4. Assessment of patients with specific problem wounds with respect to indications for hyperbaric oxygen therapy, fitness for hyperbaric treatment, and prescription of treatment
5. Assessment and management of patients with complications of hyperbaric therapy
6. Management of critically ill patients in the hyperbaric environment
7. Knowledge of the indications for hyperbaric oxygen therapy
8. Assessment of patients with toxic gas exposure (e.g., carbon monoxide)

D. Planned Educational Conferences
Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

E. Additional Clinical and Educational Experiences
The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to hyperbaric medicine as a condition of the educational program.

F. Teaching and Research Experience
Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

V. Facilities and Resources

A. Space and Equipment
Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities
A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.

C. Patient Population
There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

D. Support Services
Support services must include physical therapy, social services, occupational medicine, and psychologic and psychological testing services.

VI. Certification
Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

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Graduate Medical Education Directory 2005-2006
Program Requirements for Residency Education in Family Medicine

I. Introduction

A. Duration of Training
Residency in Family Medicine must be 3 years in duration after graduation from medical school and must be planned so that a coherent, integrated, and progressive educational program with progressive resident responsibility is ensured.

B. Scope of Training
The programs must be specifically designed to meet the educational needs of medical school graduates intending to become family physicians and must provide experience and responsibility for the residents in those areas of medicine that will be of importance to their future practice. The goal of the Family Medicine training program is to produce fully competent physicians capable of providing care of high quality to their patients.

Toward this end the residents must learn to gather essential and accurate information about the patient and use it together with current scientific evidence to make decisions about diagnostic and therapeutic intervention. They must learn to develop and carry out patient management plans.

Family Medicine residency programs should provide opportunity for the residents to learn, in both the hospital and ambulatory settings, those procedural skills that are within the scope of Family Medicine.

The residency program must ensure that its residents, by the time they graduate, provide appropriate, effective, and compassionate clinical care. Residents are expected to gather essential and accurate information about the patient and use it together with up-to-date scientific evidence to make decisions about diagnostic and therapeutic interventions, develop and carry out patient management plans, provide health care services aimed at preventing health problems or maintaining health.

Residents must locate, appraise, and assimilate “best practices” related to their patients’ health problems.

C. Clinical Care
The residency program must ensure that its residents, by the time they graduate, possess knowledge in established and evolving psychosocial, biomedical and clinical science domains and apply it to clinical care. Residents are expected to demonstrate rigor in their thinking about clinical situations and to know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

Use of the computer to manage information, access online medical information, and support clinical care and patient education is required.

The residency program must ensure that its residents, by the time they graduate, demonstrate the fundamental qualities of professionalism. Residents are expected to demonstrate respect, regard, and integrity and a responsiveness to the needs of patients and society that supercedes self-interest. They must assume responsibility and act responsibly, and demonstrate a commitment to excellence.

Residents must learn to apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

The residency program must ensure that its residents are aware that health care is provided in the context of a larger system and can effectively call on system resources to support the care of patients. Residents are expected to understand how their patient-care practices and related actions impact component units of the health care delivery system and the total delivery system, and how delivery systems impact provision of health care.

They must be taught systems-based approaches for controlling health care costs and allocating resources and must learn to practice cost-effective health care and resource allocation that does not compromise quality of care.

Residents must learn how to advocate for quality patient care and assist patients in dealing with system complexities. They must be taught how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can impact system performance.

The presence of other programs sponsored by the residency, e.g., geriatric medicine and/or sports medicine, must not result in significant dilution of the experience available to the Family Medicine residents.

II. Institutional Organization

A. Sponsoring Institution
There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary to provide the Family Medicine resident with meaningful involvement and responsibility in the required clinical specialties.

Since Family Medicine programs are dependent in part on other specialties for the training of residents, the ability and commitment of the institution to fulfill these requirements must be documented. Instruction in the other specialties must be conducted by faculty with appropriate expertise. There must be agreement with specialists in other areas/services regarding the requirement that residents maintain concurrent commitment to their patients in the Family Medicine Center (FMC) during these rotations.

B. Participating Institutions
When a residency relies on multiple institutions to provide curricular components, the arrangements between the program/primary site and each affiliated facility must be described in a written document that is signed by the appropriate administrators of the respective institutions. These arrangements must be specific to the Family Medicine residency and must address the scope of the affiliation, the content and duration of the rotations involved, the duties and patient care responsibilities of the residents during these rotations and the details of the supervision and resident evaluation that will be provided. These documents should be appended to the program information forms each time there is a site visit and review of the program.

Participation by an institution that provides more than 6 of the 36 months of training in the program must be approved by the Residency Review Committee (RRC). A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

C. Appointment of Residents
Applicants who have had previous graduate training may be considered for admission to Family Medicine residencies. Credit for this other training may be given only in the amount that is compatible with the Program Requirements for Residency Education in
Family Medicine. Directors should consult with the American Board of Family Medicine on each case prior to making a determination regarding the equivalence of such training.)

Programs should appoint only those candidates who intend to compete the full program. As a general rule, programs should appoint residents to the first year of training and those accepted into the first year of training should be assured of a position for the full 3 years, barring the development of grounds for dismissal. A Family Medicine program should endeavor not to function as a transitional year program.

To provide adequate peer interaction a program should offer at least 4 positions at each level and should retain, on average, a minimum complement of 12 residents. Except for periods of transition, the program should offer the same number of positions for each of the 3 years.

In certain cases, for urban or rural areas serving under served communities, tracks may be approved that have a smaller resident complement but with at least one resident at the second and third levels or two residents at one of the levels to ensure peer interaction. In such cases, programs are encouraged to arrange opportunities for the residents to interact with other residents, e.g., through didactic sessions at the parent program.

The degree of resident attrition and the presence of a critical mass of residents are factors that will be considered by the RRC in the evaluation of a program.

III. Faculty Qualifications and Responsibilities

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

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

A. Program Director

There must be a single program director responsible for the residency.

Continuity of leadership over a period of years is important to the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern. The RRC must be notified promptly in writing of any change in the leadership of the program.

In order to provide continuity of leadership and to fulfill the administrative and teaching responsibilities inherent in achieving the educational goals of the program, the director must devote sufficient time to the residency program, i.e., at least 1400 hours per year exclusive of time spent in direct patient care without the presence of residents. Where a program in the 1-2 format operates in conjunction with a three year program, there must be a separate rural site director.

1. Qualifications of the Program Director

The following are the requirements for the program director. An acting or interim director should be similarly qualified.

a. Academic and professional qualifications: The director must have demonstrated ability as a teacher, clinician, and administrator; must be capable of administering the program in an effective manner; and must be actively involved in the care of patients. Prior to assuming this position, the program director must have had a minimum of 2 years full-time professional activity in Family Medicine and should have had teaching experience in a Family Medicine residency.

b. Licensure: The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

c. Certification requirements: The director must be currently certified by the American Board of Family Medicine or have appropriate educational qualifications, as so judged by the RRC.

d. Medical staff appointment: The director must hold an appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the Program Director

The program director is responsible for the following:

a. Written educational goals: The director must have responsibility for a written statement outlining the educational goals of the program. These must be provided in a document that outlines the specific knowledge, skills, and other attitudes expected of residents at each level of training and for each major rotation or other program assignment. The goals must be distributed to residents and teaching staff and should be available for review by the site visitor.

b. Selection of residents: Residents for appointment to the program must be selected in accordance with institutional and departmental policies and procedures.

c. Teaching staff and other program personnel: The director must have responsibility for selection and supervision of these staff members at each institution participating in the program.

d. Supervision of residents: Institutional and program policies and procedures must ensure that all residents are adequately supervised in carrying out their patient care responsibilities. It is the responsibility of the program director and faculty to ensure that residents are appropriately supervised. Supervising policies of the residency should be consistent with those of the institution. They must be in writing and be distributed to all members of the program staff.

Faculty schedules including their time on-call, must be structured to ensure that supervision is readily available to residents on duty.

e. Resident evaluation: There must be regular and formal evaluation of residents with participation of the teaching staff.

f. Discipline: The director has responsibility for the implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

g. Resident well-being: The director must monitor resident stress, including mental or emotional conditions that inhibit performance or learning, and dysfunction related to drugs or alcohol. The director and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support service to residents. To promote physician well-being and prevent impairment, residents should be trained to balance personal and professional responsibilities in a way that can be reflected throughout their careers.

Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

h. Provision of accurate information: The director must submit accurate and complete information as requested by the RRC on the program information forms or in special communication as directed by the committee.

i. Notification of change: The director must notify the RRC regarding major programmatic changes and obtain approval prior to their implementation.
B. Family Physician Faculty
The faculty must contain teachers with the diversified interests and expertise necessary to meet the training responsibilities of the program. There must be a sufficient number of hours contributed by a critical mass of family physician faculty to prevent fragmentation of the learning experience. Where part-time faculty are utilized, there must be evidence of sufficient continuity of teaching and supervision.

In addition to the program director, there must be at least one full-time equivalent (FTE) family physician faculty for each six residents in the program. By the time a program offers all three years of training with the required minimum number of resident positions, i.e., 4-4-4, at least one of the additional Family Physician faculty should be full time. A full-time commitment is at least 1400 hours per year devoted to the residency, exclusive of time spent in direct patient care without the presence of residents. Any program in operation must have at least two family physician faculty members, including the director, regardless of resident complement.

The family physician faculty should have a specific time commitment to patient care to enable them to maintain their clinical skills. Some of the family physician teaching staff must see patients in the FMC to serve as role models for the residents. In addition, the program must have family physician faculty with admitting privileges in the hospital(s) where the FMC patients are hospitalized.

The family physician faculty must be currently certified by the American Board of Family Medicine or must demonstrate appropriate educational qualifications, as so judged by the RRC. The RRC will determine the acceptability of alternate qualifications.

C. Other Faculty
Physicians in the other specialties must devote sufficient time to teaching and supervising the Family Medicine residents and providing consultation to ensure that the program's goals for their specialty areas are accomplished.

Additional teaching staff will be needed to provide training in areas such as behavioral science, nutrition, and the use of drugs and their interaction.

D. Qualifications and Development of Faculty
All of the key members of the teaching staff in the program must demonstrate appropriate qualifications for their specialty areas, e.g., certification by a member board of the American Board of Medical Specialties (ABMS) or appropriate educational qualifications for physician faculty, and appropriate credentials for the non-physician faculty. The RRC will determine the acceptability of alternate qualifications.

There must be an explicit system to develop and maintain academic and clinical skills of the faculty and to foster their continual professional growth and development.

IV. Facilities
A program must provide the facilities required for the education of residents in sufficient proximity to the primary hospital to allow for the efficient functioning of the educational program.

A. Primary and Affiliated Hospitals
1. Multiple Hospitals
If the primary facility is unable to provide all of the required experiences, additional facilities may be used. Such arrangements will be considered acceptable only if there is no compromise in the quality of the educational program and no significant reduction in attendance of residents at teaching sessions or of camaraderie and exchange of information among residents and with the faculty. These affiliated hospitals may not be at such a distance from the primary teaching sites that they require excessive travel time or otherwise fragment the educational experience.

2. Number of Beds
It is essential that the participating hospitals, primary and affiliated, be of sufficient size and have an adequate number of occupied teaching beds to ensure a sufficient patient load and variety of problems for the education of the number of residents and other learners on the services. Inpatient facilities must also provide adequate physical, human, and educational resources for training in Family Medicine. In determining the adequacy of the number of occupied beds in the primary and affiliated hospitals, the patient census, the types of patients, and their availability for residency education will be considered.

3. Medical Staff
The medical staff should be organized so that family physician members may participate in appropriate hospital governance activities on a basis equivalent to that of members in other specialties. Where a hospital is departmentalized, there must be a clinical department of Family Medicine.

B. Family Medicine Center
1. Introduction
The primary setting for training in the knowledge, skills, and attitudes of Family Medicine is the model office or FMC, where each resident must provide continuing, comprehensive care to a panel of patient families. The FMC must be for the exclusive use of the residency, i.e., all activities in the FMC must be residency-related and under the direction of the program director. The center must be clearly and significantly identified as a Family Medicine Center.

An FMC must be in operation on the date the program begins. If a temporary center is used, it must meet the criteria specified below. If multiple centers are used for training, each must be approved by the RRC and must meet the same criteria as the primary center. All of the FMC's used in a program must provide comparable experiences.

Programs that involve training in Community or Migrant Health Centers (C/MHCs) (See Section 320 of the Public Health Service Act) must provide assurance that these facilities meet the criteria for an FMC, as outlined below, unless an exception is approved by the RRC.

2. Administration and Staffing
The program director must have administrative responsibility for and control of the FMC and its staff. The director of the FMC must report to the program director. In cases where the facility is not owned by the program, its primary hospital, or its sponsoring institution, e.g., a Community Health Center, a letter of agreement must be provided that guarantees the program director's authority over and responsibility for the educational activities that take place in the facility.

The FMC must be appropriately staffed with nurses, technicians, clerks, and administrative and other health professional personnel to ensure efficiency and adequate support for patient care and educational needs.

3. Location and Access
The FMC must be close enough to the hospital to require minimal travel time. It may not be at such a distance as to require travel that interferes with the educational opportunities, efficiency, or patient care responsibility.

When a FMC is at such a distance from the primary hospital that the patients are hospitalized elsewhere, the program director must demonstrate how the residents will efficiently maintain continuity for their hospitalized patients at one hospital while having their required rotations at another and the extent to
which they are able to participate in the program's educational activities, such as attendance at required conferences.

The facility must be designed to ensure adequate accessibility and efficient patient flow, be environmentally sensitive to patient care needs, and provide appropriate access and accommodations for the handicapped.

4. Required Areas
Each FMC must have
a. a reception area and waiting room that is consistent with the patient care and educational needs of the residency;
b. suitable resident work space and space for individual and small group counseling;
c. an office library resource, office laboratory, and a business office;
d. two examining rooms that are large enough to accommodate the teaching and patient care activities of the program for each physician faculty member and resident when they are providing patient care;
e. faculty offices, if not in the FMC, then immediately adjacent to the center;
f. a conference room that is conveniently accessible and readily available, as needed, and is large enough to accommodate the full program. Where multiple FMC's are used in a program, there must be a meeting room within or immediately adjacent to each FMC that is large enough for smaller meetings of all faculty, residents, and staff at that site.

When other learners, e.g., fellows, residents from other specialties, medical students, and nurses, are being trained by family physicians in the FMC, additional space may be required. Efficiency and education of the Family Medicine residents must not be compromised by the training of other health care professionals.

5. Equipment
There must be
a. appropriate diagnostic and therapeutic equipment in the FMC to meet the basic needs of an efficient and up-to-date Family Medicine office and an acceptable educational program for residents in Family Medicine and
b. provision for diagnostic laboratory and imaging services so that there is prompt and convenient access by patients and residents for patient care and education.

6. Patient Access to the Family Medicine Center
The FMC must be available for patient services at times commensurate with community medical standards and practice. When the center is not open, there must be a well-organized plan that ensures continuing access to the patient's personal physician or a designated family physician from the FMC.

Patients of the FMC must receive education and direction as to how they may obtain access to their physician or a substitute physician for continuity of care during the hours the center is closed. Patients should have access to printed policies and procedures of the Center.

7. Record System
The FMC patients' records should be maintained in the FMC. However, if a centralized record system is used, easy and prompt accessibility of the records of the FMC patients must be ensured at all times, i.e., during and after hours. The record system should be designed to provide information on patient care and the residents' experience. These records must be well maintained, legible, and up-to-date, and should document the patient's primary physician.

The record system must provide the data needed for patient care audit and chart review of all facets of family care, including care rendered in the FMC, in the hospital, at home, by telephone, through consultations, and by other institutions.

8. Source of Income
The fiscal operation of the FMC must reflect a balance between education and service. Service demands must not adversely affect educational objectives. A plan should be in place to ensure fiscal stability of the program. Residents, faculty, and staff should be educated periodically on the importance of cost-effective quality health care and the importance of efficiency within the FMC.

C. Library Services
In addition to the office library in the FMC, residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

Library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program, and these must be readily available during nights and weekends.

D. Patient Population
A patient population of adequate size and representing a broad spectrum of problems, various ages and both sexes should be attended in the hospital, in the FMC, at home, and in institutions for long-term care or rehabilitation. A sufficient number of inpatients must be available to provide a broad spectrum of problems in any area listed in these requirements that involves inpatient care. The disease spectrum available for resident education must be that common to the general community. These experiences must include the opportunity to attain expertise in emergency initial care of unusual or life-threatening problems.

V. The Educational Program
A. Introduction
The curricula and plans for all rotations and experiences must be developed by the Family Medicine faculty. Other specialty faculty should be consulted for assistance as needed. All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, specific methodologies for teaching, and methods of evaluation exist.

While every residency program must have the required core curriculum as contained in this document, curriculum components may vary, with approval of the RRC, to reflect current regional practice patterns and patient care needs and may be flexible enough to utilize the strengths of the program.

Family physicians must be utilized to the fullest extent as teachers consistent with their experience, training, and current competence.

1. Program design
The program design and/or structure must be approved by the RRC as part of the regular review process. All components of a residency program should be related to the program goals. Programs utilizing multiple sites and/or tracks must describe a core curriculum of at least 20 months that is participated in by all of the residents. If the remaining months are offered at more than one site they must be comparable in terms of their content, duration, and intensity.

Innovative and experimental educational designs and formats will be considered. For example, programs in Family Medicine may propose utilization of a nonrotational format for providing resident education in areas usually taught in block rotations.
Such proposals must demonstrate that the program provides experience equivalent to that of block rotations for its residents and must include documentation that residents will have all of the required experiences during their training, including experience with an adequate volume and mix of patients, the required continuity of care experiences, and appropriate faculty supervision.

2. Approval of Changes
Prior approval of the RRC is required for major changes in the curriculum, format, or design of the program; the addition or deletion of a major participating hospital; and/or the utilization of a new or additional FMC or the alteration of an existing center in any way that might make the facility less suitable.

On review of a proposal for major change in curriculum, facilities, or design of a program, the RRC may determine that a site visit is necessary before a decision can be made.

B. Principles of Family Medicine
Continuity of care and family-oriented comprehensive care must be integral components of all programs. Residents must be taught throughout their training to demonstrate and to articulate clearly the following philosophy and concepts of Family Medicine to patients and colleagues.

1. Continuity of Care
The program must instruct residents in the provision of continuity of care and ensure that each resident has experience with the interrelating roles played by the physician, the patient, the patient's family, the health care system, and the community in optimizing the patient's care.

The learning of continuity of care requires stable, protected physician-patient relationships that are structured to enhance both resident learning and patient care. This must occur primarily with a panel of patients in the FMC. Additional continuity patients, who may not be able to visit the FMC, should be enrolled and assigned as needed to provide residents with continuity experience in home care and long-term care settings.

The program must require that each resident maintain continuity of responsibility for his/her patients when such patients require hospitalization or consultation with other providers, both to integrate each patient's care and to optimize each resident's continuity training. The resident must maintain active involvement in management and treatment decisions.

2. Family-Oriented Comprehensive Care
The family physician assumes responsibility for the total health care of the individual and family, taking into account social, behavioral, economic, cultural, and biologic dimensions. Therefore, a program must emphasize comprehensive, family-oriented care that must be taught in didactic and clinical settings during the entire period of residency training. Residents must have experience in all patient care contexts, including outpatient, inpatient, home, and long-term care settings.

The resident must be given the opportunity to achieve high levels of competence in health maintenance and in disease and problem management and to develop attitudes that reflect expertise in comprehensive patient management and education.

The program must provide the opportunity for residents to acquire knowledge and experience in the provision of longitudinal health care to families, including assisting them in coping with serious illness and loss and promoting family mechanisms to maintain wellness of its members.

Essential elements to be integrated into the teaching of family care to residents include, for the individual patient, health assessment, health maintenance, preventive care, acute and chronic illness and injury, rehabilitation, behavioral counseling, health education, and human sexuality. Elements for the family include family structure and dynamics, genetic counseling, family development, family planning, child rearing and education, aging, end of life issues, epidemiology of illness in families, the role of family in illness care, family counseling and education, nutrition, and safety.

The resident must be taught patterns of record keeping that incorporate a comprehensive information base, retrievable documentation of all aspects of care, and mechanisms for promotion of health maintenance and quality assessment of care.

C. Family Medicine Center Experience
1. Orientation
First-year residents must have an orientation period in the FMC to introduce the comprehensive approach to health care and to promote resident identity as a family physician.

2. Faculty Supervision
The number of family physician faculty assigned to the FMC must be sufficient to ensure that there is always an appropriate number who, without other obligations, supervise and are immediately available on-site to the residents in the FMC whenever two or more residents are seeing patients. If there is only one resident seeing patients, the preceptor may engage in other activities in the FMC to a maximum of 50%. In addition to their availability when needed by residents, these supervisors must provide active precepting of the residents.

3. Patient Population
Each program must document the availability of a stable patient population of sufficient number and variety to ensure comprehensiveness and continuity of experience for the residents in the FMC. Patient populations seeking only episodic care will not satisfy this requirement.

The majority of the scheduled patient visits in the FMC should be from families for whom a resident is responsible. To achieve this, appointments must be scheduled by regular employees of the FMC or by an employee assigned specifically to scheduling Family Medicine patients. These employees must be cognizant of the significance of the appointment policy on continuity of care and patient access to personal physicians. Wherever possible, assignment of family groups to a resident and priority scheduling with the primary provider should be considered.

4. Continuity Patient Panels
Residents should develop and maintain a continuing physician-patient relationship with an undifferentiated panel of patients and their families throughout the 3-year period. The program must be structured to ensure that residents maintain such continuity at least throughout their second and third years of training. This continuity may be interrupted for a maximum of 1 month in the first year of training. During the last 2 years of training the resident may not be absent longer than 2 months in each year, and these 2-month periods may not be consecutive. After the first interruption, the residents must return to provide continuity care for their patient panels for at least 2 months before interrupting continuity again.

Each resident must be assigned to the same FMC for the minimum number of half days specified below. A half-day session must be at least 3 hours. To gain adequate experience, each resident must see, on average, the following required minimum numbers of patients per year:

a. Each first-year resident must be assigned to the FMC at least one half day per week and see a total of at least 140 patient visits by the end of the year.

b. Each second-year resident must be assigned to the FMC at least two half days per week and see a total of at least 500 patient visits during the year.
c. Each third-year resident must be assigned at least three half days per week in the FMC and see a total of at least 1000 patient visits during the year

D. Focused Experiences
The program should implement a plan to ensure that residents retain their identity and commitment to the principles and philosophic attitudes of Family Medicine throughout the training program, particularly while they rotate on other specialty services.

An appropriately qualified member of the program’s faculty must be in attendance on site when the services or procedures needed exceed the capability of the most senior supervising resident or when qualified senior residents are unavailable for supervision of more junior residents.

While the content of a rotation is more important than the time assigned to it, it is necessary to establish guidelines for the allocation of time segments to provide an objective measure of the opportunity provided for residents to achieve the cognitive knowledge, psychomotor skills, attitudinal orientation, and practical experience required of a family physician in each of the curricular elements. Time spent in the FMC seeing continuity patients may not be included when calculating the duration of the specialty rotations for which a number of required hours is specified. It is understood, however, that FMC time is included in the required rotations that are specified in months.

The following curricular areas must be included in each program.
1. Human Behavior and Mental Health
   Knowledge and skills in this area should be acquired through a program in which behavioral science and psychiatry are integrated with all disciplines throughout the resident’s total educational experience. Training should be accomplished primarily in an outpatient setting through a combination of longitudinal experiences and didactic sessions. Intensive short-term experiences in facilities devoted to the care of chronically ill patients should be limited. Instruction must be provided by faculty who have the training and experience necessary to apply modern behavioral and psychiatric principles to the care of the undifferentiated patient. Family physicians, psychiatrists, and behavioral scientists should be involved in teaching this curricular component.

   There must be instruction in the following areas:
   a. Diagnosis and management of psychiatric disorders in children and adults
   b. Emotional aspects of non-psychiatric disorders
   c. Psychopharmacology
   d. Alcoholism and other substance abuse
   e. The physician/patient relationship
   f. Patient interviewing skills
   g. Counseling skills
   h. Normal psychosocial growth and development in individuals and families
   i. Stages of stress in a family life cycle
   j. Sensitivity to gender, race, age, sexual orientation and cultural differences in patients
   k. Family violence including child, partner, and elder abuse (physical and sexual), as well as neglect, and its effect on both victims and perpetrators
   l. Medical ethics, including patient autonomy, confidentiality, and issues concerning quality of life
   m. Factors influencing patient compliance

2. Adult Medicine
   This experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of the pathophysiologic basis for non-surgical diagnostic and therapeutic techniques and promote development of a disciplined, scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

   There must be a minimum of 8 months of experience in adult medicine. At least 6 months should occur in the inpatient setting, on either a Family Medicine or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.

   This training must include a separate defined critical care experience of at least 1 month's duration, or its equivalent, and a structured clinical experience in cardiology.

   The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interaction with consultants.

   There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in our society. Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the sequelae of sexual abuse.

3. Maternity and Gynecologic Care
   a. Maternity Care
      The resident must be provided instruction in the biological and psychosocial impacts of pregnancy, delivery, and care of the newborn on a woman and her family. There must be a minimum of 2 months of experience in maternity care, including the principles and techniques of prenatal care, management of labor and delivery, and postpartum care. This must involve sufficient instruction and experience to enable residents to manage a normal pregnancy and delivery.

      The program must have family physician faculty who are engaged in providing these services and who can supervise the residents and serve as role models for them.

      The resident must be trained in the recognition and initial management of the high-risk prenatal patient, including consultation and referral. Additionally, the residents must be taught to recognize and manage complications and emergencies in pregnancy, labor, and delivery. Residents also must receive training in genetic counseling. When appropriate for the resident’s future practice and patient care, the resident must be trained in the management of the high risk prenatal patient.

      Each resident must perform a sufficient number of deliveries to ensure adequate opportunity for the achievement of competencies appropriate to family physicians. A portion of the maternity care experience must be derived from patients seen in continuity. To accomplish the objectives of the curriculum in maternity care, residents must assume the responsibility of longitudinal provision of antenatal, natal, and postnatal care during their 3 years of training. Whenever possible, these patients should be derived from the residents’ panels of patients in the FMC.

      Supervision of labor and delivery care must be immediately available. For deliveries, and for labor when risk factors are
present, there must be on-site supervision in the delivery suite/labor deck by a family physician, an obstetrician, a senior resident in an ACGME obstetrics residency or by a senior Family Medicine resident who has had sufficient experience. In determining the supervision that is required, the program director must consider the year of training and previous obstetrical experience of the supervising resident. If supervision is provided by a senior resident it must be documented that s/he has had sufficient maternity care experience to function in this capacity. When the direct supervision is provided by a senior resident, there must be on-site physician faculty supervision immediately available in the hospital.

The program must make available additional training in maternity care as an elective within the 36month curriculum. This elective experience must include high-risk maternity care, including the opportunity for residents to develop technical proficiency in appropriate operative procedures that may form a part of their future practice.

b. Gynecological Care
There must be a minimum of 140 hours of structured experience in the care of the gynecological system in nonpregnant women. This experience must be in addition to the routine care of continuity patients in the FMC and gynecological experience gained during Family Medicine call or during the emergency medicine rotation.

All residents must be provided instruction in normal growth and development; diseases of the female reproductive tract; reproductive physiology including fertility, family planning, and human sexuality; physiology of menopause; and pelvic floor dysfunction. The program also must provide adequate instruction and clinical experience in managing emergency problems of the female reproductive system. This experience should be predominantly ambulatory, but residents must participate in the management of gynecological/surgical emergencies. The training should include some inpatient care, preoperative care, assisting in surgery, and postoperative care. The residents must have the opportunity to learn to perform appropriate procedures.

4. Care of the Surgical Patient
The program must provide instruction with special emphasis on the diagnosis and management of surgical disorders and emergencies and the appropriate and timely referral of surgical cases for specialized care.

Residents must be taught to appreciate the variety of surgical treatments and the potential risks associated with them to enable them to give proper advice, explanation, and emotional support to patients and their families. The residents should also be taught to recognize conditions that are preferably managed on an elective basis.

The program must provide all residents with training in preoperative and postoperative care, basic surgical principles, asepsis, handling of tissue, and technical skills to assist the surgeon in the operating room. The program should provide the opportunity for residents to develop technical proficiency in those specific surgical procedures that family physicians may be called on to perform. If the residents expect to include surgery as a major aspect of their practice, additional training must be considered.

a. General Surgery
The residents must be required to participate in a structured experience in general surgery of at least 2 months, including ambulatory and operating room experience. Experiences in general surgery must be designed to provide opportunity for residents to achieve competency in the diagnosis and management of a wide variety of common surgical problems typically cared for by family physicians.

b. Surgical Subspecialties
The required experiences in surgical subspecialties may occur in a block or longitudinal format and are exclusive of time spent caring for patients in the assigned panel of FMC patients and of the learning acquired through consultations.

A minimum of 140 hours of structured experience in the care of orthopaedic disorders is required. If sports medicine experience is integrated with orthopaedics, the time devoted to it must be in addition to the 140 hours required for experience in orthopaedics.

This experience must include caring for a broad variety of acute and emergency musculoskeletal injuries and illnesses, as well as for chronic disorders. Residents must have the opportunity to develop skills in casting and splinting. The program also must provide experience in the initial evaluation and rehabilitation of adult and pediatric musculoskeletal disorders, including the appropriateness of consultation. This educational experience must include didactic conferences and clinical exposure, and should occur primarily in an outpatient setting. Supervision must be provided by faculty with demonstrated expertise in evaluation and treatment of musculoskeletal disorders.

The curriculum also must include structured experiences in the care of genitourinary disorders and disorders of the eye, ear, nose, and throat. Residents must have the opportunity under appropriate supervision to learn to perform appropriate procedures. Most of these experiences should occur in outpatient settings and must be in addition to the experiences residents have during the care of their continuity patients in the FMC.

5. Sports Medicine
The sports medicine experience must include didactic and clinical experience in the areas of preparticipation assessment, injury prevention, evaluation, management, and rehabilitation related to athletic and recreational injuries.

The orthopaedic aspects of sports medicine training may be integrated into the orthopaedic curriculum, but the time devoted to sports medicine should be in addition to the minimum requirement of 140 hours for orthopaedics.

6. Emergency Care
There must be a structured educational experience of at least 1 month block rotation in the delivery of emergency care. Additional required or elective emergency care experiences may be in either a block or longitudinal format. There must be on-site supervision by qualified physicians whenever residents are on the service.

A sufficient volume and variety of patient visits, adequate numbers and types of support personnel, and suitable facilities must be available to ensure the residents an adequate experience in the initial management of serious illnesses and injuries.

The emergency care training should include didactic as well as clinical experiences. Residents should receive training in all standard current life support skills and procedures for both trauma and medical emergencies in patients of all ages.

7. Care of Neonates, Infants, Children, and Adolescents
There must be a structured educational experience in the care of children that is at least 4 months in duration and involves pediatric ambulatory clinic and inpatient experience with a sufficient volume of patients in each setting. This must include the newborn nursery as well as clinical experience in management of the distressed neonate who may need resuscitation, stabilization, and preparation for transport. The resident should have...
the opportunity to develop an understanding of the prenatal period, the growth and development of the newborn through adolescence, child rearing, and emotional problems of children and their management. In addition, the resident should be taught to recognize and manage behavioral, medical, and surgical problems of children and adolescents in home, school, ambulatory, and hospital settings.

8. Community Medicine
Residents must be taught to assess and understand the important health needs of the community in which they work. Instruction and clinical experiences in the following areas must be provided:

a. Occupational medicine, including disability assessment, employee health, and job-related injury and illness

b. Community health resources that may be utilized in the care of patients and their families, including school health services and public health (including environmental health) services

c. Disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

9. Care of the Older Patient
Educational experience must be provided in the common and complex clinical problems of the older patient and must include the preventive aspects of health care, functional assessment, the physiological and psychological changes of senescence, the sociocultural parameters of the patient and his or her greater community, the nutritional and pathological (acute and chronic) entities of aging, and the effective utilization of all members of the health care team.

There must be experience with the older adult patient in the hospital, the FMC, a long-term care facility, and the home.

10. Care of the Skin and Associated Organs
The curriculum must include a required educational experience of at least 60 hours, most of which should be in an outpatient setting and be supplementary to the learning that results from consultations. The experience should be supervised by a physician with competence in this area.

11. Diagnostic Imaging and Nuclear Medicine
The program must provide the residents with a structured opportunity to learn the appropriate application of techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of organs and body systems. Instruction should include the limitations and risks attendant to these techniques. The format of the instruction should be adapted to the resources available, but must include radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to Family Medicine.

12. Conferences
Conferences should be offered to cover the breadth of the specialty of Family Medicine.

There should be a core curriculum that is based in the residency and that is specifically directed to the residents as learners. This core curriculum should be supplemented by conferences during other rotations. Residents and faculty should periodically be presenters at conferences, but residents should not be used excessively in this role. Resident and faculty attendance at conferences must be monitored and documented, and these records should be reviewed periodically by the program director and they should also be available for review by the site visitor.

13. Resident Research and Scholarly Activity
Each program must provide opportunity for residents to participate in research or other scholarly activities. Instruction in the critical evaluation of medical literature, including assessing study validity and the applicability of studies to the residents' patients, must be provided.

The participation of each resident in an active research program should be encouraged as preparation for a lifetime of self-education after the completion of formal training. Generally, this activity should be concurrent with other assignments, provided that the responsibilities of the resident are adjusted to permit a reasonable time for research activity. This experience should be designed to give the residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as of the relevance of research to patient care.

Other acceptable forms of scholarly activity include presentations at national, regional, state, or local meetings, and presentation and publication of review articles and case presentations.

14. Practice Management
There must be at least 60 hours of formal instruction in practice management in both the didactic and the practical setting. A practice management curriculum should include but not be limited to the areas of personal finance, office and personnel management, business planning, use of computers in practice, managed care, alternative practice models, professional liability, and risk management.

The FMC should be considered a primary site for teaching practice management and should serve as an example on which residents may model their future practice.

15. Electives
Electives are intended primarily to enrich the residents' training with experiences relevant to their plans for future practice or their interests as family physicians. There must be a minimum of 3 and a maximum of 6 months of appropriately supervised electives available to all residents. The choice of electives by the resident, including those for remedial purposes, must be made with the approval of the program director.

E. Resident Workload and Impairment
Each program must ensure an appropriate working environment and a duty hour schedule that are consistent with proper patient care and the educational needs of the residents. The educational goals of the program and the learning objectives of the residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations.

There must be formal written policies on the following matters that demonstrate compliance with these requirements. These documents must be available to the RRC, if requested.

1. Moonlighting
It is the responsibility of the program to see that residents provide patient care in the pursuit of their education without additional remuneration based on productivity. Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting inside or outside the participating institutions, to ensure that the quality of patient care and the resident's educational experience are not compromised.

2. Workload/Duty Hours
Resident assignments must be made in such a way as to prevent excessive patient loads, excessive new admission workups, inappropriate intensity of service or case mix, and excessive length and frequency of call contributing to excessive fatigue and sleep deprivation. The program must also ensure the following:

a. At least 1 day out of 7, averaged monthly, away from the residency program
b. On-call duty no more frequently than every third night, averaged monthly

c. Adequate backup if sudden and unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods

Programs must have formal mechanisms specifically designed for promotion of physician well-being and prevention of impairment. There also should be a structured and facilitated group designed for resident support that meets on a regular schedule.

F. Faculty Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include

1. Active participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship.

2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.

3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

4. Provision of guidance and technical support (e.g., research design, statistical analysis) to residents involved in research.

VI. Evaluation

A. Evaluation of Residents

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Entry evaluation assessment, interim testing, and periodic reassessment, as well as other modalities for evaluation, should be utilized. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program, available for review by the site visitor, and be used to provide documentation for future hospital privileges.

The program must demonstrate that it has developed an effective plan for evaluation and provision of feedback to the residents and that it uses specific performance measure in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

The faculty must provide a written evaluation of each resident after each rotation, and these must be available for review by the residents and site visitor. Written evaluation of each resident's knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semianually and must be communicated to and discussed with the resident in a timely manner.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship, and professional growth.

The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The program director and faculty are responsible for provision of a written final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record that is maintained by the institution.

B. Evaluation of Faculty

All teaching faculty must be formally evaluated at least annually. Documentation of faculty evaluation should include teaching ability, clinical knowledge, attitudes, and communication skills. There should be a mechanism for confidential input by the residents.

C. Evaluation of the Program

The Family Medicine residency must incorporate all elements of these Program Requirements. The educational effectiveness of a program must be evaluated in a systematic manner at least annually. The program should engage in self-evaluation within the context of the educational goals and objectives, the needs of the residents, teaching responsibilities of the faculty, and the availability of administrative and financial support and of adequate health care resources within the community. This evaluation should include an examination of the balance among education, research, and service.

The teaching staff must hold regular, documented meetings to accomplish these reviews. At least one resident representative should participate in these reviews and written evaluations by residents and feedback from the program's graduates should be utilized in the process.

D. Evaluation of Patient Care

A mechanism must be in place to evaluate the care provided in both inpatient and outpatient settings. There should be evidence that this evaluation is used to improve education and the provision of care.

The residency program must ensure that its residents, by the time they graduate, are able to investigate, evaluate, and improve their patient care practices. Residents are expected to analyze practice experience and perform practice-based improvement activities using a systematic methodology.

E. Evaluation of the Graduates

Each program must maintain a system of evaluation of its graduates. The residency should obtain feedback on demographic and practice profiles, licensure and board certification, the graduates' perceptions of the relevancy of training to practice, suggestions for improving the training, and ideas for new areas of curriculum. The suggested format is a written survey after 1 year and every 5 years thereafter.

The data from the evaluation of the graduates should be used as part of the program's determination of the degree to which the program's stated goals are being met.

VII. Evaluation of the Program by the RRC

The program will be evaluated by the RRC at regular intervals, at which times the RRC will judge the degree of its compliance with the Program Requirements.

One measure of the quality of a residency program is the performance of its graduates on the certifying examination of the American Board of Family Medicine. In its evaluation of residency programs, the RRC will take into consideration the information provided by ABFM regarding resident performance on the certifying examinations over a period of several years.

The committee will use scores for a minimum of 3 and a maximum of 5 years and will take into consideration noticeable improvements or declines during the period considered. Poor performance
Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine

The following generic requirements pertain to programs in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine. Each program must comply with the requirements listed below as well as with the specialty content found in the Program Requirements for the respective area.

These programs must exist in conjunction with and be an integrated part of an Accreditation Council for Graduate Medical Education (ACGME)-accredited family medicine residency program. Their existence should not compromise the integrity of the core program.

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

I. Program Organization

A. Program Design

The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of the residency program must be related to these goals and should be structured educational experiences for which a specific methodology and method of evaluation exist.

The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

B. Participating Institutions

Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

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

II. Program Personnel

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

A. Program Director

There must be a single program director responsible for the program, who is based primarily at the teaching center. The director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. She or he must have sufficient authority to manage, control, and direct the program.

1. Qualifications

   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the specialty board in the discipline of the program or demonstrate suitable equivalent qualifications. For directors of programs in geriatric medicine this means certification by the American Board of Family Medicine or the American Board of Internal Medicine and a Certificate of Added Qualification in Geriatric Medicine from the same board. Directors of programs in sports medicine may be certified by any of the following boards: American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, or American Board of Pediatrics, and must possess a Certificate of Added Qualification in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities

   The responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff and be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications, i.e., board certification for the physician faculty and appropriate credentials for the nonphysician teaching staff, to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Workload/Call Schedule
The schedule for the residents should allow them to make full utilization of their educational experiences without resultant counterproductive stress, fatigue, and depression. There should be adequate staff to prevent excessive patient loads and excessive length and frequency of call. On-call duty should occur no more frequently than every third night, averaged monthly, and residents must be permitted to spend a monthly average of at least 1 day out of 7 away from program duties. Formal written policies on these matters must be established and available for review.

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

IV. Program Research and Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Teaching Staff Research/Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
3. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.

B. Resident Research/Scholarly Activity
The residents must be exposed to and take part in research programs that provide an environment conducive to a questioning attitude and critical analysis. The program must provide support for resident participation in scholarly activities and offer guidance and technical support, e.g., research design, statistical analysis, for residents involved in research. Residents must participate in journal clubs and research conferences.

C. Library
Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

The library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Evaluation
A. Evaluation of Residents
There must be regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall
1. Evaluate the knowledge, skills, and professional growth of the residents at least semiannually, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
6. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

B. Evaluation of the Teaching Staff
Formal mechanisms for annual evaluation of the teaching staff must exist and must include confidential resident participation.

C. Program Evaluation
The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. At least one resident representative should participate in these reviews, and written evaluations by residents should be utilized in this process.

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

One measure of the quality of a program will be the performance by its graduates in the examinations of the certifying board.

VI. Certification
Those planning to seek a Certificate of Added Qualifications from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: September 1994 Effective: July 1995
Program Requirements for Residency Education in Family Medicine Geriatric Medicine

In addition to complying with the Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

I. Educational Program
An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or Family Medicine.

Clinical experience must include opportunities to manage elderly patients with a wide variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute, ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, atypical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least 1/2 day per week must be spent in a continuity of care experience in the resident’s primary discipline.

II. Faculty and Staff
A. Program Director
The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devote a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program. The program must ensure that interdisciplinary relationships with the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team
The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home, that includes subacute and long-term care, in a home care setting, and in a Family Medicine center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.

III. Facilities/Resources
A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated and must be supervised and taught by the appropriate clinician. The program must include the following:

A. Acute-Care Hospital
The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution
One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on the Accreditation of Healthcare Organizations.

C. Noninstitutional Care
Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program
The ambulatory care program must comprise a minimum of 33% of the resident's time. Each resident should evaluate approximately 1 to 3 new geriatric patients and 4 to 8 follow-up geriatric patients.
each week. This must include at least ½ day per week spent in a
continuity of care experience. This experience must be designed to
provide care in a geriatric clinic or Family Medicine center to el-
derly patients who may require the services of multiple medical dis-
ciplines (including but not limited to neurology, gynecology, urol-
ogy, psychiatry, podiatry, orthopedics, physical medicine and
rehabilitation, dentistry, audiology, otolaryngology and ophthalm-
ology, as well as nursing, social work, and nutrition, among other dis-
ciplines. The opportunity to provide continuing care and to coordi-
nate the implementation of recommendations from these medical
specialties and disciplines is mandatory. In addition, experiences in
relevant ambulatory specialty and subspecialty clinics (e.g., geriat-
ric psychiatry and neurology) and those that focus on geriatric syn-
dromes (e.g., falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment
Peer interaction is essential for residents. To achieve this goal, an
accredited training program in at least one relevant specialty other
than Family Medicine must be present at the teaching center spon-
soring the training program in geriatric medicine. This may be ac-
complished by affiliation with another educational institution for
the enrichment of the educational experience.

Involvement in other health care and community agencies is de-
sirable. There must be a formal affiliation agreement between each
long-term care facility included in the program and the sponsoring
institution, in which each institution must acknowledge its respon-
sibility to provide high-quality care, adequate resources, and admin-
istrative support for the educational mission. In addition, there
must be a letter of agreement between each long-term care facility
and the office of the director of the geriatric medicine program that
guarantees the director appropriate authority at the long-term care
institution to carry out the training program.

IV. Specific Program Content
All major dimensions of the curriculum should be structured educa-
tional experiences for which written goals and objectives, a specific
methodology for teaching, and a method of evaluation exist. A writ-
ten curriculum that describes the program comprehensively, includ-
ing sites, educational objectives for each component, and topics to
be covered in didactic sessions, should be available to residents and
faculty. The curriculum must ensure the opportunity for residents
to achieve the cognitive knowledge, psychomotor skills, interper-
nonal skills, professional attitudes, and practical experience re-
quired of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be avail-
able to the resident. Conferences or seminars/workshops in geriat-
ric medicine should be specifically designed to augment the resi-
dents’ clinical experiences. Journal club or other activities that
foster interaction and develop skills in interpreting the medical lit-
erature are necessary.

All deaths of patients who receive care by residents should be re-
viewed and autopsies performed whenever possible.

As the residents progress through their training, they must have
the opportunity to teach personnel such as nurses, allied health
personnel, medical students, and residents. Appropriate experi-
nences designed to refine educational and teaching skills of the resi-
dents and to develop the necessary administrative skills must be
provided.

Appropriate faculty supervision of the residents must be provided
during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program
This program must be formally available in the ambulatory setting,
the inpatient service, and/or emergency medicine in the acute-care
hospital or at an ambulatory setting administered by the primary
teaching institution.

B. Long-term Care Experience
In the long-term care institutional setting each resident must have
12 months of continuing longitudinal clinical experience with an as-
signed panel of patients for whom the resident is the primary pro-
vider. Additional block time to provide long-term care experience is
encouraged. Emphasis during the longitudinal experience should be
focused on (1) the approaches to diagnosis and treatment of the
acutely and chronically ill, frail elderly in a less technologically so-
plicated environment than the acute-care hospital; (2) working
within the limits of a decreased staff/patient ratio compared with
acute-care hospitals; (3) a much greater awareness of and familiar-
ity with subacute care physical medicine and rehabilitation; (4) the
challenge of the clinical and ethical dilemmas produced by the ill-
ness of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included.
The resident must be exposed to the organizational and administra-
tive aspects of home health care. Continuity of care with an as-
signed panel of home or hospice care patients for whom the resi-
dent is the primary provider is essential.

C. Geriatric Psychiatry
Identifiable structured didactic and clinical experiences in geriat-
ric psychiatry must be included in the program of each resident. Be-
avioral sciences such as psychology/social work and others must
be included in the curriculum.

D. Curriculum
The training program must provide opportunities for the residents
to develop clinical competence in the overall field of geriatric medi-
cine. The curriculum of the program must exhibit, as a minimum,
the following content and skill areas:

1. Current scientific knowledge of aging and longevity, including
theories of aging, the physiology and natural history of aging,
pathologic changes with aging, epidemiology of aging popula-
tions, and diseases of the aged.

2. Aspects of preventive medicine, including nutrition, oral health,
exercise, screening, immunization and chemoprophylaxis
against disease. Instruction about and experience with community
resources dedicated to these activities should be included.

3. Geriatric assessment, including medical, affective, cognitive,
functional status, social support, economic, and environmental
aspects related to health; activities of daily living (ADL); the in-
strumental activities of daily living (IADL); the appropriate use
of the history; physical and mental examination; and laboratory.

4. Appropriate interdisciplinary coordination of the actions of mul-
tiple health professionals, including physicians, nurses, social
workers, dieticians, and rehabilitation experts, in the assess-
ment and implementation of treatment.

5. Topics of special interest to geriatric medicine, including but
not limited to cognitive impairment, depression and related dis-
orders, falls, incontinence, osteoporosis, fractures, sensory im-
pairment, pressure ulcers, sleep disorders, pain, senior (elder)
abuse, malnutrition, and functional impairment.

6. Diseases that are especially prominent in the elderly or that
have different characteristics in the elderly, including neoplas-
tic, cardiovascular, neurologic, musculoskeletal, metabolic, and
infectious disorders.

7. Pharmacologic problems associated with aging, including
changes in pharmacokinetics and pharmacodynamics, drug in-
teractions, overmedication, appropriate prescribing, and
adherence.
Program Requirements for Residency Education in Family Medicine Geriatric Medicine

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.
9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.
10. Ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.
11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.
12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.
13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.
15. Iatrogenic disorders and their prevention.
16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.
17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.
18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.
19. Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting.
20. Hospice care, including pain medicine, symptom relief, comfort care, and end-of-life issues.

V. Certification
Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Medicine should communicate with the administrative officer of the board as listed in the Graduate Medical Education Directory to ascertain the full requirements.


Program Requirements for Residency Education in Family Medicine Sports Medicine

I. Introduction
In addition to complying with the Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration. The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness. The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources

A. Patient Population
A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified.
by the American Board of Emergency Medicine, the American Board of Family Medicine, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications. Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The program must include the following: The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise. Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences. All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility. Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity. If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events. In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events
The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical
The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine. The curriculum must include but not be limited to the following content and skill areas:
1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching
The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients’ families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000  Effective: June 2000
Program Requirements for Residency Education in Internal Medicine

Common Program Requirements are printed in bold.

I. Introduction

A. Definition and Scope of Specialty

Internal medicine is the discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsically the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

B. Duration and Scope of Education

1. An accredited residency program in internal medicine must provide 36 months of supervised graduate education.
2. A minimum of one-third of the training time must be spent in ambulatory sites and a minimum of one-third of the time in inpatient sites.
3. Over the 36 months of training, at least 1/2 day each week must be spent in a continuity ambulatory experience (continuity clinic) managing a panel of general internal medicine patients.
4. The internal medicine component of special educational tracks must be conducted under the auspices of the Department of Internal Medicine. Although such tracks may differ in educational content, the core experience of residents must provide training in both inpatient and ambulatory general internal medicine to enable the graduates of such special tracks to function as general internists. The Residency Review Committee (RRC) evaluates the internal medicine components of the special educational tracks in the accreditation process.

C. Educational Standards

Residency training is primarily an educational experience. These program requirements define the minimum standards and outcomes for residency education in internal medicine. They balance didactic instruction and education through direct patient care.

II. Institutional Support

A. Sponsoring Institution

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

1. demonstrate a commitment to education and research sufficient to support the residency program;
2. establish the internal medicine residency within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine education and patient care;
3. provide resident compensation and benefits, faculty, facilities, and resources for education, clinical care, and research required for accreditation;
4. designate and support a single program director within the internal medicine administrative unit with the qualifications and appropriate authority (Defined in Section IV.B);
5. provide at least 90% salary support for the program director;
6. provide 20 hours per week salary support for each associate program director (APD) required to meet these Program Requirements;
7. notify the RRC within 60 days of:
   a. a change in departmental leadership.
   b. a change in the program director. The qualifications and the curriculum vitae of the new program director must be submitted to the RRC.
   c. changes in institutional governance, affiliation, or resources that affect the educational program.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV., and VI.A. of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment to the participating institution, the financial agreements, and the details for insurance and benefits.
   d. establish the policies and procedures that will govern resident education during the assignment.
4. Participation by any institution that provides 6 months or more of the training in the program must be approved by the RRC.

C. Facilities and Resources

Adequate outpatient and inpatient facilities, support services, and space for teaching and patient care must be available. Residents must have clinical experiences in efficient, effective ambulatory and inpatient care settings.

1. Space and equipment

   There must be space and equipment for the educational program, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for teaching staff.

2. Facilities

   a. To ensure that a spectrum of cardiovascular disorders is available for resident education, cardiac catheterization facilities should be present at the site(s) where the residents see the majority of their acutely ill, hospitalized patients.
   b. Additional facilities must include those for bronchoscopy, gastrointestinal endoscopy, noninvasive cardiology studies, pulmonary function studies, hemodialysis, and imaging studies,
including radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging.

c. Residents must have sleeping, lounge, and food facilities during assigned duty hours.

d. When residents are assigned night duty in the hospital, they must be provided with on-call facilities that are convenient and that afford privacy, safety, and a restful environment with a secure space for their belongings.

D. Medical Records
Clinical records that document both inpatient and ambulatory care must be readily available at all times. (See Institutional Requirements)

E. Medical Reference Material
1. There must be a means of access to an on-site library or to reference material (print or electronic) in each participating institution at all times.

2. Residents must have ready access to a computerized literature search system and electronic medical databases at all times.

F. Patient Population
1. The patient population must have a variety of clinical problems and stages of disease.

2. There must be patients of both sexes, with a broad age range, including geriatric patients. (Note: The resident’s panels of patients must include at least 25% of patients of each gender.)

G. Pathology Material
1. All deaths of patients who received care by residents must be reviewed, and autopsies performed whenever possible.

2. Residents must receive autopsy reports after autopsies are completed on their patients.

H. Support Services
1. Support must include adequate professional and teaching staff in each of the major subspecialties of internal medicine.

2. Administrative support must include adequate secretarial and administrative staff and technology to support the program director and associate program director(s).

3. It is desirable that each program appoint a professional administrator/coordinator to oversee the program director’s office staff and to assist in the administration of the residency program.

4. Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results.

5. Consultations from other clinical services in the hospital must be available in a timely manner. All consultations should be performed by or under the supervision of a qualified specialist.

III. Resident Appointment

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

2. The program should demonstrate the ability to retain qualified residents by graduating at the end of the residency at least 80% of the enrolled, first-year, categorical residents.

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

1. A program must have a minimum of 12 residents enrolled and participating in the training program at all times.

2. The program director must obtain written approval from the RRC before changing the total number of approved residency positions.

3. A resident who has satisfactorily completed a preliminary training year should not be appointed to additional years as a preliminary resident.

C. Resident Transfer

1. To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program.

2. A program director must provide verification of residency education for any residents who may leave the program prior to completion of their education.

3. Residents must not be accepted for advanced standing from non-ACGME-accredited programs. Exceptions will be permitted for physicians with at least 3 years of verified internal medicine training abroad or other training that has been approved by the American Board of Internal Medicine (ABIM).

D. Appointment of Fellows and Other Students
The presence of fellows, other specialty residents, or students must not dilute or detract from the educational opportunities of internal medicine residents.

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

A. Qualifications of the Program Director

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

2. The program director must

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including

1) at least 5 years of participation as an active faculty member in an ACGME-accredited internal medicine residency program and

2) at least three years of graduate medical education administrative experience prior to appointment.

b. be certified in General Internal Medicine by the American Board of Internal Medicine.

c. be appointed in good standing and based at the primary teaching site, i.e., his or her home office must be at the principal clinical training institution. The program director must be responsible to the sponsoring organization.
B. Responsibilities of the program director

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

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

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

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

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

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

7. Dedicating no less than 50% (at least 20 hours per week) of his or her professional effort to the internal medicine educational program and receive institutional support for this time. This effort must be devoted to administrative and educational activities of the internal medicine educational program.

8. Having primary responsibility and appropriate authority for the organization, implementation, and supervision of all aspects of the training program, including the selection and supervision of teaching faculty and other program personnel at each institution participating in the program.

9. Having the authority to ensure effective teaching and obtain teaching commitments from other departments involved in the education of internal medicine residents.

10. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures and evaluate the quality of care rendered by the residents.

11. Preparing written educational goals and objectives of the program with respect to the Competencies of residents at each level of training and for each major rotation or other program assignment.

12. Ensuring that the written educational goals and objectives are readily available for review and are distributed to residents and faculty members.

13. Ensuring that the residency does not place excessive reliance on residents for service as opposed to education.

14. Having responsibility for and appropriate authority to accomplish the general administration of the program and the maintenance of records related to program accreditation.

15. Establishing a process to teach and document the residents' achievement of milestones in the Competencies.

16. Monitoring any internal medicine subspecialty training programs sponsored by the institution to ensure compliance with the ACGME accreditation standards.

17. Having supervisory authority over all educational tracks in the internal medicine residency program.

18. Outlining in writing the lines of responsibility for and supervision of patient care on all inpatient and ambulatory settings for all members of the teaching teams.

19. Participating in academic societies and in educational programs designed to enhance his/her educational and administrative skills.

20. Implementing a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the Competencies.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
   d. must be licensed to practice medicine in the state where the sponsoring institution is located or the major teaching activity occurs. (Certain federal programs are exempted.)
   e. must meet professional standards of ethical behavior.

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

D. Faculty Responsibilities.

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

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

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E. While not all faculty members must be investigators, collectively their activity must include all of the elements outlined in that section.

4. All clinical faculty members
   a. must have a commitment to the goals and objectives of the teaching program, including mastery of the Competencies and clinical judgment.
   b. should nurture the attributes of the scholar, scientist, teacher, and humanist in residents.
   c. should be available to residents for advice and counseling.
   d. must implement the written curriculum that describes both patient-based and educational elements of the residency.
   e. should participate in prescribed faculty development programs designed to enhance their teaching effectiveness.
   f. should review the written learning objectives and expectations for each rotation or assignment with residents at the beginning of the rotation or assignment.
E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

F. Associate Program Directors
Associate program directors (APDs) are faculty who assist the program director in the administrative and clinical oversight of the educational program. Sponsoring organizations must provide associate program directors based on program size. At a minimum, associate program directors are required at resident complements of 24 or greater according to the following parameters: 24 to 40 residents, 1 APD; 41 to 79, 2 APDs; 80 to 119, 3 APDs; 120 to 159, 4 APDs; more than 159, 5 APDs.

1. Qualifications: Associate program directors must:
   a. be an institutionally based faculty appointee;
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable;
   c. have documented clinical and academic experience to ensure effective implementation of the Program Requirements; and
   d. be clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, whether they themselves were trained as general internists or as subspecialists.

2. Responsibilities: Associate program directors must:
   a. dedicate an average of at least 15 hours per week throughout the year to the internal medicine training program; and
   b. assist in the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents as well as the maintenance of records related to program accreditation;
   c. report directly to the program director; and
   d. participate in academic societies and in educational programs designed to enhance their educational and administrative skills.

C. Key Clinical Faculty
The residency program must include institutionally based key clinical faculty (KCF) in addition to the program director, associate program directors, and chief residents. KCF are dedicated physicians who dedicate significant effort to the educational program [Section III.C.]. Sponsoring institutions must provide KCF based on program size. Four KCF are required at resident complements of 79 or less. At resident complements of 80 or greater, minimum KCF are required, according to the following parameters: 80 to 119 residents, 6 KCF; 120 to 159, 8 KCF; more than 159, 10 KCF.

1. Qualifications: Key clinical faculty must:
   a. be active clinicians with broad knowledge of experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, and
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.

2. Responsibilities: Key clinical faculty must:
   a. dedicate an average of at least 15 hours per week throughout the year to the internal medicine residency program;
   b. provide teaching and supervision of residents in the clinical setting;
   c. assist in the preparation of the written curriculum;
   d. assist in the development and evaluation of the Competencies in the residents; and
   e. assist in monitoring resident stress, with the goal of identifying mental or emotional conditions inhibiting performance or learning (including drug or alcohol-related dysfunction), and advise the program director or associate program director(s) as indicated.

H. Subspecialty Education Coordinators
Subspecialty education coordinators provide subspecialty education (SSPE) based on program size. At a minimum, one subspecialty education coordinator must be identified for each of the subspecialties of internal medicine (cardiology, critical care, endocrinology, hematology, gastroenterology, geriatric medicine, infectious diseases, nephrology, oncology, pulmonary disease, and rheumatology). The subspecialty education coordinator must be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.

1. Qualifications: Subspecialty education coordinators must:
   a. be active clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, whether they themselves were trained as general internists or as subspecialists.

2. Responsibilities: Subspecialty education coordinators must:
   a. dedicate an adequate portion of his or her professional effort throughout the year to the internal medicine training program to accomplish the educational goals in each subspecialty; and
   b. be accountable to the program director for coordination of the residents’ subspecialty educational experiences. (NOTE: KCF can also serve as subspecialty education coordinators.)

I. Site Coordinating Faculty
At each participating inpatient institution where residents spend 6 or more months, the sponsor must ensure that a designated faculty member coordinates the activities of the residents. This faculty member must be based at that participating institution and report to the program director. At a minimum, the site coordinating faculty member must satisfy the qualifications and responsibilities of a KCF member.

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

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment. For each rotation or major learning experience, the written curriculum:
   a. should include the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters; procedures, and services; reading lists, pathological material, and other educational resources to be used; and a method of evaluation of resident competence; and
   b. must define the level of residents’ supervision by faculty members in all patient-care activities; and
   c. should be reviewed and revised at least every three years by faculty members and residents to keep it current and relevant.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.
   a. The program must advance residents to positions of higher responsibility on the basis of their satisfactory demonstration of achievement of program-developed milestones in the Competencies.
   b. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration.

B. ACGME Competencies

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

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

C. Didactics

1. Formal Teaching Program
   a. Inpatient teaching
      i) Teaching (attending) rounds.
         Teaching or attending rounds must be patient-based sessions in which current cases are presented as a basis for discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, specific management of the patient, the appropriate use of technology, the incorporation of evidence and patient values in clinical decision making, and disease prevention.
         i) On all inpatient and consultative teaching services, teaching rounds must be regularly scheduled and formally conducted.
         ii) Teaching rounds must include direct resident and attending interaction with the patient, and must include bedside teaching and the demonstration of interview and physical examination techniques.
         iii) Teaching rounds must occur at least 3 days of the week for a minimum of 4.5 hours per week.
      2) Management (work) rounds by the physician of record.

Management or work rounds involve the bedside review of patients and their clinical data and the development of the daily plan of care (therapeutic and diagnostic) by the physician of record with the residents. Such rounds are distinguished from teaching (attending) rounds by their focus on the care plan (resident order writing; record documentation; communication with nurses, pharmacists, families; etc.).

i) Each physician of record has the responsibility to make management rounds on his or her patients and to communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients.

ii) To avoid interference with the residents' educational experience and ability to accomplish their daily tasks of patient care, including resident work rounds, residents should not be required to relate to an excessive number of physicians of record.

iii) Note writing and other documentation activities by the physician of record must not infringe upon teaching rounds or resident education.

3) Combined teaching and management rounds

Inpatient teaching rounds and management rounds may be functionally combined when:

i) there is a single physician of record for most or all patients on the teaching service, and

ii) that attending physician of record is also the teaching physician conducting teaching for those same patients, and

iii) the total time spent in combined inpatient rounds must exceed by a minimum of 4½ hours per week the time required to supervise the care of the patients, with this time dedicated to fulfill the requirements outlined above for teaching rounds.

a. Ambulatory teaching

In every ½-day session in the ambulatory setting, each resident should have at least 30 minutes of contact time with the supervising faculty physician.

2. Conferences and Seminars

In addition to morning report and rounds, the program must provide core conferences (e.g., CPC conferences, grand rounds, morbidity and mortality review conferences, literature-review activities, and other seminars covering both general medicine and the internal medicine subspecialties), for a minimum of 150 hours per year of conference-based educational experience.

a. The core conference series must

1) cover the major topics in general internal medicine (including issues arising in ambulatory and extended care settings) and the internal medicine subspecialties;

2) be repeated often enough, or be made available for review on tape or electronically, to afford each resident an opportunity to attend or review most of the core conference topics;

3) include the following interdisciplinary topics: adolescent medicine, clinical ethics, medical genetics, quality assessment, quality improvement, risk management, preventive medicine, medical informatics and decision-making skills, law and public policy, pain medicine, end-of-life care, domestic violence, physician impairment, and substance use disorders; and

4) be made available to residents at each of the program's participating institutions.

b. Conferences should include information from the basic medical sciences, with emphasis on the pathophysiology of disease
Program Requirements for Residency Education in Internal Medicine

and reviews of recent advances in clinical medicine and biomedical research.

c. The program must sponsor monthly conferences in which faculty members are involved. These must include
1) a journal club emphasizing critical appraisal of the medical literature and evidence-based medicine; and either
2) clinical-pathologic conferences correlating current pathologic material, including material from autopsies, surgical specimens, and other pathology material, with the clinical course and management of patients; or
3) clinical quality improvement (morbidity and mortality) conferences focusing on adverse clinical events on the teaching services. It should analyze the causes and consequences of each event, and should result in proposals for actions to avoid recurrence of similar events.

d. It is desirable that each resident attends at least 60% of these conferences.

D. Clinical

1. Ambulatory Medicine
   a. At least one-third of the residency training must be in the ambulatory care setting. (NOTE: In assessing the contribution of various clinical experiences with ambulatory patients to the 33% minimum, the following guidelines can be used: ½ day per week assigned to an ambulatory setting throughout all 3 years of training is equivalent to 10%; a 1-month block rotation is equivalent to 3%; 1 full day per week throughout a single year of training is equivalent to 7%. Examples of settings that may be counted toward this requirement are general medicine continuity clinics, subspecialty clinics, ambulatory block rotations, physicians' offices, managed health-care systems, emergency medicine, walk-in clinics, neighborhood health clinics, and home-care visits.)
   1) In an ambulatory setting, one faculty member must be responsible for no more than five residents or other learners.
   2) On-site faculty members' primary responsibilities must include the supervision and teaching of residents. On-site supervision as well as the quality of the educational experience must be documented.
   3) Residents must be able to obtain appropriate and timely consultation from other specialties for their ambulatory patients.
   4) There should be services available from other health-care professionals such as nurses, social workers, language interpreters, and dietitians.

b. Ambulatory Medicine — Continuity Clinic
   1) At the program director's discretion, residents may be excused from attending their continuity clinic when they are assigned to an intensive care unit, to emergency medicine, to an away-elective, or to night float.
   2) Residents must attend a minimum of 108 weekly continuity clinic sessions during the 36 months of training.
   3) The remaining patient-care experience should not be interrupted by more than 1 month, excluding a resident's vacation.
   4) The number of patients seen by a first-year resident, when averaged over the year, must not be less than 3 or greater than 5 per scheduled ½-day session.
   5) The number of patients seen by a second-year resident, when averaged over the year, must not be less than 4 or greater than 6 per scheduled ½-day session.
   6) The number of patients seen by a third-year resident, when averaged over the year, must not be less than 4 per scheduled ½-day session.

7) During the continuity experience, arrangements should be made to minimize interruptions of the experience by residents' duties on inpatient and consultation services.

8) Each resident must follow patients with chronic diseases on a long-term basis.

9) It is desirable that residents be informed of the status of their continuity patients when they are hospitalized so the resident can make appropriate arrangements to maintain continuity of care.

c. Ambulatory Medicine — Emergency Medicine
   1) Internal medicine residents assigned to emergency medicine must have first-contact responsibility for a sufficient number of unselected patients to meet the educational needs of internal medicine residents. Triage by other physicians prior to this contact is unacceptable.
   2) Internal medicine residents must be assigned to emergency medicine for at least 4 weeks of direct experience in blocks of not less than 2 weeks.

Total required emergency medicine experience must not exceed 3 months in 3 years of training.

4) During emergency medicine assignments, continuous duty must not exceed 12 hours.

5) Residents must have direct patient responsibility, including participation in diagnosis, management, and admission decisions across the broad spectrum of medical, surgical, and psychiatric illnesses, such that the residents learn how to determine which patients require hospitalization.

6) Internal medicine residents assigned to rotations on emergency medicine must have on-site, 24-hour, supervision by qualified faculty members.

7) Timely, on-site consultations from other specialties must be available.

2. Inpatient Medicine

a. On Inpatient rotations:
   1) A first-year resident must not be assigned more than five new patients per admitting day; an additional 2 patients may be assigned if they are in-house transfers from the medical services.
   2) A first-year resident must not be assigned more than eight new patients in a 48-hour period.
   3) A first-year resident must not be responsible for the ongoing care of more than 12 patients.
   4) The program must demonstrate a minimum of 210 admissions per year to the medical teaching services for each first-year resident.

5) When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision of admission of more than 10 new patients and 4 transfer patients per admitting day or more than 16 new patients in a 48-hour period.

6) When supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 16 patients.

7) When supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 24 patients.

8) First-year residents should interact with second- or third-year internal medicine residents in the care of patients.

9) Second- or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity, and severity of patient
Illness must be available at all times on-site to supervise first-year residents.

10) On inpatient rotations, residents should have continuing responsibility for most of the patients they admit.

11) Residents from other specialties must not supervise internal medicine residents on any internal medicine inpatient rotation.

12) Residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident’s patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.

13) There must be a resident on-call schedule and detailed check-out and check-in procedures, so residents will learn to work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients.

14) The on-call system must include a plan for backup to ensure that patient care is not jeopardized during or following assigned periods of duty.

15) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments in the first year.

16) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments over the second and third years of training combined.

17) The required 12 months of inpatient internal medicine must include a minimum of 3 months of inpatient general internal medicine teaching service assignments over the 3 years of training.

18) Geographic concentration of inpatients assigned to a given resident is desirable because such concentration promotes effective teaching and fosters interaction with other health-care personnel.

b. Inpatient Medicine — Critical Care

1) Residents must be assigned to critical care rotations (e.g., medical or respiratory intensive care units, cardiologic units) no fewer than 3 months in 3 years of training.

2) Total required critical care experience must not exceed 6 months in 3 years of training. (NOTE: When elective experience occurs in the critical care unit, it must not result in more than a total of 8 months of critical care in 3 years of training for any resident.)

3) All critical care training must occur in critical care units that are directed by ABMS-certified critical care specialists.

4) All coronary intensive care unit training must occur in critical care units that are directed by ABIM-certified cardiologists.

5) Timely and appropriate consultations must be available from other internal medicine subspecialists and specialists from other disciplines.

3. Subspecialty Experience

a. Clinical experience in each of the subspecialties of internal medicine must be included in the training program and may occur in either inpatient or ambulatory settings (see IV.H.1.a. for the list of required specialties).

b. Although it is not necessary that each resident be assigned to a dedicated rotation in every subspecialty, the curriculum must be designed to ensure that each resident has sufficient clinical exposure to the diagnostic and therapeutic methods of each of the recognized internal medicine subspecialties.

c. Residents must have formal instruction and assigned clinical experience in geriatric medicine. The curriculum and clinical experience should be directed by an ABMS-certified geriatrician. These experiences may occur at one or more specifically designated geriatric inpatient units, geriatric consultation services, long-term care facilities, geriatric ambulatory clinics, and/or in home-care settings.

d. Total required transplant rotations in dedicated units should not exceed 1 month in 3 years.

4. Other Specific Experiences and Skills

a. Gender-specific health care

Residents should receive instruction and clinical experience in the prevention, counseling, detection, and diagnosis and treatment of gender-specific diseases of women and men. (NOTE: This clinical experience may occur in general medicine clinics or other specialty clinics.)

b. Experiences in other specialties

1) The program must provide residents with instruction and sufficient clinical experience in neurology to acquire the knowledge needed to diagnose, follow, and treat patients with common neurologic disorders and to recognize those disorders that should be referred to a neurologist.

2) Residents should have sufficient instruction and clinical experience in psychiatry, dermatology, medical ophthalmology, office gynecology, otolaryngology, non-operative orthopedics, and rehabilitation medicine to become familiar with those aspects of care in each specialty area that can be diagnosed and managed by general internists and those that should be referred to, or managed jointly with, other specialists. (NOTE: This experience may occur in clinical rotations or consultative interactions with specialists in these disciplines.)

c. Procedures and technical skills

1) Procedures

i) All residents must be instructed in the indications, contraindications, complications, limitations, and interpretations of findings, and they must develop technical proficiency in performing the following procedures: advanced cardiac-life support (American Heart Association documentation of successful training within the teaching institution), abdominal paracentesis, arterial puncture, arthrocentesis, central venous line placement, lumbar puncture, nasogastric intubation, pap smear and endocervical culture, and thoracentesis.

ii) Residents should have the opportunity to achieve competence in additional procedures that may be required in their future practice settings. These may include arterial line placement, cryosurgical removal of skin lesions, elective cardioversion, endotracheal intubation, skin biopsies, soft tissue and joint injections, temporary pacemaker placement, and treadmill exercise testing.

2) Interpretative skills

i) All residents must develop competency in interpretation of electrocardiograms.

ii) All residents should develop competency in interpretation of chest roentgenograms, peripheral blood smears, Gram stains of sputum, microscopic examinations of urine, spirometry, and KOH and wet prep examinations of vaginal discharge.

iii) Residents should have the opportunity to achieve competence in additional common interpretive skills required in the residents' expected practice settings. These include but are not limited to ambulatory elec-
trocardiography, ambulatory blood pressure monitoring, and spirometry.

3) Consultative experience
Residents must have a structured clinical experience to act, under supervision, as consultants to physicians in other specialties.

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

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

3. There must be regular resident interaction with clearly identified faculty members.
   a. who participate in research conferences that emphasize the presentation of original research;
   b. who participate in research or scholarly activity that leads to publication or presentations at regional and national scientific meetings;
   c. who offer guidance and technical support such as research design and statistical analysis to residents involved in research or scholarly activity.

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

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

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

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient continuity clinics and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

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

c. Moonlighting that occurs within the residency program
and/or the sponsoring institution or the non-hospital spon-
sor's primary clinical site(s), i.e., internal moonlighting,
must be counted toward the 80-hour weekly limit on duty
hours.

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

6. Duty Hour Exception
The RRC for Internal Medicine will not consider requests for
exceptions to the limit to 80 hours per week, averaged
monthly.

7. Service versus education
a. A sponsoring institution must not place excessive reliance on
residents to meet the service needs of the participating train-
ing sites.
b. To this end, the sponsoring and participating institutions must
have written policies and procedures and provide the re-
sources to ensure the implementation of the following:
1) Residents must not be required to provide routine intraven-
ous, phlebotomy, or messenger/transporter services.
2) Residents' service responsibilities must be limited to pa-
tients for whom the teaching service has diagnostic and
therapeutic responsibility. (NOTE: "Teaching Service" is
defined as those patients for whom internal medicine resi-
dents [PGY 1, 2, or 3] routinely provide care.)
3) The admission and continuing care of patients by residents
must be limited to those on the teaching service.
4) Residents must not be assigned more than 1.5 months of
night float during any year of training, or more than 4
months of night float over the 3 years of residency training.
Residents must not be assigned to more than 1 month of
consecutive night float rotation.
5) For each rotation or major clinical assignment, the teach-
ing ratio must not exceed a total of 8 residents and stu-
dents (excluding subspecialty residents in special care
units) to one teaching attending.
6) Emergency medicine or night float assignments should be
separated by at least 10 hours without residency-related
activities.

8. Graded Responsibility
a. Each resident must be assigned at least 24 months of the 36
months of residency education in settings where the resident
personally provides, or supervises junior residents who pro-
vide, direct patient care in inpatient or ambulatory settings.
b. These inpatient and ambulatory assignments must include de-
velopment of diagnostic strategies, planning, record keeping,
order or prescription writing, management, discharge sum-
mary preparation, and decision making commensurate with
residents' abilities and with appropriate supervision by the at-
tending physician.

9. Grievance procedures and due process

a. In the event of an adverse annual evaluation, a resident must
be offered an opportunity to address a judgment of academic
deficiencies or misconduct before a constituted clinical com-
petence committee.
b. There must be a written policy that ensures that academic due
process provides fundamental fairness to the resident and pro-
tects the institution by ensuring accurate, proper, and defin-
tive resolution of disputed evaluations.

VI. Evaluation
A. Resident Evaluation
1. Formative Evaluation
The residency program must demonstrate that it has an effec-
tive plan for assessing resident performance throughout the
program and for utilizing the results to improve resident per-
formance. This plan should include
a. the use of methods that produce an accurate assessment of
residents' competence in patient care, medical knowledge,
practice-based learning and improvement, interpersonal
and communication skills, professionalism, and sys-
tems-based practice.
b. mechanisms for providing regular and timely performance
feedback to residents that includes at least
1) written semiannual evaluation that is communicated to
each resident in a timely manner and include formal
evaluations of knowledge, skills, and professional growth of
residents and required counseling by the program director
or designee
2) the maintenance of a record of evaluation for each resi-
dent that is accessible to the resident; that is, permanent
records of both of the evaluation and counseling sessions
(and any others that occur) for each resident must be
maintained in the resident's file and must be accessible to
the resident and other authorized personnel.
a) The record of evaluation should be based on close obser-
vation of residents performing specific tasks of patient
management such as the interview and physical exami-
nation, choice of diagnostic studies, formulation of dif-
f erential diagnosis or problem lists, development of
plans for short-term and long-term medical manage-
ment, communication of treatment plans, invasive pro-
cedures, and (when on inpatient services) discharge
planning.
b) It should document
(1) that residents have demonstrated an in-depth under-
standing of the basic mechanisms of human biology,
and the application of current knowledge to prac-
tice, by the integration of pathophysiologic processes
into the diagnosis, treatment, and management of
clinical disorders.
(2) that prior to the completion of training, each resi-
dent has demonstrated
(a) acceptable scholarly activity such as: original re-
search, comprehensive case reports, or review of
assigned clinical and research topics.
(b) basic science literacy and understands the funda-
mental principles of clinical study design and
evaluation of research findings.
(c) the effective application of knowledge and clini-
cal skills (patient care), utilizing the synthetic
skills of clinical judgment.
(3) that structured clinical evaluations were conducted
during the first year (for examples see ACGME
Website's Outcome Toolbox).
Program Requirements for Residency Education in Internal Medicine

(4) that the review of residents' clinical documentation for format, quality of data entry, accuracy of the assessment, and appropriateness of the plan was completed on resident inpatient and outpatient records (including inpatient discharge summaries) during each rotation, with feedback to the residents. The program director should ensure that the review of medical records is incorporated into residents' evaluation.

(5) that records were maintained by documentation logbook or by an equivalent method to demonstrate that residents have achieved competence in the performance of invasive procedures. These records must state the indications and complications and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.

(6) that residents were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period.

(7) that residents were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semiannual basis.

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

2. Summative Evaluation

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

a. The program director must also prepare a written summative evaluation of the clinical competence of each resident annually. (NOTE: This is in addition to the completion of the ABIM tracking form.)

b. The summative evaluation must stipulate the degree to which the resident has achieved the level of performance expected in each Competency (i.e., patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice).

B. Faculty Evaluation

1. The performance of the faculty must be evaluated by the program annually. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Provision must be made for residents to confidentially provide written evaluations of each teaching attending at the end of a rotation and for the evaluations to be reviewed with faculty annually.

2. The results of the evaluations must be used for faculty-member counseling and for selecting faculty members for specific teaching assignments.

C. Program Evaluation

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

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

a. The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of residents.

b. The residents must have the opportunity to formally assess the effectiveness of ambulatory teaching on an ongoing basis.

2. Outcome assessment

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

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

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

a. A program's graduates must achieve a pass rate on the certifying examination of the ABIM of at least 70% for first-time takers of the examination for the most recent defined 3-year period.

b. At least 80% of those completing their training in the program for the most recent defined 3-year period must have taken the certifying examination.

VII. Experimentation and Innovation

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

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

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

D. Performance Improvement Process

1. The program should identify and participate in at least two ongoing performance improvement (PI) activities which relate to the competencies.

2. The PI activities must involve both residents and faculty in planning and implementing.

3. The PI activities should result in measurable improvements in patient care or residency education.

VIII. Certification

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the registration sec-
Policies and Procedures for Fellowship Education in the Subspecialties of Internal Medicine

1. As a general rule, subspecialty programs will be surveyed and reviewed in conjunction with the parent residency program in internal medicine. In the case of applications, or as determined by the Residency Review Committee (RRC), a subspecialty program may be surveyed and reviewed separately.

2. Subspecialty program information forms will be distributed to the director of the parent internal medicine residency program, who will coordinate the collection of information, completion of the forms, and submission of required materials to the RRC for all subspecialty programs to be reviewed.

3. The survey may be conducted by a member of the Field Staff or by a specialist selected by the RRC. The surveyor will submit a report on the internal medicine residency program as well as on each of the subspecialty programs under review.

4. Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of subspecialty programs will be directly related to that of the parent internal medicine program as follows:
   a. Applications for accreditation of new subspecialty programs will be considered only if the parent residency program in internal medicine carries the status of full accreditation.
   b. Applications for accreditation of new subspecialty programs will not be considered if the parent residency program in internal medicine is (1) accredited on a provisional or probationary basis; or (2) involved in the process of implementing appeal procedures.
   c. Application for combined subspecialty training programs such as hematology and oncology or pulmonary disease and critical care medicine will not be considered if the application is based on an existing subspecialty program accredited with warning.
   d. When a subspecialty program is found not to be in substantial compliance with the Essentials of Accredited Residencies, the program director will be warned that accreditation will be withdrawn if the program is found not to be in substantial compliance with the Essentials at the time of the next scheduled review, regardless of the accreditation status of the parent internal medicine program.
   e. If the parent internal medicine program is accredited on a probationary basis, or accredited on a provisional basis with a warning that adverse action will be taken if the program is not in substantial compliance with the Essentials of Accredited Residencies at the time of the next scheduled review, the subspecialty programs will be informed that their accreditation status is in jeopardy.
   f. If the primary subspecialty program is accredited with a warning that an adverse action will be taken if the program is not in substantial compliance with the Essentials of Accredited Residencies at the time of the next scheduled review, the linked secondary subspecialty program (e.g., cardiovascular disease and clinical cardiac electrophysiology) will be informed that its accreditation status is in jeopardy. Further, accreditation of the secondary subspecialty program will be administratively withdrawn if the RRC withdraws accreditation of the primary subspecialty program.

Thereafter, accreditation of the subspecialty programs will be administratively withdrawn if the RRC (1) continues accreditation of the parent residency program in internal medicine on a probationary basis beyond 2 years; (2) withdraws accreditation of the parent residency program in internal medicine.

5. In case of withholding accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.

General Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

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

I. Introduction

A. Definition and Scope of Specialty

1. Subspecialty training in internal medicine is a voluntary component in the continuum of the educational process; such training should take place after satisfactory completion of an accredited program in internal medicine.

2. When averaged over any five-year period, a minimum of 75% of fellows in each subspecialty training program must be graduates of an ACGME-accredited internal medicine training program. Non-ACGME internal medicine trained fellows must have at least three (3) years of internal medicine training prior to starting fellowship. Prior to appointment, the program director must inform non-ACGME trained applicants in writing of the ABIM policies and procedures that may affect the fellow’s eligibility for ABIM certification. (N.B.: Fellows in the subspecialty of geriatric medicine may be graduates of an ACGME-accredited family practice training program.)

3. Subspecialty programs must provide advanced training to allow the fellow to acquire competency in the subspecialty with sufficient expertise to act as a consultant.

B. Duration and Scope of Education

1. To be eligible for accreditation, a subspecialty program must function as an integral part of an accredited residency program in internal medicine.

2. There must be a reporting relationship, to ensure compliance with the ACGME accreditation standards, from the program director of the subspecialty program to the program director of the parent internal medicine residency program.

3. The discipline must be one for which a certificate or a certificate of added qualifications is offered by the American Board of Internal Medicine. (For editorial purposes, the term "subspecialty" is used throughout the document for both types of training programs.)
C. Educational Standards

Fellowship training is primarily an educational experience. These program requirements define the minimum standards and outcomes for fellowship education in the subspecialties of internal medicine. They balance didactic instruction and education through direct patient care.

II. Institutions

A. Sponsoring Institution

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

1. The sponsoring institution must demonstrate a commitment to education and research sufficient to support the fellowship program;
2. The sponsoring institution must establish the internal medicine subspecialty fellowship within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine education and patient care;
3. The sponsoring institution must provide fellow compensation and benefits, faculty, facilities, and resources for education, clinical care, and research required for accreditation;
4. The sponsoring institution must assure that adequate salary support is provided to the program director for the administrative activities of the internal medicine subspecialty program. The program director must not be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the program director’s salary, depending on the size of the program. (See Section III A 4 f))
5. The sponsoring institution must notify the RRC within 60 days of changes in institutional governance, affiliation, or resources that affect the educational program.
6. Graduate education in the subspecialties of internal medicine requires a major commitment to education by the sponsoring institution. Evidence of such a commitment includes each of the following:
   a) The minimum number of fellowship positions supported by the institution in each training program must not be less than the number of accredited training years in the program. (See Section III A 4 f))
   b) The institution must assure significant research in each subspecialty for which it sponsors a training program.

B. Participating Institutions

Participating institutions include both the Primary Training Site and other training sites. The Primary Training Site is defined as the health-care facility that provides the required training resources, should be the location of the program director’s major activity, the location where the fellow spends the majority of their clinical training time, and the primary location of the core program in internal medicine.

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

3. The RRC must give prior approval for participation by any institution providing 3 months or more of training in a 12 or 24 month program, or 6 months or more of training in a 36 month program.
4. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the subspecialty by the American Board of Internal Medicine, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site, i.e., his or her home office must be at either the sponsoring institution, or the site where fellows receive the majority of their training. The program director must be responsible to the sponsoring organization.
   d) The program director must have at least 5 years of participation as an active faculty member in an ACGME-accredited internal medicine subspecialty fellowship program.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as es-
established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

1. the addition or deletion of a participating institution;
2. a change in the format of the educational program;
3. a change in the approved fellow complement, i.e., any temporary or permanent increase in the total number of enrolled fellows.

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

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

f) The program director must dedicate an average of 20 hours per week of his or her professional effort to the internal medicine subspecialty educational program, with sufficient time for administration of the program, and receive institutional support for that administrative time (see Section II A 4 of this document).

g) The program director must participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills.

h) The program director must implement a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the ACGME Competencies (as outlined in Section V D of this document).

g) The program director must participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills.

h) The program director must implement a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the ACGME Competencies (as outlined in Section V D of this document).

B. Faculty

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

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite subspecialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the subspecialty by the American Board of Internal Medicine, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

d) The physician faculty must be licensed to practice medicine in the state where the sponsoring institution is located or the major teaching activity occurs. (N.B.: Certain federal programs are exempted.)

e) The physician faculty must meet professional standards of ethical behavior.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

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

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

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

6. Key Clinical Faculty

In addition to the program director, each program must have two key clinical faculty (KCF). KCF are attending physicians who dedicate, on average, 10 hours per week throughout the year to the training program. For programs with more than five fellows enrolled during the accredited portion of the training program, a ratio of KCF to fellows of at least 1:1.5 must be maintained. (N.B.: The required number of KCF may vary by subspecialty.)

a) Qualifications of the key clinical faculty are as follows:

1. Key clinical faculty must be active clinicians with broad knowledge of, experience with, and commitment to the internal medicine subspecialty as a discipline; and

2. Key clinical faculty must be certified in the subspecialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.

b) Responsibilities for the key clinical faculty are as follows:

In addition to the responsibilities of all individual faculty, the key clinical faculty with the program director, are responsible for the planning, implementation, monitoring and evaluation of the fellow's clinical and research training.

7. All clinical faculty members should participate in prescribed faculty development programs designed to enhance the effectiveness of their teaching.

C. Other Program Personnel

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

D. Resources

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

2. Fellows must have clinical experiences in efficient, effective ambulatory and inpatient care settings.
a) Space and equipment
There must be space and equipment for the educational program, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and work/study space.
b) Facilities
(1) Fellows must have lounge and food facilities during assigned duty hours.
(2) When fellows are assigned night duty in the hospital or called in from home, they must be provided with on-call facilities that are convenient and that afford privacy, safety, and a restful environment with a secure space for their belongings.

3. Medical Records
Clinical records that document both inpatient and ambulatory care must be readily available at all times. (See Institutional Requirements, Section II D 5 d)

4. Medical Reference Material
Fellows must have access at all times and in each participating institution to:
a) reference material (i.e., textbooks and journals) either print or electronic
b) a computerized literature search system and electronic medical databases.

5. Patient Population
a) The inpatient and ambulatory care population must provide experience with patients whose illnesses are encompassed by, and help to define, the subspecialty.
b) There must be patients of both sexes, with a broad age range, including geriatric patients.
c) A sufficient number of patients must be available to ensure adequate inpatient and ambulatory experience for each subspecialty fellow without diluting the experience of the residents in the general internal medicine residency program.

6 Pathology Material
a) All deaths of patients who received care by fellows must be reviewed and autopsies performed whenever possible.
b) Fellows must receive autopsy reports after autopsies are completed on their patients.

7. Support Services
a) Administrative support must include adequate secretarial and administrative staff and technology to support the program director.
b) Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results.
c) Consultations from other clinical services in the hospital must be available in a timely manner. All consultations should be performed by or under the supervision of a qualified specialist.

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

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

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

D. Appointment of Specialty Fellows and Other Students
The appointment of fellows, other specialty residents, or students or trainees from programs not accredited by the ACGME must not dilute or detract from the educational opportunities of internal medicine fellows.

E. Fellows responsibilities and professional relationships
Fellows must have clearly defined written lines of responsibility for all clinical experiences.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments. For each rotation or major learning experience, the written goals and objectives:
a) should include the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services; reading lists, pathological material, and other educational resources to be used; and the method for evaluation of fellows' competence;
b) must define the level of fellows' supervision by faculty members in all patient-care activities; and
c) should be reviewed and revised at least every three years by faculty members and fellows to keep it current and relevant.

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

C. Fellows Scholarly Activities and Research
1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Participation in an active research program is an essential component for fellows enrolled in subspecialty fellowship training programs of 24 months or greater duration.
a) The program must ensure a meaningful, supervised research experience with appropriate protected time for each fellow—either in blocks or concurrent with clinical rotations—while maintaining the essential clinical experience.
b) Fellows must be advised and supervised by qualified faculty members in the conduct of research.
c) Fellows must learn the standards of ethical conduct of research, design and interpretation of research studies, respon-
sible use of informed consent, and research methodology, and interpretation of data.

d) The majority of fellows must demonstrate evidence of recent research productivity through:
   (1) publication (manuscripts or abstracts) in peer-reviewed journals, or
   (2) abstracts presented at national specialty meetings

   (N.B.: Training programs in critical care medicine, internal medicine-geriatric medicine, and internal medicine-sports medicine are exempt from this requirement relative to research productivity by fellows.)

D. ACGME Competencies

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

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

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

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

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

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

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

E. Didactics

1. Inpatient and Consultation Teaching

   a) Teaching and management rounds are usually combined in subspecialty training programs. These rounds must be patient-based sessions in which current cases are presented as a basis for discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, specific management of the patient, the appropriate use of technology, the incorporation of evidence and patient values in clinical decision making, and disease prevention.

   b) The total teaching time spent in combined management and teaching rounds must exceed by a minimum of 5 hours per week the time required to supervise the care of patients.

2. Conferences and Seminars

   a) Conferences must be conducted regularly as scheduled and must be attended by faculty and fellows. At a minimum, these must include:
      (1) at least one clinical conference weekly,
      (2) one literature review conference (journal club) monthly, and
      (3) one research conference monthly.

   b) The continuing patient-care experience should not be interrupted by more than 1 month, excluding a fellow's vacation.

   c) During the continuity experience, arrangements should be made to minimize interruptions of the experience by fellows' duties on inpatient and consultation services.

3. Procedures

   a) Fellows must develop a comprehensive understanding of indications, contraindications, limitations, complications, techn-
General Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

niquest, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline.
b) Fellows must acquire knowledge of and skill in educating patients about the rationale, technique, and complications of procedures and in obtaining procedure-specific informed consent.
c) Faculty supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director
d) Each program must
   (1) identify key procedures.
   (2) define a standard for proficiency.
   (3) document achievement of proficiency.
   (4) assure that fellows log all key procedures performed.

VI. Fellow Duty Hours and the Work Environment

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

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

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care, administrative duties, and other activities during call. Duty hours must be distributed to the fellows and the faculty. Duty hours spent in-house are counted toward the full-time commitment.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

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

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

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

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be reviewed and approved by the program director.
2. Backup support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hour Exception
The RRC for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.

G. Service versus education
A sponsoring institution must not place excessive reliance on fellows to meet the service needs of the participating training sites.
1. Fellows must not be required to provide routine intravenous, phlebotomy, or messenger/transporter services.
2. Fellows' service responsibilities must be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility.
H. Grievance Procedures and Due Process

1. In the event of an adverse annual evaluation, a fellow must be offered an opportunity to address a judgment of academic deficiencies or misconduct before a formally constituted clinical competence committee.

2. There must be a written policy that ensures that academic due process is provided.

VII. Evaluation

A. Fellow

1. Formative Evaluation

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

a) Assessment should include the use of methods that produce an accurate assessment of fellows’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations, and a formal evaluation of knowledge, skills, and professional growth of fellows and required counseling by the program director. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Permanent records of both of the evaluation and counseling sessions (and any others that occur) for each fellow must be maintained in the fellow's file and must be accessible to the fellow and other authorized personnel.

(1) The record of evaluation should document the fellow's achievement of the competencies using appropriate evaluation methods.

(2) The record of evaluation should document that records were maintained by documentation logbook or by an equivalent method to demonstrate that fellows have achieved competence in the performance of invasive procedures. These records must state the indications and complications and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.

(3) The record of evaluation should document that fellows were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period, and at least quarterly for longitudinal assignments.

(4) The record of evaluation should document that fellows were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semiannual basis.

d) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, including nurses, to achieve progressive improvements in fellows' competence and performance.

2. Final (Summative) Evaluation

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

B. Faculty and Rotation Assessment

1. The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows. Provision must be made for fellows to confidentially provide written evaluations of each teaching attending at the end of a rotation or assignment, and for the evaluations to be reviewed with faculty annually.

2. In addition to evaluation of the effectiveness of teaching of the faculty, fellows must evaluate the effectiveness of the rotation or assignment in achievement of the goals and objectives identified in the curriculum for that rotation or assignment.

3. The results of the evaluations must be used for counseling faculty, for selecting faculty for teaching assignments, and for annual program review (see below).

C. Program

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' annual confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

a) In addition, annually the fellows must evaluate in writing the effectiveness of the program in achievement of the goals and objectives identified in the curriculum. The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of fellows.

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

a) At least 80% of those eligible to take an ABIM subspecialty certifying examination upon completion of their training for the most recently 5 year period must have taken an ABIM subspecialty certifying examination. (Note: Five-year rolling pass rate for first time takers of the ABIM certifying examination will be examined at each program review.)
VIII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

B. Performance Improvement Process
1. The program should identify and participate in at least one ongoing performance improvement (PI) activity which relates to the competencies.
2. The PI activity must involve both fellows and faculty in planning and implementing.
3. The PI activity should result in measurable improvements in patient care or fellowship education.

IX. Board Certification
Fellows who plan to seek certification in the specific subspecialty by the American Board of Internal Medicine should communicate with the office of the board regarding the full requirements for certification.

X. Subspecialty Specific Program Requirements
The Program Requirements for training programs in a specific subspecialty may exceed the minimum requirements set forth above.

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Program Requirements for Fellowship Education in Cardiovascular Disease (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in cardiology must be organized to provide training and supervised experience in the evaluation and management of a wide variety of patients with acute and chronic cardiovascular conditions. The training and experience must be at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The program must have, at a minimum, the following experiences.
1. The training program must be 3 years in duration.
2. There must be at least 24 months of clinical training, including inpatient and special experiences.
   a) A minimum of 12 months must be spent in the following areas:
      (1) Four months in the cardiac catheterization laboratory
      (2) Six months in noninvasive cardiac evaluations, consisting of:
         (a) three months of echocardiography and Doppler;
         (b) two months of nuclear cardiology, to include the fellow's active participation in daily nuclear cardiology study interpretation (a minimum of 80 hours) during the rotation; and
         (c) one month of other noninvasive cardiac evaluations, which includes at least
            (i) exercise stress testing,
            (ii) ECG interpretation, and
            (iii) ambulatory ECG monitoring.
            (iv) cardiovascular magnetic resonance and other techniques (e.g., electron beam or fast helical computed tomography)
      These rotations may be done in conjunction with other block rotations or concurrently with other clinical rotations.
   b) Additional Clinical Experience
      There must be at least 9 months of non-laboratory clinical practice activities (e.g., consultations, cardiac care units, postoperative care of cardiac surgery patients, congenital heart disease, heart failure/cardiac transplantation, preventive cardiology, and vascular medicine).

XII. Faculty
A. The program must provide a minimum of four institutionally based key clinical faculty members, including the program director.
B. In programs with a total of more than six fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.6 must be maintained.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:
A. Diagnostic Laboratory Services.
   No additional resources required.
B. Imaging
   Cardiac radionuclide laboratories must be available.
C. Surgery and Pathology
   1. An active cardiac surgery program.
   2. A cardiac surgery intensive care unit.
D. Other Facilities, Resources or Support Services
   1. ECG, ambulatory ECG, and exercise testing laboratories
   2. Echocardiography laboratories, including Doppler and transesophageal echocardiography
   3. Cardiac catheterization laboratories, including cardiac hemodynamics and a full range of interventional cardiology
   4. Invasive electrophysiology laboratories (N.B.: These may be located at institutions other than at the primary training site.)
   5. Coronary intensive care unit
   6. Services for placement of pacemakers, implantable cardioverter/defibrillator, and follow-up
   7. Pulmonary function laboratories
   8. Peripheral vascular laboratories
E. Patient Population.
   See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.
XIV. Specific Program Content

A. Clinical Experience
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following:
   a) chronic coronary heart disease
   b) congestive heart failure
   c) arrhythmias
   d) acute myocardial infarction and other acute ischemic syndromes
   e) lipid disorders
   f) hypertension
   g) cardiomyopathy
   h) valvular heart disease
   i) pulmonary heart disease and pulmonary embolism
   j) peripheral vascular disease
   k) infections and inflammatory heart disease
   l) cardiovascular rehabilitation
2. Fellows must have formal instruction and clinical experience in the prevention, evaluation and management of both inpatients and outpatients with the following:
   a) adult congenital heart disease
   b) pericardial disease
   c) cardiovascular trauma

B. Technical and Other Skills
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
   a) elective cardioversion
   b) insertion and management of temporary pacemakers, including transvenous and transcutaneous
   c) programming and follow-up surveillance of permanent pacemakers
   d) bedside right heart catheterization
   e) right and left heart catheterization including coronary arteriography; fellows must participate in a minimum of 100 catheterizations.
   f) exercise stress testing; fellows must perform a minimum of 50 stress ECG tests
   g) echocardiography; fellows must perform a minimum of 75 and interpret a minimum of 150 studies, including transesophageal cardiac studies
2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the interpretation of the following:
   a) chest x-rays
   b) electrocardiograms; a minimum of 3500 electrocardiograms
   c) ambulatory ECG recordings; a minimum of 150 ambulatory ECG recordings
   d) radionuclide studies of myocardial function and perfusion
3. Fellows must have formal instruction and clinical experience in performing the following:
   a) intracardiac electrophysiologic studies
   b) intra-aortic balloon counterpulsation
   c) percutaneous transluminal coronary angioplasty and other interventional procedures
   d) programming and follow-up surveillance of ICDs
   e) pericardiocentesis

C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Basic science, including
   a) cardiovascular anatomy
   b) cardiovascular physiology
   c) cardiovascular metabolism
   d) molecular biology of the cardiovascular system
   e) cardiovascular pharmacology, including drug metabolism, adverse effects, indications, the effects on aging, relative costs of therapy, and the effects of non-cardiovascular drugs upon cardiovascular function
   f) cardiovascular pathology
   g) genetic causes of cardiovascular disease
2. Prevention of cardiovascular disease, including
   a) epidemiology and biostatistics
   b) risk factors
   c) lipid disorders
3. Evaluation and management of patients with
   a) cerebrovascular disease
   b) heart disease in pregnancy
4. Management of
   a) preoperative and postoperative patients
   b) cardiac transplant patients
   c) geriatric patients with cardiovascular disease
5. Diagnostic techniques, including
   a) magnetic resonance imaging
   b) fast computed tomography
   c) positron emission tomography

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Program Requirements for Fellowship Education in Clinical Cardiac Electrophysiology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in clinical cardiac electrophysiology (CCEP) must function as an integral component of an accredited subspecialty fellowship in cardiovascular disease and must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The CCEP program must be 1 year in length.
C. All applicants entering CCEP must have completed an ACGME-accredited cardiovascular disease program. (N.B.: For exceptions, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.)

XII. Faculty
A. There must be a minimum of two key clinical CCEP faculty members, including the program director.
B. In programs with a total of more than two fellows, a ratio of key clinical faculty to fellows of at least 1:1 must be maintained.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:
A. Diagnostic Laboratory Services
   No additional resources required.
B. Imaging
Cardiac radionuclide laboratories.

C. Surgery and Pathology
1. An active cardiac surgery program.
2. A cardiac surgery intensive care unit.

D. Other Facilities, Resources or Support Services
1. A clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation
ECG. The electrophysiology laboratory must contain appropri­ate cardiac fluoroscopic equipment, programmable stimulator, recording devices, and resuscitative equipment.
2. An outpatient clinic.
3. A follow-up program to care for patients with pacemakers and implantable cardioverters/defibrillators (ICDs).
4. A cardiac intensive care unit.

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience
1. Special Clinical Experiences
   Fellows must have formal instruction, clinical experience, and demonstrate competence in:
   a) the prevention, evaluation and management of both inpatients and outpatients with the following disorders:
      (1) disorders of cardiac rhythm, including but not limited to
         (a) sinus node dysfunction,
         (b) atrioventricular (AV) and intraventricular block, and
         (c) supraventricular and ventricular tachyarrhythmias.
      (2) unexplained syncope
      (3) aborted sudden cardiac death
      (4) palpitations
      (5) Wolff-Parkinson-White (WPW) syndrome, and
      (6) Prolonged QT syndrome.
   b) consultation to physicians in other disciplines
   c) the care of patients in the cardiac care unit, emergency room, or other intensive care settings.
   d) the care of the patient before and after an electrophysiologic procedure.
   e) the care of patients with postoperative arrhythmias.
   f) outpatient follow-up of patients treated with drugs, devices, or surgery.
   g) electrocardiography; proficiency in the interpretation of the standard 12-lead ECG, stress testing, ambulatory ECG recording, signal-averaged ECG, and telephone-transmitted ECGs.
   h) the care of patients with temporary and permanent pacemakers.
   i) the care of patients with ICDs.
   j) the prevention, evaluation and management of both inpatients and outpatients with the following disorders:
      (1) disorders of cardiac rhythm, including but not limited to
         (a) sinus node dysfunction,
         (b) atrioventricular (AV) and intraventricular block, and
         (c) supraventricular and ventricular tachyarrhythmias.
      (2) unexplained syncope
      (3) aborted sudden cardiac death
      (4) palpitations
      (5) Wolff-Parkinson-White (WPW) syndrome, and
      (6) Prolonged QT syndrome.
   c) therapeutic catheter ablation procedures
      (1) Participation in a minimum of 25 initial ICD and 50 pacemaker procedures will be required for each fellow.
      (2) These cases must include a mix of AV nodal reentrant tachycardia and accessory pathway modification, atrial tachycardia and atrial flutter, AV junctional ablation and modification, and ventricular tachycardia ablation.
      (3) Noninvasive programmed stimulation for arrhythmia induction through the device
      (4) Defibrillation threshold testing
      (5) Final prescription of anti-tachycardia pacing and defibrillation therapies

2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the interpretation of the following:
   a) activation sequence mapping recordings
   b) invasive intracardiac electrophysiologic studies, including endocardial electrogram recording
   c) relevant imaging studies, including chest radiography, tilt testing, electrocardiograms and ambulatory ECG recordings, continuous in-hospital ECG recording, h) advanced electrocardiographic methods of risk stratification
   d) stress test ECG recordings
   e) transtelephonic ECG readings
   f) Continuous in-hospital ECG recording
   g) advanced electrocardiographic methods of risk stratification
   h) stress test ECG recordings
   i) transtelephonic ECG readings
   j) Continuous in-hospital ECG recording
   k) advanced electrocardiographic methods of risk stratification
   l) stress test ECG recordings
   m) transtelephonic ECG readings
   n) Continuous in-hospital ECG recording
   o) advanced electrocardiographic methods of risk stratification
   p) stress test ECG recordings
   q) transtelephonic ECG readings
   r) Continuous in-hospital ECG recording
   s) advanced electrocardiographic methods of risk stratification
   t) stress test ECG recordings
   u) transtelephonic ECG readings
   v) Continuous in-hospital ECG recording
   w) advanced electrocardiographic methods of risk stratification
   x) stress test ECG recordings
   y) transtelephonic ECG readings
   z) Continuous in-hospital ECG recording
   A) advanced electrocardiographic methods of risk stratification
   B) stress test ECG recordings
   C) transtelephonic ECG readings
   D) Continuous in-hospital ECG recording
   E) advanced electrocardiographic methods of risk stratification
   F) stress test ECG recordings
   G) transtelephonic ECG readings
   H) Continuous in-hospital ECG recording
   I) advanced electrocardiographic methods of risk stratification
   J) stress test ECG recordings
   K) transtelephonic ECG readings
   L) Continuous in-hospital ECG recording
   M) advanced electrocardiographic methods of risk stratification
   N) stress test ECG recordings
   O) transtelephonic ECG readings
   P) Continuous in-hospital ECG recording
   Q) advanced electrocardiographic methods of risk stratification
   R) stress test ECG recordings
   S) transtelephonic ECG readings
   T) Continuous in-hospital ECG recording
   U) advanced electrocardiographic methods of risk stratification
   V) stress test ECG recordings
   W) transtelephonic ECG readings
   X) Continuous in-hospital ECG recording
   Y) advanced electrocardiographic methods of risk stratification
   Z) stress test ECG recordings

C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. basic cardiac electrophysiology, including but not limited to genesis of arrhythmias, normal and abnormal electrophysiologic responses, autonomic influences, effects of ischemia, drugs, and other interventions.
2. clinical cardiac electrophysiology.
3. arrhythmia control device management
4. the genetic basis of pathological arrhythmias.
5. epidemiology of arrhythmias.
6. clinical trials of arrhythmia management and their impact on clinical practice.

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Program Requirements for Fellowship Education in Critical Care Medicine (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in critical care medicine must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire competency in managing critically ill patients and in supervising critical care units.

B. It must be 2 years in duration, except under the following circumstances:
   1. Programs that accept only those who have completed training in an accredited program in one of the subspecialties of internal medicine may be organized to offer a single year of training.
   2. Programs organized to provide critical care medicine training in association with an accredited program in one of the subspecialties of internal medicine may fulfill training requirements by devoting 12 months to critical care in addition to the required training in the other subspecialty.

C. A minimum of 12 months must be devoted to clinical experiences in critical care.

D. The program must provide fellows with 9 months of clinical training, of which
   1. at least 6 months of which must be devoted to the care of critically ill medical patients (i.e., MICU/CICU or equivalent), and
   2. at least 3 months to the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neurointensive Care, or equivalent). This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled with either consultative activities or with direct care of such patients.

XII. Faculty
A. The program director and the critical care teaching staff must have primary responsibility for the admission, treatment, and discharge of all patients under the care of critical care fellows.

B. The critical care clinical teaching faculty at the primary training site must include each of the following:
   1. There must be a minimum of 3 key clinical faculty members, including the program director.
   2. For programs with more than three fellows, there must be 2 key clinical faculty member per additional fellow.
   3. There must be American Board of Internal Medicine (ABIM) subspecialty certified clinical faculty members in nephrology, gastroenterology, pulmonary, cardiology, infectious disease, hematology, oncology, and geriatric medicine who participate in the educational program.
   4. Faculty members in anesthesiology, neurology, and neurosurgery must be certified in their specialty by the American Board of Medical Specialties (ABMS) Board.
   C. Faculty from several related disciplines such as general surgery, thoracic surgery, urology, orthopedic surgery, obstetrics-gynecology, neurology, neurosurgery, emergency medicine, anesthesiology, cardiovascular surgery, and vascular surgery must be available to participate in the training program.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
A supporting laboratory must be available to provide complete and prompt laboratory evaluation.

B. Imaging
Timely bedside imaging services.

C. Surgery and Pathology
1. An active open heart surgery program.
2. An accredited residency program in general surgery.

D. Other Facilities, Resources or Support Services
1. To provide opportunities for peer interaction in the care of critically ill patients, the primary training site should sponsor three accredited subspecialty programs from the following disciplines: cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease.
2. An active emergency service must be available.
3. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients.
4. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU).
5. The MICU must be at the primary training site and should be the focus of a teaching service in which the program director in critical care medicine is responsible for the educational program.
6. Facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.
7. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel must include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.
8. Nutritional support services must be available.

E. Patient Population
1. In units to which a fellow is assigned, an average census of at least five patients per fellow is required.
2. Because critical care medicine is multidisciplinary in nature, the program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting.
3. The program must provide additional clinical experience with other critically ill patients, which may include surgical, shock-trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit.

XIV. Specific Program Content
A. Clinical Experience
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of patients with
   a) Circulatory disorders
b) Shock Syndromes
c) Cardiovascular diseases
d) Sepsis and sepsis syndrome
e) Hypertensive emergencies
f) Acute and chronic respiratory failure
g) Acute metabolic disturbances, including overdosages and intoxication syndromes
h) Multi-organ system failure
i) Electrolyte and acid-base disorders
j) Metabolic, nutritional, and endocrine effects of critical illnesses
k) Hematologic and coagulation disorders associated with critical illness

2. Fellows must have formal instruction, clinical experience and demonstrate competence in:
   a) Management of the immunosuppressed patient
   b) Management of anaphylaxis and acute allergic reactions
   c) Hemodynamic and ventilatory support of patients with organ system damage or in the post operative period
   d) Use of paralytic agents and sedative and analgesic drugs
   e) Detection and prevention of iatrogenic and nosocomial problems in critical care medicine
   f) Psychosocial and emotional effects of critical illnesses on patients and their families
   g) Management of end of life issues and palliative care

3. Fellows must have formal instruction and clinical experience in the evaluation and management of patients:
   a) With trauma
   b) With neurosurgical emergencies
   c) With disorders of the cardiovascular, respiratory, renal, gastrointestinal, genitourinary, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as of infectious diseases
   d) With critical obstetric and gynecologic disorders
   e) After discharge from the critical care unit. To assess the various aspects of critical care, the fellow should learn about former critical care patients after hospital discharge.

B. Technical and Other Skills
The program must be structured to permit all critical care fellows to develop the requisite procedural and technical skills, including the ability to interpret data derived from various bedside devices commonly employed to monitor patients in the critical care setting.

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
   a) Airway Management
   b) Use of a variety of positive pressure ventilatory modes, to include:
      (1) Initiation, maintenance, and weaning of ventilatory support
      (2) Respiratory care techniques;
      (3) Withdrawal of mechanical ventilatory support
   c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
   d) Management of pneumothorax (needle insertion and drainage system)
   e) Insertion of chest tubes and drainage systems
   f) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
   g) Emergency cardioversion
   h) Interpretation of intracranial pressure monitoring
   i) Operation of bedside hemodynamic monitoring systems
   j) Nutritional support

C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Pericardiocentesis
2. Transvenous pacemaker insertion
3. Percutaneous needle biopsies
4. Renal replacement therapy
5. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
6. Principles and techniques of administration and management of an MICU
7. Ethical, economic, and legal aspects of critical illness
8. Skills required to organize, administer, and direct a critical care unit and to work effectively as a member of a multidisciplinary team.
9. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.
10. Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents.
12. Quality improvement and patient safety activities in the intensive care unit.

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Program Requirements for Fellowship Education in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in endocrinology, diabetes, and metabolism must be organized to provide training and experience at a sufficient level for the fellow to acquire the competence of a specialist in the field.
B. It must be 2 years in duration.
C. A minimum of 12 months must be devoted to clinical experiences.

XII. Faculty
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, other facilities and resources must be present at the primary training site:

A. Diagnostic Laboratory Services
1. Complete biochemistry laboratory and facilities for hormonal immunoassay.
2. Access to karyotyping and immunohistologic studies.

B. Imaging Services
Imaging services must include nuclear, ultrasound, and radiologic facilities, including bone densitometry.
C. Surgical and Pathological Services
No additional facilities required.

D. Other Facilities, Resources or Services
There must be a close working relationship with dietary and/or nutrition services, as well as specialists in surgery, nephrology, neurology and neurosurgery, obstetric and gynecology, ophthalmology, pediatrics, podiatry, and urology.

E. Patient Population
1. There must be a sufficient population of inpatients and outpatients representing the full range of endocrinologic disorders.
2. Adolescents must be included in this patient population.

XIV. Specific Program Content

A. Clinical Experience
1. The fellows must be given opportunities to assume responsibility for and follow patients throughout the training period in both inpatient and outpatient settings to observe the evolution and natural history of endocrine disorders, as well as the effectiveness of therapeutic interventions. To accomplish these goals, the program must include a minimum of 2 half days of ambulatory care per week averaged over the 2 years of training, which includes the continuity ambulatory experience. Yet, the RRC suggests that 3 half days of ambulatory care per week occur.
2. The fellows must be given opportunities to function in the role of an endocrinology consultant in both the inpatient and outpatient settings.
3. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of hormonal problems including diseases, infections, neoplasms and other causes of dysfunction of the following endocrine organs:
   a) Hypothalamus and pituitary
   b) Thyroid
   c) Adrenal cortex and medulla
   d) Pancreatic islets
   e) Ovaries and testes
   f) Parathyroid
4. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of type 1 and type 2 diabetes including:
   a) Acute, life-threatening complications of hyper- and hypo-glycemia
   b) Intensive insulin management in critical care and surgical patients
   c) Long term goals, counseling, education and monitoring
   d) Intensive management of glycemic control in the ambulatory setting
   e) Prevention and surveillance of microvascular and macrovascular complications
   f) Diabetes detection and management during pregnancy
   g) Multidisciplinary diabetes education and treatment program
5. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of multifactorial disorders associated with hormonal regulation including:
   a) Disorders of fluid, electrolyte, and acid-base metabolism
   b) Disorders of bone and mineral metabolism with particular emphasis on the diagnosis and management of osteoporosis
   c) Calcium, phosphorus, and magnesium imbalance.
   d) Diagnosis and management of ectopic hormone production
   e) Endocrine adaptations and maladaptations to systemic diseases
   f) Endocrine aspects of psychiatric diseases
   g) Parenteral nutrition support
   h) Nutritional disorders of obesity, anorexia nervosa, and bulimia
   i) Diagnosis and management of lipid and lipoprotein disorders
   j) Genetic screening and counseling for endocrine and metabolic disorders

B. Technical and Other Skills
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
   a) Interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies.
      (1) Interpretation of hormone assays
      (2) Performance and interpretation of stimulation and suppression tests
   b) Interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases
      (1) radionuclide localization of endocrine tissue
      (2) ultrasonography of the soft tissues of the neck
   c) Performance of fine needle aspiration of the thyroid.
2. Fellows must have formal instruction and clinical experience with the following:
   a) Radiologic measurement of bone density and other tests used in the management of osteoporosis and other metabolic bone diseases.
   b) Radiologic studies used in the evaluation of patients with endocrine disorders, such as CT, and MRI.

C. Formal Instruction
The curriculum must emphasize biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology, diabetes, and metabolism. The appropriate utilization and interpretation of clinical laboratory, radionuclide, and radiologic studies for the diagnosis and treatment of endocrine and metabolic diseases must be stressed. Formal instruction must include:
1. Genetics as it relates to endocrine diseases
2. Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation
3. Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action
4. Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to endocrinology and metabolism
5. Signal transduction pathways and biology of hormone receptors performance of endocrine clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance, and proficiency standards.
6. Pathogenesis and epidemiology of diabetes mellitus
7. Whole organ and islet cell pancreatic transplantation

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Program Requirements for Fellowship Education in Gastroenterology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.
XI. Educational Program
A. A subspecialty educational program in gastroenterology must be organized to provide training and experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. It must be 3 years in duration.
C. A minimum of 18 months must be devoted to clinical experiences. Hepatology should comprise at least 5 months of this experience.
D. The training program must provide opportunities for fellows to develop clinical competence in the field of gastroenterology, including hepatology, endoscopy, clinical nutrition, and gastrointestinal oncology.

XII. Faculty
A. The program must provide a minimum of four institutionally based key clinical faculty members, including the program director.
B. In programs with a total of more than six fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.
C. At least one key clinical faculty member should have demonstrated expertise and primary focus in hepatology and one or more in all aspects of endoscopy including advanced procedures.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
1. There must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories plus esophageal motility instrumentation.
2. Facilities for parasitology testing should be provided.

B. Imaging
No additional resources required.

C. Surgery and Pathology
No additional resources required.

D. Other Facilities, Resources or Support Services
1. Supporting services including pathology, diagnostic radiology, interventional radiology, medical imaging and nuclear medicine, general surgery, and oncology also must be available.
2. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided, including a working relationship with surgery, oncology, pediatrics, radiology, and pathology services.

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

XIV. Specific Program Content
A. Clinical Experience
Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of the following disorders:
1. Diseases of the esophagus
2. Acid peptic disorders of the gastrointestinal tract
3. Motor disorders of the gastrointestinal tract
4. Irritable bowel syndrome
5. Disorders of nutrient assimilation
6. Inflammatory bowel diseases
7. Vascular disorders of the gastrointestinal tract
8. Gastrointestinal infections, including retroviral, mycotic, and parasitic diseases
9. Gastrointestinal diseases with an immune basis
10. Gallstones and cholecystitis
11. Alcoholic liver diseases
12. Cholestatic syndromes
13. Drug-induced hepatic injury
14. Hepatobiliary neoplasms
15. Chronic liver disease
16. Gastrointestinal manifestations of HIV infections
17. Gastrointestinal neoplastic disease
18. Acute and chronic hepatitis
19. Biliary and pancreatic diseases
20. Women's health issues in digestive diseases
21. Geriatric gastroenterology
22. Gastrointestinal bleeding
23. Cirrhosis and portal hypertension
24. Genetic/inherited disorders
25. Medical management of patients under surgical care for gastrointestinal disorders
26. Management of GI emergencies in the acutely ill patient

B. Technical and Other Skills
1. Fellows must have formal instruction, clinical experience and demonstrate competence in the performance of the following procedures. A skilled preceptor must be available to teach and to supervise the fellows in the performance of these procedures which must be documented in each fellow's record, giving indications, outcomes, diagnoses, and supervisor(s). Assessment of procedural competence should not be based solely on a minimum number of procedures performed, but by a formal evaluation process. These evaluations should include objective performance criteria, for example, rate of successful cecal intubation for colonoscopy.
   a) Esophagogastroduodenoscopy; fellows must perform a minimum of 130 supervised studies.
   b) Esophageal dilation; fellows must perform a minimum of 20 supervised studies.
   c) Flexible sigmoidoscopy; fellows must perform a minimum of 30 supervised studies.
   d) Colonoscopy with polypectomy; fellows must perform a minimum of 140 supervised colonoscopies and 30 supervised polypectomies.
   e) Percutaneous liver biopsy; fellows must perform a minimum of 20 supervised studies.
   f) Percutaneous endoscopic gastrostomy; fellows must perform a minimum of 15 supervised studies.
   g) Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
   h) Gastrointestinal motility studies and 24-hour pH monitoring
   i) Nonvariceal hemostasis (upper and lower); fellows must perform 25 supervised cases, including 10 active bleeders.
   j) Variceal hemostasis; fellows must perform 20 supervised cases, including five active bleeders.
   k) Other diagnostic and therapeutic procedures utilizing enteral intubation
   l) Moderate and conscious sedation
2. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures:
   a) Gastric, pancreatic, and biliary secretory tests
   b) Enteral and parenteral alimentation
   c) Pancreatic needle biopsy
   d) ERCP; in all its diagnostic and therapeutic applications
   e) Imaging of the digestive system, including:
      (1) Ultrasound, including endoscopic ultrasound
      (2) Computed tomography
      (3) Magnetic resonance imaging
      (4) Vascular radiography
      (5) Contrast radiography
      (6) Nuclear medicine
      (7) Percutaneous cholangiography

C. Formal Instruction
The program must include emphasis on the pathogenesis, manifestations, and complications of gastrointestinal disorders, including the behavioral adjustments of patients to their problems. The impact of various modes of therapy and the appropriate utilization of laboratory tests and procedures should be stressed. In addition to formal instruction in the areas outlined above, specific content areas that must be included in the formal educational program (lectures, conferences, seminars, and journal clubs) include the following:
1. Anatomy, physiology, pharmacology, pathology and molecular biology related to the gastrointestinal system, including the liver, biliary tract and pancreas
2. The natural history of digestive diseases
3. Factors involved in nutrition and malnutrition
4. Surgical procedures employed in relation to digestive system disorders and their complications
5. Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders
6. Liver transplantation
7. Sedation and sedative pharmacology
8. Interpretation of abnormal liver chemistries

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Program Requirements for Residency Education in Internal Medicine Geriatric Medicine

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

I. Educational Program
An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or family practice.

Clinical experience must include opportunities to manage elderly patients with a wide variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute, ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, atypical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least ½ day per week must be spent in a continuity of care experience in the resident's primary discipline.

II. Faculty and Staff
A. Program Director
The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program.

The program must ensure that interdisciplinary relationships with the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines, including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team
The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home that includes subacute and long-term care, in a home care setting, and in a family practice center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.
III. Facilities/Resources
A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated and must be supervised and taught by the appropriate clinician. The program must include the following:

A. Acute-Care Hospital
The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution
One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations.

C. Long-term Noninstitutional Care
Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program
The ambulatory care program must comprise a minimum of 38% of the resident's time. Each resident should evaluate approximately one to three new geriatric patients and four to eight follow-up geriatric patients each week. This must include at least 3/4 day per week spent in a continuity of care experience. This experience must be designed to provide care in a geriatric clinic or family practice center to elderly patients who may require the services of multiple medical disciplines (including but not limited to neurology, gynecology, urology, psychiatry, podiatry, orthopedics, physical medicine and rehabilitation, dentistry, audiology, otolaryngology, and ophthalmology), as well as nursing, social work, and nutrition, among other disciplines. The opportunity to provide continuing care and to coordinate the implementation of recommendations from these medical specialties and disciplines is mandatory. In addition, experiences in relevant ambulatory specialty and subspecialty clinics (e.g., geriatric psychiatry and neurology) and those that focus on geriatric syndromes (e.g., falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment
Peer interaction is essential for residents. To achieve this goal, an accredited training program in at least one relevant specialty other than internal medicine must be present at the teaching center sponsoring the training program in geriatric medicine.

Involvement in other health care and community agencies is desirable. There must be a formal affiliation agreement between each long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission. In addition, there must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program.

IV. Specific Program Content
All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist. A written curriculum that describes the program comprehensively, including sites, educational objectives for each component, and topics to be covered in didactic sessions, should be available to residents and faculty. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be available to the resident. Conferences or seminars/workshops in geriatric medicine should be specifically designed to augment the residents' clinical experiences. Journal clubs or other activities that foster interaction and develop skills in interpreting the medical literature are necessary.

All deaths of patients who receive care by residents should be reviewed and autopsies performed whenever possible.

As the residents progress through their training, they must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents.

Appropriate faculty supervision of the residents must be provided during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program
This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution.

B. Long-term Care Experience
In the long-term care institutional setting each resident must have 12 months of continuing longitudinal clinical experience with an assigned panel of patients for whom the resident is the primary provider. Additional block time to provide long-term care experience is encouraged. Emphasis during the longitudinal experience should be focused on (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital; (2) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals; (3) a much greater awareness of and importance of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included.

The resident must be exposed to the organizational and administrative aspects of home health care. Continuity of care with an assigned panel of home or hospice care patients for whom the resident is the primary provider is essential.

C. Geriatric Psychiatry
Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each resident. Be-
The training program must provide opportunities for the residents to develop clinical competence in the overall field of geriatric medicine. The curriculum of the program must exhibit, as a minimum, the following content and skill areas:

1. Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.

2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included.

3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history, physical and mental examination, and laboratory.

4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment.

5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.

6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.

7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence.

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.

9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.

10. Ethical and legal issues especially pertinent to geriatric medicine, including the limitation of treatment, competency guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.

11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.

12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.

13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.


15. Iatrogenic disorders and their prevention.

16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.

17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.

18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.

19. Home care, including the components of a home visit, and accessing appropriate community resources to provide care in the home setting.

20. Hospice care, including pain medicine, symptom relief, comfort care, and end-of-life issues.

V. Certification

Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Practice should communicate with the administrative officer of the board as listed in the Graduate Medical Education Directory to ascertain the full requirements.


Program Requirements for Fellowship Education in Hematology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

A. A subspecialty educational program in hematology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.

B. The training program must be 2 years in duration.

C. At least 12 months of the program must be devoted to clinical training.

D. The program should provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.

E. Ambulatory Clinics:
   1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 24 months of training.
   2. In addition to continuity clinic, at least 10% of the required 12 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 48 half-day sessions).

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.
Program Requirements for Fellowship Education in Hematology (Internal Medicine)

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
1. hematology laboratory
2. access to a specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site.)

B. Radiology and Imaging
1. nuclear medicine imaging,
2. radiation oncology facilities

C. Surgery and Pathology
1. There must be advanced pathology services, including
   a) immunopathology resources
   b) blood banking. (N.B.: These may be located at institutions other than the primary training site.)
   c) transfusion and apheresis facilities.
2. There must be advanced pathology services, including
   a) immunopathology resources
   b) blood banking. (N.B.: These may be located at institutions other than the primary training site.)
   c) transfusion and apheresis facilities.
3. general surgery and surgical specialties.

D. Other Facilities, Resources or Support Services
1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and oncology must be available to participate in the education of fellows in hematology.
2. The program must also participate in a multidisciplinary case management or tumor conference that includes discussion of neoplastic blood disorders and hematologic-oncology protocol studies.
3. There should be a medical oncology clinical program with which hematology fellows can interact formally in an educational experience
4. So that the fellow may see the role of other specialties in the total care of patients with hematologic and/or neoplastic diseases, the program should have the support of
   a) nursing
   b) rehabilitation medicine
   c) pain medicine
   d) dietetics, and
   e) social services

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience
1. Fellows must have formal instruction, clinical experience, or opportunities to acquire knowledge and demonstrate competence in the prevention, evaluation, and management of
   a) Acquired and congenital disorders of red cells, white cells, platelets and stem cells
   b) Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells
   c) Congenital and acquired disorders of hemostasis and thrombosis including the use of antithrombotic therapy
   d) Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures
   e) Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues
   f) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
   g) Management and care of indwelling venous access catheters
   h) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
   i) Principles and application of radiation medicine to hematopoietic and lymphopoietic malignancies
   j) Management of the neutropenic and the immunocompromised patient
   k) Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy
   l) Indications and application of imaging techniques in patients with blood disorders
   m) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients
   n) Pain medicine in patients with blood disorders
   o) Rehabilitation and psychosocial aspects of clinical management of patients with hematologic disorders
   p) Palliative care, including hospice and home care
   q) Recognition and management of paraneoplastic disorders
   r) Participate in a multidisciplinary case management conference or discussion
   s) Human immunodeficiency virus-related malignancies
   t) Care and management of geriatric patients with hematologic disorders
   u) Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of posttransplant complications
   v) Concepts of supportive care, including hematologic, infectious disease, and nutritional care
   w) Hematology consultation to other physicians.
   x) Other Experiences
Fellows must have experiences in the use of chemotherapeutic agents and biological products through all therapeutic routes.

B. Technical and Other Skills
1. Fellows must demonstrate competence in the performance and/or (where applicable) interpretation of the following
   a) Bone marrow aspiration and biopsy
   b) Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
   c) Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control
2. The program should provide formal instruction and clinical experience of the following:
   a) Apheresis procedures
   b) Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time as well as other standard coagulation assays
   c) Blood banking and current blood bank practice
   d) Clinical experience in bone marrow or peripheral stem cell harvest for transplantation
   e) Formal instruction and at least one month of clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications
   f) Test of hemostasis
C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Pathogenesis, diagnosis and treatment of disease
   a) Basic molecular and pathophysiological mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis
   b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues
2. Genetics and Developmental biology
   a) Molecular genetics,
   b) Prenatal diagnosis,
   c) The nature of oncogenes and their products, and
   d) Cytogenetics.
3. Physiology and Pathophysiology
   a) Cell and molecular biology,
   b) Hematopoesis,
   c) Principles of oncogenesis
   d) Tumor immunology,
   e) Molecular mechanisms of hematopoietic and lymphopoietic malignancies
   f) Basic and clinical pharmacology, pharmacokinetics, toxicity,
   g) Pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
   a) Clinical epidemiology and medical statistics,
   b) Clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant and hematologic complications of organ transplantation
8. Gene therapy

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Program Requirements for Fellowship Education in Hematology and Oncology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in combined hematology and oncology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The training program must be 3 years in duration.
C. Clinical experience must include opportunities to observe and manage both inpatients and outpatients with a wide variety of blood and neoplastic disorders.
D. At least 18 months of the program must be devoted to clinical training.
E. The fellow must develop competency as a consultant in these disorders, and assume continuing responsibility for acutely and chronically ill patients in order to observe the evolution of blood diseases and the natural history of cancer as well as the benefits and adverse effects of therapy.
F. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.
G. The program must provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.
H. Ambulatory Clinics:
   1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 36 months of training.
   2. In addition to continuity clinic, at least 10% of the required 18 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 72 half-day sessions).

XII. Faculty
A. The combined subspecialty program faculty must include a minimum of six qualified key clinical teaching faculty members, including the program director.
B. At least three of the key clinical faculty must be certified in hematology and at least three must be certified in oncology.
C. In programs with a total of more than nine fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:
A. Diagnostic Laboratory Services
   1. Hematology laboratory
   2. Access to specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site)
B. Radiology and Imaging
   1. Nuclear medicine imaging,
   2. Radiation oncology facilities
C. Surgery and Pathology
   1. There must be advanced pathology services, including
      a) Immunopathology resources
      b) Blood banking (N.B.: These may be located at institutions other than the primary training site)
      c) Transfusion and apheresis facilities.
   2. General surgery and surgical specialties, including surgeons with special interest in oncology
D. Other Facilities, Resources or Support Services
   1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, and gastroenterology, must be available to participate in the education of fellows in hematology and oncology.
   2. The program also must have the support of other clinical specialties, including gynecology, neurology, neurosurgery, and dermatology.
   3. The program must also participate in a multidisciplinary case management or tumor conference and cancer protocol studies.
   4. So that the fellow may see the role of other specialties in the total care of the cancer patient, the program should have the support of:
      a) Psychiatry
b) oncologic nursing
c) rehabilitation medicine
d) pain medicine
e) dietetics
f) social services, and
g) genetic counseling

E. Patient Population

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

XIV. Specific Program Content:

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of

   a) Diagnosis, pathology, staging, and management of neoplastic disorders of the:
      (1) lung
      (2) gastrointestinal tract (esophagus, stomach, colon, rectum, anus)
      (3) breast
      (4) pancreas
      (5) liver
      (6) testes
      (7) lymphoid organs
      (8) hematopoietic system
      (9) central nervous system
      (10) head and neck
      (11) thyroid and other endocrine organs, including MEN syndromes
      (12) skin, including melanoma
      (13) genitourinary tract
      (14) cancer family syndromes
      (15) gynecologic malignancies

   b) Principles of multidisciplinary management of organ-specific cancers, in particular, gynecologic malignancy

   c) Indications and application of imaging techniques in patients with neoplastic and blood disorders

   d) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions

   e) Multimodal chemotherapeutic protocols and combined modality therapy of neoplastic disorders

   f) Management and care of indwelling access catheters

   g) Principles of indications for, and limitations of surgery in the treatment of cancer

   h) Principles of indications for, and limitations of radiation therapy in the treatment of cancer

   i) Principles of indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of posttransplant complications

   j) Concepts of supportive care, including hematologic, infectious disease, and nutritional

   k) Management of the neutropenic and the immunocompromised patient

   l) Management of pain, anxiety, and depression in patients with cancer and hematologic disorders

   m) Rehabilitation and psychosocial aspects of clinical management of patients with cancer and hematologic disorders

   n) Palliative care, including hospice and home care

   o) Recognition and management of paraneoplastic disorders

   p) Cancer prevention and screening, including competency in genetic testing and for high-risk individuals

   q) Participation in a multidisciplinary case management conference or discussion

   r) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients

   s) Human immunodeficiency virus-related malignancies

   t) Care and management of the geriatric patient with malignancy and hematologic disorders

   u) The appropriate use of tumor markers for cancer screening and monitoring cancer therapy

   v) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques

   w) Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues

   x) Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy

   y) Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy

   z) Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures

   aa) Acquired and congenital disorders of red cells, white cells, platelets and stem cells

   bb) Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells

   cc) Congenital and acquired disorders of hemostasis and thrombosis including the use of antithrombotic therapy

2. The fellows must be given opportunities to function in the role of a hematology and oncology consultant in both the inpatient and outpatient settings.

B. Technical and Other Skills

1. Fellows must develop competence in the performance and/or (where applicable) interpretation of the following:

   a) Use of chemotherapeutic agents and biological products through all therapeutic routes

   b) Serial measurement of tumor masses

   c) Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning and nuclear imaging techniques

   d) Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control

   e) Bone marrow aspiration and biopsy

   f) Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies

2. The program should provide experience or observation of the following:

   a) Apheresis procedures

   b) Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time as well as other standard coagulation assays

   c) Clinical experience in bone marrow or peripheral stem cell harvest for transplantation

   d) Formal instruction and at least one month of clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications
C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Pathogenesis, diagnosis and treatment of disease
   a) Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis
   b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues
2. Genetics and Developmental biology
   a) molecular genetics
   b) prenatal diagnosis
   c) the nature of oncogenes and their products
   d) cytogenetics
3. Physiology and Pathophysiology
   a) cell and molecular biology
   b) hematopoesis
   c) principles of oncogenesis
   d) tumor immunology
   e) molecular mechanisms of hematopoietic and lymphopoietic malignancies
   f) basic and clinical pharmacology, pharmacokinetics, and toxicity
   g) pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
   a) clinical epidemiology and medical statistics
   b) clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant and hematologic complications of organ transplantation

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Program Requirements for Fellowship Education in Infectious Disease (Internal Medicine)
For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in infectious disease must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The training program must be 2 years in duration.
C. A minimum of 12 months must be devoted to clinical experiences.
D. Ambulatory medicine experience
   Continuity ambulatory care experience of 24 months must be included in the training program. During their ambulatory experience, fellows must have training in both consultative services and continuing care in infectious disease including human immunodeficiency virus (HIV) infection.

XII. Faculty
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:
A. Diagnostic Laboratory Services
   Fellows must have convenient access to a laboratory for clinical microbiology, such that direct and frequent interaction with microbiology laboratory personnel is readily available. (N.B.: Does not need to be located at the primary training site.)
B. Imaging
   No additional facilities required.
C. Surgery and Pathology
   No additional facilities or services required.
D. Other Facilities, Resources, or Support Services
   1. Facilities for the isolation of patients with infectious disease must be available.
   2. It is suggested that the training program be conducted in a setting in which training programs in surgery, obstetrics, gynecology, pediatrics, and other medical and surgical specialties and subspecialties are available.
E. Patient Population
   See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content
A. Clinical Experience
   1. Clinical experience must include opportunities to manage adult and geriatric patients with a wide variety of infectious disease in both an inpatient and ambulatory setting. Such opportunities must encompass longitudinal experiences in a continuum of care to observe the course of illness and the effects of therapy. Therapeutic modalities should include management of antibiotic administration in such settings as the acute care hospital, the office, and in conjunction with the non-acute care facility or home-care services.
   2. Experience with pediatric infectious disease is suggested.
B. Technical and Other Skills
   1. Fellows must receive formal instruction and gain practical experience in hospital epidemiology and infection control. This can be accomplished by didactic or practical experience, as offered through organized coursework, service in an infection control committee, or by an assigned rotation on a hospital epidemiology service.
   2. Fellows must receive formal instruction and gain practical experience in clinical microbiology.
   3. Fellows must have clinical experience and demonstrate competence in the evaluation and management of infections in patients with major impairments of host defense:
      a) The teaching services on which fellows work must provide an average of at least 50 consultations per fellow during the period the fellows are rotating on these services for their clinical training.
      b) This experience includes, but is not limited to, (1) patients who are neutropenic.
5. Consultation Experience

The inpatient teaching services on which fellows work must provide an average of at least 250 consultations per fellow during the period the fellows are rotating on these services for their clinical training. These consultations must be provided in a variety of clinical settings including:

a) Inpatient General Medical and Surgical Wards and Intensive Care Units

In these settings, fellows must have clinical experience and demonstrate competence in the evaluation and management of patients with the following disorders:

1. Pneumonia
2. Bacterial infections of the urinary tract
3. Myocardial infarction
4. Infectious complications associated with diabetes
5. Infectious complications associated with medical therapy
6. Infectious complications of renal disease
7. Infections in the neonatal period
8. Infections in patients with HIV/AIDS
9. Infections in patients following solid organ or bone marrow transplantation
10. Infections in patients with HIV/AIDS or patients immunocompromised by other diseases or medical therapies.

c) Documentation of the consult numbers above can be done for the teaching service overall rather than per fellow, if these numbers are available for the service; in this case, individual fellow logs are not necessary. Otherwise, fellows should document consult numbers by an individual log.

4. Fellows must have formal instruction or clinical experience and demonstrate competence in the evaluation and management of the following disorders:

a) Infections of the reproductive organs
b) Infections in solid organ transplant patients
c) Infections in bone marrow transplant recipients
d) Sexually transmitted diseases
e) Viral hepatitis, including hepatitis B and C
f) Infections in travelers

2. Conferences and Seminars

As part of the required conferences and seminars outlined in the Program Requirements for Fellowship Education in the Subspecialties in Internal Medicine, a minimum of 25 hours each year must be devoted to discussion of HIV-related topics.

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Program Requirements for Fellowship Education in Interventional Cardiology (Internal Medicine)

For sections I through X, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

A. Interventional cardiology encompasses the special knowledge and skill required of cardiologists to care for patients receiving cardiac interventional procedures. Interventional cardiology is the practice of techniques that improve coronary circulation and alleviate valvular stenosis, treat valvular and structural heart disease.

B. The interventional cardiology program must be 1 year in length. The subspecialty educational program in interventional cardiology must function as an integral component of an accredited subspecialty fellowship in cardiovascular disease.

C. The interventional cardiology program is accredited for 12 continuous months of clinical training. All applicants entering interventional cardiology must have completed an ACGME-accredited cardiovascular disease program. (N.B. For exceptions, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.)

D. In all clinical experiences, fellows must:

1. Participate in preprocedural planning, including the indications for the procedure and the selection of the appropriate procedure or instruments
2. Perform the critical technical manipulations of the procedure
3. Demonstrate substantial involvement in postprocedure care
4. Be supervised by teaching faculty responsible for the procedure
XII. Faculty
A. There must be a minimum of two key clinical faculty members, including the program director, and no fewer than one key clinical faculty member per 1.5 fellows.

B. All faculty involved in supervising fellows in the performance of interventional procedures must perform a minimum of 75 interventions per year at the Primary Training Site.

XIII. Facilities and Resources.
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
No additional resources required.

B. Imaging
Cardiac radionuclide laboratories must be available.

C. Surgery and Pathology
1. An active cardiac surgery program.
2. A cardiac surgery intensive care unit.

D. Other Facilities, Resources or Support Services
1. A cardiac catheterization laboratory wherein a minimum of 400 interventional procedures of the heart are performed per year.
   Cardiac catheterization laboratories must be equipped with cardiac fluoroscopic equipment, recording devices, and resuscitative equipment.
2. The primary laboratory must perform a minimum of 400 interventional procedures per year, and each secondary laboratory must perform a minimum of 200 interventional procedures per year.
3. Laboratories other than those located at the primary training site may participate in the educational program under the following conditions:
   a) The participating catheterization laboratory must perform a minimum of 400 interventional procedures.
   b) Fellow activities at participating sites must be supervised by a key clinical faculty member, as defined in Section IX above, who conducts a minimum of 75 interventions annually at the participating site.
   c) A cardiac surgery program must be active at the participating institution.
4. A cardiac intensive care unit.
5. Access to faculty with expertise in radiation safety, hematology, pharmacology, congenital heart disease in adults, and research laboratories is suggested.
6. An outpatient program must exist to provide follow-up care for patients.

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience
1. Special Clinical Experiences
   Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
   a) coronary arteriograms
   b) ventriculography
   c) hemodynamic measurements
   d) intravascular ultrasonography
   e) Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve
   f) coronary interventions; Each fellow must perform a minimum of 250 coronary interventions. (N.B.: A single coronary intervention is defined as all coronary interventions performed during one hospitalization.)
      (1) Femoral and brachial/ radial cannulation of normal and abnormally located coronary ostia
      (2) Application and usage of balloon angioplasty, stents, and other commonly used interventional devices
   g) Management of mechanical complications of percutaneous intervention, including but not limited to:
      (1) coronary dissection
      (2) thrombosis
      (3) spasm
      (4) perforation
      (5) "slow reflow"
      (6) cardiogenic shock
      (7) left main trunk dissection
      (8) cardiac tamponade including pericardiocentesis
      (9) peripheral vessel occlusion, and retained components
      (10) pseudoaneurysm
   h) use of antiarrhythmic drugs, including knowledge of pharmacokinetics and pharmacodynamics related to acute ischemic events occurring during and after interventional cardiac procedures
   i) use of thrombolytic and antithrombolytic, antiplatelet, and antithrombin agents
   j) use of vasoactive agents for epicardial and microvascular spasm

B. Technical and Other Skills
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
   a) use of anticoagulants for prophylaxis of venous thrombosis
   b) use of saline contrast media
   c) valvular and structural heart disease
   d) bleeding disorders or complications associated with percutaneous intervention or drugs, including but not limited to
      (1) bleeding after thrombolytic usage
      (2) direct or indirect thrombin inhibitor usage
      (3) glycoprotein IIb/IIIa inhibitor usage
      (4) thienopyridine or other antiplatelet usage
   e) use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic support devices (as available)
   f) consultation and informed consent
   g) care of patients in the cardiac care unit, emergency department, or other intensive care settings
   h) care of the patient before and after interventional procedures
   i) outpatient follow-up of patients treated with drugs, interventions, devices, or surgery

C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Role of platelets and the clotting cascade in response to vascular injury
2. Pathophysiology of restenosis
3. Role and limitations of established and emerging therapy for treatment of restenosis
4. Physiology of coronary flow and detection of flow-limiting conditions
5. Detailed coronary anatomy
6. Radiation physics, biology, and safety related to the use of x-ray imaging equipment
7. Role of randomized clinical trials and registry experiences in clinical decision making
8. The clinical importance of complete vs incomplete revascularization in a wide variety of clinical and anatomic situations
9. Strengths and limitations, both short- and long-term, of percutaneous vs surgical and medical therapy for a wide variety of clinical and anatomic situations related to cardiovascular disease
10. Strengths and limitations, both short- and long-term of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease
11. The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention
12. Strengths and weaknesses of mechanical vs. lytic approach for patients with acute myocardial infarction
13. Use of pharmacologic agents appropriate in the postintervention management of patients
14. Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction
15. Understanding the clinical utility and limitations of the treatment of valvular and structural heart disease
16. The assessment of plaque composition and response to intervention

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Program Requirements for Fellowship Education in Nephrology (Internal Medicine)

For sections I. through X, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in nephrology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The training program must be 2 years in duration.
C. A minimum of 12 months must be devoted to clinical experiences.

XII. Faculty
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
There must be biochemistry and serologic laboratories.

B. Imaging
Available imaging services must include ultrasound, computerized tomography, magnetic resonance imaging, and a diagnostic radionuclide laboratory.

C. Surgery and Pathology
1. There must be surgical and pathological support available for the modern practice of nephrology.
2. Surgery for vascular and peritoneal dialysis access must be available.
3. Renal transplantation services must be available. The Primary Training Site must be approved to perform renal transplantation, or must have a formal written agreement with such an institution ensuring that nephrology fellows receive the requisite experience with renal transplantation.
4. Electron and immunofluorescence microscopy, and other special studies for the preparation and evaluation of renal biopsy material must be available. (N.B.: These may be located at institutions other than the the primary training site.)

D. Other Facilities, Resources or Support Services
1. There must be facilities for:
   a) acute and chronic hemodialysis
   b) continuous renal replacement therapy
   c) acute and chronic peritoneal dialysis
   d) renal biopsy
2. There must be a close working relationship with dietary and/or nutrition services, social services, as well as specialists in surgery, urology, obstetrics, gynecology, psychiatry, pathology, pediatrics, if available, and radiology.

E. Patient Population
1. The training program must have access to a sufficient population of inpatients and outpatients representing the full range of nephrologic disorders.
2. The training program must have access to at least 10 new renal transplants per year per first year fellow and demonstrate a sufficient population of transplant recipients to permit the longitudinal follow-up (at least 3 months) of at least 20 patients with transplants per fellow.
3. The training program must afford the fellows the opportunity to care for patients with renal and other disorders in the intensive care unit setting.
4. The training program should be of sufficient size to ensure adequate exposure of fellows to patients with acute renal failure and a chronic dialysis patient population, including patients who utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

XIV. Specific Program Content

A. Clinical Experience
1. Special Clinical Experiences
   Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation, and management of the following:
   a) Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy
   b) Disorders of fluid, electrolyte, and acid-base regulation
   c) Acute renal failure
   d) Chronic renal failure and its management by conservative methods, including nutritional management of uremia
   e) End-stage renal disease
   f) Hypertensive disorders
   g) Renal disorders of pregnancy
3. Fellows must have formal instruction and specialized clinical experiences in renal transplantation.

a) Each fellow must have instruction in, and have a minimum of 2 months of clinical experience, preferably consecutively, on an active renal transplant service.

b) Clinical experience must entail supervised involvement in decision making for patients undergoing these therapies. This experience must include:

1. evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies
2. evaluation of end-stage renal disease patients for various forms of therapy and their instruction regarding treatment options
3. modification of drug dosage during dialysis and other extracorporeal therapies
4. evaluation and management of medical complications in patients during and between dialyses and other extracorporeal therapies, including dialysis access, and an understanding of the pathogenesis and prevention of such complications
5. long-term follow-up of patients undergoing chronic dialysis, including their dialysis prescription and modification and assessment of adequacy of dialysis
6. the principles and practice of peritoneal dialysis, including the establishment of peritoneal access, the principles of dialysis catheters, and how to choose appropriate catheters
7. the technology of peritoneal dialysis, including the use of automated cyclers
8. assessment of peritoneal dialysis efficiency, using peritoneal equilibration testing and the principles of peritoneal biopsy
9. writing a peritoneal dialysis prescription and how to assess peritoneal dialysis adequacy
10. the pharmacology of commonly used medications and their kinetic and dosage alteration with peritoneal dialysis
11. the complications of peritoneal dialysis, including (a) peritonitis and its treatment, exit site and tunnel infections and their management, (b) hernias, pleural effusions, and other less common complications and their management
12. the special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis
13. the psychosocial and ethical issues of dialysis
14. end of life care and pain medicine in the care of patients undergoing chronic dialysis

3. Fellows must have formal instruction and specialized clinical experiences in renal transplantation.

a) Each fellow must have instruction in, and have a minimum of 2 months of clinical experience, preferably consecutively, on an active renal transplant service.
(3) fundamental aspects of diagnostic laboratory immunology relevant to renal diseases

h) transplantation—the structured curriculum for renal transplantation must, as a minimum, include
(1) biology of transplantation rejection
(2) indications for and contraindications to renal transplantation
(3) principles of transplant recipient evaluation and selection
(4) principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing
(5) principles of organ harvesting, preservation, and sharing
(6) psychosocial aspects of organ donation and transplantation
(7) the pathogenesis and management of urinary tract infections
(8) the pathogenesis and management of acute renal failure in the transplant setting

i) disorders of fluids and electrolytes and acid-base balance

j) management of renal disorders in non-renal organ transplantation

k) indications for and interpretations of radiologic tests of the kidney and urinary tract

l) dialysis and extracorporeal therapy, including
(1) the kinetic principles of hemodialysis and peritoneal dialysis
(2) the indication for each mode of dialysis
(3) the short-term and long-term complications of each mode of dialysis and their management
(4) the principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications
(5) urea kinetics and protein catabolic rate
(6) dialysis modes and their relation to metabolism
(7) dialysis water treatment, delivery systems, and reuse of artificial kidneys
(8) the artificial membranes used in hemodialysis and biocompatibility, and

m) geriatric medicine, including
(1) physiology and pathology of the aging kidney and
(2) drug dosing and renal toxicity in elderly patients

n) Lithotripsy

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Program Requirements for Fellowship Education in Oncology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

A. A subspecialty educational program in oncology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.

B. The training program must be 2 years in duration.

C. A minimum of 12 months must be devoted to clinical experiences.

D. Clinical experience must include opportunities to observe and manage patients with a wide variety of neoplastic diseases on an inpatient, outpatient and continuity basis.

E. The fellow must develop competency as a consultant in these disorders and assume continuing responsibility for both acutely and chronically ill patients to learn the natural history of cancer as well as the effectiveness of therapeutic programs.

F. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.

G. The program should provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.

H. Ambulatory Clinics:
1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 24 months of training.
2. In addition to continuity clinic, at least 10% of the required 12 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 48 half-day sessions).

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
1. hematology laboratory
2. access to a specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site.)

B. Radiology and Imaging
1. nuclear medicine imaging
2. radiation oncology facilities

C. Surgery and Pathology
1. There must be advanced pathology services, including
   a) immunopathology resources
   b) blood banking (N.B.: These may be located at institutions other than the primary training site.)
   c) transfusion and apheresis facilities
2. general surgery and surgical specialties

D. Other Facilities, Resources or Support Services
1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and hematology must be available to participate in the education of fellows in oncology.
2. The program also must have the support of other clinical specialties, including gynecology, neurology, neurosurgery, orthopedics, otorhinolaryngology, urology, and dermatology.
3. The program must also participate in a multidisciplinary case management or tumor conference and cancer protocol studies.
4. There should be a hematology clinical program with which medical oncology fellows can interact formally in an educational experience.
5. So that the fellows may see the role of other specialties in the total care of the cancer patient, the program should have the support of:
   a) psychiatry

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b) oncologic nursing
c) rehabilitation medicine
d) pain medicine
e) dietetics
f) social services, and
g) genetic counseling

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XV. Specific Oncology Program Content

A. Clinical Experience
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of
   a) Diagnosis, pathology, staging, and management of neoplastic disorders of the
      (1) lung
      (2) gastrointestinal tract (esophagus, stomach, colon, rectum, anus)
      (3) breast
      (4) pancreas
      (5) liver
      (6) soft tissue and bone
      (7) lymphoid organs
      (8) hematopoietic system
      (9) central nervous system
      (10) head and neck
      (11) thyroid and other endocrine organs, including MEN syndromes
      (12) skin, including melanoma
      (13) genitourinary tract
      (14) cancer family syndromes
      (15) gynecologic malignancies
   b) Principles of multidisciplinary management of organ-specific cancers
   c) Indications and application of imaging techniques in patients with neoplastic disorders
   d) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
   e) Multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders
   f) Management and care of indwelling access catheters
   g) Principles of, indications for, and limitations of surgery in the treatment of cancer
   h) Principles of, indications for, and limitations of radiation therapy in the treatment of cancer
   i) Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of post-transplant complications
   j) Concepts of supportive care, including hematology, infectious disease, and nutritional
   k) Management of the neutropenic and the immunocompromised patient
   l) Management of pain, anxiety and depression in the cancer patient
   m) Rehabilitation and psychosocial aspects of clinical management of the cancer patient
   n) Palliative care, including hospice and home care
   o) Recognition and management of paraneoplastic disorders
   p) Cancer prevention and screening, including competency in genetic testing for high-risk individuals
   q) Participation in a multidisciplinary case management conference or discussion
   r) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically and terminally ill patients
   s) Human immunodeficiency virus-related malignancies
   t) Care and management of the geriatric patient with malignancy
   u) The appropriate use of tumor markers for cancer screening and monitoring cancer therapy.
   v) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
2. The fellows must be given opportunities to function in the role of an oncology consultant in both the inpatient and outpatient settings.

B. Technical and Other Skills
Fellows must demonstrate competence in the performance and/or (where applicable) interpretation of the following:
1. Bone marrow aspiration and biopsy
2. Use of chemotherapeutic agents and biological products through all therapeutic routes
3. Serial measurement of tumor masses
4. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
5. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control

C. Formal Instruction
The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
1. Pathogenesis, diagnosis and treatment of disease
   a) Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of neoplastic diseases
   b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases.
2. Genetics and Developmental biology
   a) Prenatal diagnosis,
   b) Oncogenesis and molecular biology of cancer, and
   c) Cytogenetics.
3. Physiology and Pathophysiology
   a) Cell and molecular biology,
   b) Tumor immunology,
   c) Molecular mechanisms of hematopoietic and lymphopoietic malignancies
   d) Pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
   a) Clinical epidemiology and medical statistics,
   b) Clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant complications of organ transplantation
8. Gene therapy

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Program Requirements for Fellowship Education in Pulmonary Disease (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
A. A subspecialty educational program in pulmonary disease must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
B. The training program must be 2 years in duration.
C. A minimum of 12 months must be devoted to clinical experiences.
   1. A minimum of 9 months of training must be spent in non-critical care pulmonary disease rotations.
   2. A minimum of 3 months of training must be spent in the medical intensive care unit.

XII. Faculty
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
   No additional services required.

B. Imaging
   1. Ventilation Perfusion Scan
   2. Helical CT Scan

C. Surgery and Pathology
   1. Pathology services, including exfoliative cytology
   2. Thoracic Surgery service

D. Other Facilities, Resources or Support Services
   1. Pulmonary function testing laboratory
   2. Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures
   3. Critical care, postoperative care, and respiratory care services
   4. Diagnostic Laboratory for Sleep Disorders (N.B.: These may be located at institutions other than the primary training site.)
   5. There should be a close liaison with other services, including pediatrics, radiology, pathology, microbiology, laboratory medicine, occupational medicine, immunology, physical medicine, rehabilitation, otolaryngology and anesthesiology services.

E. Patient Population
   See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content
A. Clinical Experience
   1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following disorders:
      a) Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
      b) Pulmonary malignancy—primary and metastatic
      c) Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus-related infections
      d) Diffuse interstitial lung disease
      e) Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
      f) Occupational and environmental lung diseases
      g) Iatrogenic respiratory diseases, including drug-induced disease
      h) Acute lung injury, including radiation, inhalation, and trauma
      i) Management of circulatory failure
      j) Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
      k) Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
      l) Disorders of the pleura and the mediastinum
      m) Sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, the utility and interpretation of cardipulmonary monitoring, critical review of polysomnographic reports, and management of sleep-disordered breathing
      n) Pulmonary embolism and pulmonary embolic disease
   2. Fellows must have formal instruction and clinical experience in the prevention, evaluation, and management of both inpatients and outpatients:
      a) With genetic and developmental disorders of the respiratory system, including cystic fibrosis
      b) In pulmonary rehabilitation

B. Technical and Other Skills
   1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
      a) Airway Management
      b) Use of a variety of positive pressure ventilatory modes, to include initiation;
         (1) ventilatory support,
         (2) weaning, and respiratory care techniques;
         (3) maintenance and withdrawal of mechanical ventilatory support
      c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
      d) A minimum of 50 flexible fiber-optic bronchoscopy procedures
      e) Management of pneumothorax (needle insertion and drainage system)
      f) Chest tubes and drainage systems
      g) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
      h) Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
      i) Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
2. Fellows must have formal instruction and clinical experience in performing the following:
   a) Emergency cardioversion
   b) Inhalation challenge studies
   c) Thoracostomy tube insertion and drainage
   d) Examination and interpretation of lung tissue for infectious agents, cytology, and histopathology

C. Formal Instruction
   The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:
   1. Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders.
   2. Monitoring and supervising special services, including:
      a) Respiratory care units
      b) Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards.
      c) Respiratory care techniques and services
   3. The basic sciences, with particular emphasis on:
      a) Genetics and molecular biology as they relate to pulmonary diseases
      b) Developmental biology
      c) Pulmonary physiology and pathophysiology in systemic diseases
      d) Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease
   4. Indications, complications and outcomes of lung transplantation
   5. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.
   6. Recognition and management of the critically ill from disasters, including those cause by chemical and biological agents.

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Program Requirements for Fellowship Education in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

For sections I. through X, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program
   A. A combined subspecialty educational program in pulmonary disease and critical care medicine must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in both disciplines.
   B. The combined training program must be 3 years in duration and all of the educational experiences and program content explicitly required for a training program in each area must be present in the combined program.
   C. It is suggested that a program be structured to provide 24 months of clinical training. However, the program must provide 18 months of clinical training which includes:
      1. at least 9 months of meaningful patient care responsibility for inpatients and outpatients with a wide variety of pulmonary disease. There should be an educational emphasis on pulmonary physiology and its correlation with clinical disorders.
      2. at least 9 months of clinical training in critical care medicine of which
         a) at least 6 months of which must be devoted to the care of critically ill medical patients (i.e., MICU/ICU or equivalent), and
         b) at least 3 months to the care of critically ill medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neurointensive Care, or equivalent.) This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled with either consultative activities or with direct care of such patients.
   3. Fellows must have a continuity care clinic experience throughout the length of the training program.
      a) In programs with fewer than 24 months of required clinical experience, an additional ambulatory experience of one half-day per week must be provided for fellows for six months, such as longitudinal experiences in cystic fibrosis, interstitial lung disease, etc. (This ambulatory experience must not occur during the 18 months of clinical training.)
      b) Fellows may be excused from their continuity care clinic experience while on critical care rotations.
   4. Regardless of the required clinical experience in the training program, the total required intensive care unit experiences must not exceed 15 months in the 3 years of training.

XII. Faculty
   A. The program director and the critical care teaching staff must have primary responsibility for the admission, treatment, and discharge of all patients on the critical care teaching service.
   B. The critical care clinical teaching faculty at the primary training site must include each of the following:
      1. A training program must be under the direction of an internist who is Board certified in pulmonary disease and/or critical care medicine or who has obtained equivalent training and experience. If the program director does not have appropriate credentials in both specialties, an appropriately credentialed full-time key clinical faculty member must be identified as responsible for the education program in the second specific area.
      2. There must be a minimum of six key clinical faculty, including the program director. At least three of these key clinical faculty members must be certified in pulmonary disease or who has obtained equivalent training and experience. If the program director does not have appropriate credentials in both specialties, an appropriately credentialed full-time key clinical faculty member must be identified as responsible for the education program in the second specific area.
      3. In programs with a total of more than nine fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained. Fifty percent of the key clinical faculty must be certified in each discipline.
      4. There must be American Board of Internal Medicine (ABIM) subspecialty certified clinical faculty members in nephrology, gastroenterology, cardiology, infectious disease, hematology, oncology and geriatric medicine who participate in the educational program.
   C. Faculty from several related disciplines such as general surgery, thoracic surgery, urology, orthopedic surgery, obstetrics-gynecology, neurology, neurosurgery, emergency medicine, anesthesiology, cardiovascular surgery, and vascular surgery must be available to participate in the training program.

XIII. Facilities and Resources
   In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of In-
terial Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
A supporting laboratory available to provide complete and prompt laboratory evaluation.

B. Imaging
1. Timely bedside imaging services available to patients in the critical care units.
2. Ventilation Perfusion Scan
3. Helical CT Scan

C. Surgery and Pathology
1. An active open heart surgery program.
2. An accredited residency program in general surgery.
3. Pathology services, including exfoliative cytology
4. Thoracic Surgery service

D. Other Facilities, Resources or Support Services
1. To provide opportunities for peer interaction in the care of critically ill patients, the primary training site should sponsor at least three accredited subspecialty programs from the following disciplines: cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease.
2. An active emergency service must be available
3. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients.
4. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU).
5. The MICU must be at the primary training site and should be the focus of a teaching service in which the program director in critical care medicine is responsible for the educational program.
6. Facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.
7. Pulmonary function testing laboratory
8. Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures
9. Postoperative care, and respiratory care services
10. Diagnostic Laboratory for Sleep Disorders (N.B.: These may be located at institutions other than the primary training site.)
11. Nutritional support services must be available.
12. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel must include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.
13. There should be a close liaison with other services, including pediatrics, radiology, pathology, microbiology, laboratory medicine, occupational medicine, immunology, physical medicine, rehabilitation, otolaryngology and anesthesiology services.

E. Patient Population
1. With respect to pulmonary disease, the fellows must be given opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of pulmonary disease as well as the effectiveness of therapeutic programs.
2. With respect to critical care medicine, in units to which a fellow is assigned, an average census of at least five patients per fellow is required.
3. Because critical care medicine is multidisciplinary in nature, the program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting.
4. The program must provide additional clinical experience with other critically ill patients, which may include surgical, shock/trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit.

XIV. Specific Program Content
A. Clinical Experience
1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following:
   a) Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
   b) Pulmonary malignancy — primary and metastatic
   c) Pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus-related infections
   d) Diffuse interstitial lung disease
   e) Pulmonary embolism and pulmonary embolic disease
   f) Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
   g) Occupational and environmental lung diseases
   h) Iatrogenic respiratory diseases, including drug-induced disease
   i) Acute lung injury, including radiation, inhalation, and trauma
   j) Management of circulatory failure
   k) Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
   l) Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
   m) Disorders of the pleura and the mediastinum
   n) Sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, the utility and interpretation of cardiopulmonary monitoring, critical review of polysomnographic reports, and management of sleep-disordered breathing
   o) Perioperative management of critically ill patients
2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of patients with
   a) Circulatory disorders
   b) Shock syndromes
   c) Cardiovascular diseases
   d) Sepsis and sepsis syndrome
   e) Hypertensive emergencies
   f) Acute and chronic respiratory failure
   g) Acute metabolic disturbances, including overdosages and intoxication syndromes
   h) Multi-organ system failure
   i) Electrolyte and acid-base disorders
   j) Metabolic, nutritional, and endocrine effects of critical illness
Program Requirements for Fellowship Education in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

k) Hematologic and coagulation disorders associated with critical illness

3. Fellows must have formal instruction, clinical experience, and demonstrate competence in:
   a) Management of the immunosuppressed patient
   b) Management of anaphylaxis and acute allergic reactions
   c) Hemodynamic and ventilatory support of patients with organ system damage in the post operative period
   d) Use of paralytic agents and sedative and analgesic drugs
   e) Detection and prevention of iatrogenic and nosocomial problems in critical care medicine
   f) Psychosocial and emotional effects of critical illness on patients and their families
   g) Management of end of life issues and palliative care

4. Fellows must have formal instruction and clinical experience in the evaluation and management of patients:
   a) With genetic and developmental disorders of the respiratory system, including cystic fibrosis
   b) In pulmonary rehabilitation
   c) With trauma
   d) With neurosurgical emergencies
   e) With disorders of the cardiovascular, respiratory, renal, gastrointestinal, genitourinary, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as of infectious diseases
   f) With critical obstetric and gynecologic disorders
   g) After discharge from the critical care unit.

B. Technical and Other Skills

1. The program must be structured to permit all fellows to develop the requisite procedural and technical skills, including the ability to interpret data derived from various bedside devices commonly employed to monitor patients. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
   a) Airway Management
   b) Use of a variety of positive pressure ventilatory modes, to include:
      (1) Initiation, maintenance, and weaning of ventilatory support
      (2) Respiratory care techniques
      (3) Withdrawal of mechanical ventilatory support
   c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
   d) A minimum of 50 flexible fiber-optic bronchoscopy procedures
   e) Management of pneumothorax (needle insertion and drainage system)
   f) Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
   g) Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
   h) Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid
   i) Chest tubes and drainage systems
   j) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
   k) Emergency cardioversion
   l) Interpretation of intracranial pressure monitoring
   m) Operation of bedside hemodynamic monitoring systems
   n) Nutritional support
   o) Quality improvement activities in the intensive care unit

2. Fellows must have formal instruction and clinical experience in performing the following:
   a) Emergency cardioversion
   b) Inhalation challenge studies
   c) Thoracostomy tube insertion and drainage
   d) Examination and interpretation of lung tissue for infectious agents, cytology, and histopathology

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders.

2. Monitoring and supervising special services, including:
   a) Respiratory care units
   b) Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards.
   c) Respiratory care techniques and services

3. The basic sciences, with particular emphasis on:
   a) Genetics and molecular biology as they relate to pulmonary diseases
   b) Developmental biology
   c) Pulmonary physiology and pathophysiology in systemic diseases
   d) Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease

4. Indications, complications, and outcomes of lung transplantation

5. Pericardiocentesis

6. Transvenous pacemaker insertion

7. Percutaneous needle biopsies

8. Renal replacement therapy

9. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness

10. Principles and techniques of administration and management of an MICU

11. Ethical, economic, and legal aspects of critical illness

12. Skills required to organize, administer, and direct a critical care unit and to work effectively as a member of a multidisciplinary team.

13. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.

14. Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents.

15. Quality improvement and patient safety activities in the intensive care unit

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Program Requirements for Fellowship Education in Rheumatology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

A. A subspecialty educational program in rheumatology must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire competence in the field.

B. The training program must be 2 years in duration.
C. At least 12 months of the program must be devoted to clinical experiences.
D. Ambulatory Medicine Experience
The program must include a minimum of 2 half days of ambulatory care per week averaged over the 2 years of training, which includes the continuity ambulatory experience. Yet, the RRC suggests that 3 half days of ambulatory care per week occur.

XII. Faculty
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources
In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services
No additional services required.

B. Imaging
Computerized tomography, bone densitometry, and magnetic resonance imaging.

C. Surgery and Pathology
No additional services required.

D. Other Facilities, Resources, or Support Services
1. A compensated polarized light microscope for use by fellows.
2. Rehabilitation medicine facilities.
3. Resources for specialized tests used by rheumatologists must be available on the premises or by contract arrangement.
4. There must be a meaningful working relationship, including availability for teaching and consultation, with faculty in radiology and orthopedic surgery and also with allied health professionals in physical therapy and occupational therapy.

E. Patient Population
See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience
Clinical experience as a multidisciplinary team member must include supervised opportunities to manage both inpatients and outpatients with a wide variety of rheumatic and musculoskeletal diseases and other illnesses with rheumatologic musculoskeletal manifestations.

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation, and management of the following disorders:
   a) rheumatoid arthritis
   b) systemic lupus erythematosus
   c) scleroderma/systemic sclerosis
   d) polymyositis
   e) spondyloarthopathies
   f) vasculitis
   g) crystal-induced synovitis
   h) osteoarthritis
   i) regional musculoskeletal pain syndromes, and acute and chronic musculoskeletal pain syndromes
   j) nonarticular rheumatic diseases, including fibromyalgia
   k) nonsurgical, exercise-related (sports) injury
   l) systemic diseases with rheumatic manifestations
   m) metabolic diseases of bone
   n) osteoporosis
   o) infection of joints and soft tissues
   p) Sjogren’s Syndrome
2. It is suggested that programs with the qualified faculty and facilities provide training in pediatric rheumatic disease.

B. Technical and Other Skills
1. Fellows must have formal instruction, clinical experience and demonstrate competence in the:
   a) examination of patients, to include a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units
   b) diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid
   c) therapeutic injection of diarthrodial joints, bursae, tendons structures, and entheses
   d) use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints.
2. Fellows must have formal instruction and clinical experience in the performance or interpretation of:
   a) biopsies of tissues relevant to the diagnosis of rheumatic diseases
   b) bone and joint imaging techniques
   c) bone density measurements
   d) controlled clinical trials in rheumatic diseases
   e) indications and arthroscopy.
   f) electromyograms, nerve conduction studies, and muscle nerve biopsy

C. Formal Instruction
In the study of rheumatic diseases, musculoskeletal disorders, metabolic diseases of bone, osteoporosis, and acute and chronic musculoskeletal pain, the following specific content areas as a minimum, must be included in the formal educational program (lectures, conferences, seminars, and journal clubs):
1. Anatomy, pathology, genetics, immunology, biochemistry, and physiology of connective tissue, bone, and muscle, including purine metabolism
2. The scientific basis of the methodology, indications, and interpretation of laboratory tests and imaging procedures used in diagnosis and management
3. Indications for and interpretation of electromyograms, nerve conduction studies, and muscle nerve biopsy
4. Pharmacology and pharmacokinetics, including drug metabolism, adverse effects, interactions, and relative costs of therapy
5. Principles of physical medicine and rehabilitation in patients with rheumatologic disorders
6. Evaluation, management, and rehabilitation of exercise-related (sports) illnesses
7. Indications for surgical and orthopedic consultation
8. Geriatric and aging influences

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Program Requirements for Graduate Medical Education in Sleep Medicine (Internal Medicine)

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

I. Introduction

A. Definition and Scope of the Specialty
Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:
1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education
1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
   a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
      (1) 3 years of internal medicine; or
      (2) 3 years of pediatrics
      (3) 4 years of psychiatry;
      (4) 4 years of neurology; or
      (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
   Cardiology
   Neurology
   Otolaryngology
   Oral Maxillofacial Surgery
   Pediatrics
   Pulmonary Medicine
   Psychiatry
   Psychology, including Neuropsychology
5. Relation of the Subspecialty to Core Programs
   Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution
   One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

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

C. Institutional Facilities and Resources
   1. Patient Population
      a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
      b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
   2. Facilities
      a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
      b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
   3. Institutional Resources
      a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
      b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
      c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children
the sleep laboratories and other related facilities and equipment.

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

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
   a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
   b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
   a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
   b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
      Cardiology
      Neurology
      Otolaryngology
      Oral Maxillofacial Surgery
      Pediatrics
      Pulmonary Medicine
      Psychiatry
      Psychology including neuropsychology
3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
V. Program Curriculum

A. Program Design

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

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

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

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

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

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
   a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
   b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
   c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.

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

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

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

C. Other Program Personnel
   - Additional necessary professional, technical, and clerical personnel must be provided to support the program.

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

IV. Fellow Appointments

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

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

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

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

E. Fellow/Patient Ratio
   - The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.
Program Requirements for Graduate Medical Education in Sleep Medicine (Internal Medicine)

d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring).
f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies.
g) Administration and interpretation of psychological tests.
h) Financing and regulation of sleep medicine.
i) Medical ethics and its application in sleep medicine.
j) Legal aspects of sleep medicine.
k) Research methods in the clinical and basic sciences related to sleep medicine.
l) Technical skills including:
- (1) Skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
- (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection.
- (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings.

2. The Curriculum
   The curriculum must include instruction in the following:
   a) Fundamental mechanisms of sleep.
   b) Etiopathogenic characterization of sleep disorders.
   c) Clinical manifestations of sleep disorders.
   d) Diagnostic strategies in sleep disorders.
   e) Treatment strategies in sleep disorders.
   f) Epidemiological issues.
   g) Airway anatomy.
   h) Tissue repair.

3. Seminars and Conferences
   a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
   b) The training program must conduct seminars and core conferences, that include didactic instruction in the following: instruction must be relevant for pediatric and adult patients:
      - (1) Basic neurological sleep mechanisms.
      - (2) Chronobiological mechanisms.
      - (3) Respiratory physiology during sleep and pathophysiology.
      - (4) Cardiovascular physiology during sleep and pathophysiology.
      - (5) Endocrine physiology during sleep and pathophysiology.
      - (6) Gastrointestinal physiology during sleep and pathophysiology.
      - (7) Ontogeny of sleep.
      - (8) Sleep across the life span.
      - (9) Operation of polysomnographic monitoring equipment.
      - (10) Polysomnographic troubleshooting.
      - (11) Ambulatory monitoring methodology.
      - (12) Polysomnogram interpretation.
      - (13) Sleep and related respiratory distress.
      - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders.
      - (15) Evaluation of patients presenting with excessive sleepiness.
      - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep.
      - (17) Evaluation of patients presenting with parasomnias.
      - (18) Biological rhythm disorders.
      - (19) Pediatric and neonatal sleep medicine.

   (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training.
   (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy.
   (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnia.
   (23) Treatment approaches for parasomnias.
   (24) Treatment of circadian rhythm disorders.
   (25) Pharmacology of sleep (i.e. medication effects on sleep).

F. Clinical Components
   1. Clinical Skills
      Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including the following:
      a) Interviewing.
      b) Clear and accurate history taking.
      c) Performing competent physical, neurological, and mental status examinations.
      d) Recording of findings completely and systematically.
      e) Relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment.
      f) Formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
      g) Diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions.
      h) Formulating appropriate treatment plans and making appropriate referrals.
      i) Providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity.
      j) Certification in cardiopulmonary resuscitation.

2. Clinical Training
   a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
      - (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders.
      - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular test results to arrive at an accurate and timely diagnosis and treatment plan.
      - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.
      - (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and...
hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies.

(5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

b) Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.

(1) Clinical experiences that provide for basic and advanced training and education, as well as professional development.

(2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations.

(3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders.

(4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.

(5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical, and psychiatric settings.

(6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.

(7) Supervised experience in teaching sleep medicine to students in the health professions.

(8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

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

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

B. Duty Hours

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

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

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

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

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

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

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

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

D. Moonlighting

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

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

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

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

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

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

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

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

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

IX. Certification
Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Residency Education in Internal Medicine Sports Medicine

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Internal Medicine.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 1 year in duration.
The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical residents must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications. Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.
E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical

The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as it relates to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, and arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Environmental effects on exercise and sports
15. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients’ families. There also must be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000  Effective: June 2000

Program Requirements for Graduate Medical Education in Medical Genetics

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

I. Introduction

A. Definition

1. Clinical medical geneticists are physicians who provide comprehensive diagnostic, management, and genetic counseling services for patients with (or possibly with) genetic disorders. Clinical medical geneticists also plan and coordinate large-scale screening programs for inborn errors of metabolism, hemoglobinopathies, chromosome abnormalities, neural tube defects, and other genetically-influenced conditions.

2. Clinical medical geneticists are able to (a) diagnose and manage genetic disorders; (b) provide patient and family counseling; (c) use their knowledge of heterogeneity, variability, and natural history of genetic disorders in patient-care decision making; (d) elicit and interpret individual and family medical histories; (e) interpret clinical genetic and specialized laboratory testing information; (f) explain the causes and natural history of genetic disorders and genetic risk assessment; and (g) interact with other health-care professionals in the provision of services for patients with genetically-influenced disorders.

B. Scope of Education

1. Accredited graduate medical education programs in medical genetics must provide the formal instruction and appropriately-clinical experience necessary for residents to develop the knowledge, skills, and attitudes essential to the practice of clinical medical genetics.

2. Programs must provide (a) opportunities for residents to become involved in research and teaching and (b) education in the basic sciences and clinical areas pertinent to medical genetics, including mendelian genetics, cytogenetics, diagnosis and treatment of inborn errors of metabolism, molecular diagnosis, syndrome identification and dysmorphology, teratology, reproductive genetics, congenital malformations, multifactorial disorders, mental retardation and developmental disabilities, genetic screening, social and ethical issues in medical genetics, genetic counseling, and quantitative human genetics.

C. Program Length

1. A residency in clinical medical genetics may be accredited to provide 2 or 4 years of graduate medical education.

a) Physicians who have completed a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) are eligible for appointment to a 2-year medical genetics residency.

b) A medical genetics program director may appoint a resident to a 2-year program following 2 or more years of residency education accredited by the ACGME.

c) A 4-year program must include 2 years of pregenetics education in other residencies accredited by the ACGME, followed by 2 years of education in clinical medical genetics. A 4-year program must be designed prospectively by the director of the medical genetics residency and by the directors of the programs to which residents will be assigned during the 2 years of pregenetics education.
2. In both 2-year and 4-year programs, the 24 months of genetics education must include at least 18 months of broad-based, clinically-oriented medical genetics activities.

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

Institutions sponsoring medical genetics programs should also sponsor programs in pediatrics, internal medicine, and obstetrics/gynecology which are accredited by the ACGME.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) Identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) Specify the duration and content of the educational experience; and
   d) State the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Institutions must develop and implement policies and procedures to ensure continuity when the program director departs, is on sabbatical, or is unable to meet his or her duties for any other reason.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in Clinical Genetics by the American Board of Medical Genetics (ABMG), or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

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

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
   e) The program director must maintain a continuing involvement in scholarly activities, participate in key national scientific human genetics meetings, and contribute to medical education, both locally and nationally.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   a) There must be at least 3 members of the teaching staff (including the program director) who are certified by the ABMG (or possess equivalent qualifications) and who are members of the medical staffs at program institutions. At least 2 of these individuals must be certified in clinical medical genetics.
   b) The person responsible for resident education in biochemical genetics must be certified by the ABMG in biochemical genetics; the person responsible for resident education in molecular genetics must be certified by the ABMG in molecular genetics; and the person responsible for resident education in clinical cytogenetics must be certified by the ABMG in clinical cytogenetics.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Medical Genetics, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and
Program Requirements for Graduate Medical Education in Medical Genetics

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process. The residency must be organized to provide a well-structured, integrated, and progressive educational experience in clinical medical genetics. Residents must have the opportunity to develop the abilities to diagnose genetic disorders, counsel patients, and manage the broad range of clinical problems that are encompassed within medical genetics. Because of the complex nature and its involvement with multiple systems, residents must be exposed to multidisciplinary and interdisciplinary models during the program, and must become proficient at organizing teams of health-care professionals to provide the necessary resources for their patients. Because medical genetics involves individuals of all ages and their families, residents must be competent to work with adults and children, and must have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, counseling, and management.

2. Goals and Objectives

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

B. Number of Residents

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

C. Resident Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. The presence of other learners in medical genetics and in other specialties within program institutions is essential to the maintenance of a stimulating educational environment.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process. The residency must be organized to provide a well-structured, integrated, and progressive educational experience in clinical medical genetics. Residents must have the opportunity to develop the abilities to diagnose genetic disorders, counsel patients, and manage the broad range of clinical problems that are encompassed within medical genetics. Because of the complex nature and its involvement with multiple systems, residents must be exposed to multidisciplinary and interdisciplinary models during the program, and must become proficient at organizing teams of health-care professionals to provide the necessary resources for their patients. Because medical genetics involves individuals of all ages and their families, residents must be competent to work with adults and children, and must have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, counseling, and management.

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The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. The presence of other learners in medical genetics and in other specialties within program institutions is essential to the maintenance of a stimulating educational environment.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process. The residency must be organized to provide a well-structured, integrated, and progressive educational experience in clinical medical genetics. Residents must have the opportunity to develop the abilities to diagnose genetic disorders, counsel patients, and manage the broad range of clinical problems that are encompassed within medical genetics. Because of the complex nature and its involvement with multiple systems, residents must be exposed to multidisciplinary and interdisciplinary models during the program, and must become proficient at organizing teams of health-care professionals to provide the necessary resources for their patients. Because medical genetics involves individuals of all ages and their families, residents must be competent to work with adults and children, and must have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, counseling, and management.

2. Goals and Objectives

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

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The responsibility given to residents for patient care should depend on their knowledge, skill, and experience, as well as on the complexity of the patient's counseling or medical problems. This includes responsibility in such areas as patient care, leadership, teaching, organization, and administration. The program must provide residents with experience in direct and progressively-responsible patient management as they advance through the program so that those completing the program will have developed sound clinical judgment.

1. Didactic Components
   a) Basic Sciences
      Each resident must participate formally, through lectures or other didactic sessions, in the equivalent of a one-year graduate level course in basic, human, and medical genetics, including but not limited to population and quantitative genetics, mendelian and non-mendelian genetics, cytogenetics, biochemical genetics, and molecular genetics. (An introductory medical genetics course for medical students does not satisfy this requirement.)
   b) Research seminars should be a part of the training experience, but shall not be considered an acceptable alternative to this basic science didactic component.
   c) Clinical Conferences
      Clinical teaching conferences must be organized by the faculty for the residents, and attendance by the residents and the faculty must be documented. These conferences must be distinct from the basic science lectures and didactic sessions. Clinical teaching conferences may include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for genetic clinics.

2. Clinical Components
   a) Patient Population
      Residents must have the opportunity to care for patients and their families in sufficient number to permit them to develop an understanding of the wide variety of medical genetic problems, including mendelian disorders, inborn errors of metabolism, diseases of chromosome number and structure, multifactorial disorders, syndromes, congenital malformations, other birth defects, and other genetically-influenced conditions. Typically, this will mean that programs will care for at least 100 different patients or families per year for each resident. These patients and families must be seen in both outpatient and inpatient settings.
   b) Correlation of Laboratory and Clinical Experiences
      Clinical biochemical genetic, molecular genetic, and cytogenetic laboratories must be integral components of each program. Residents must spend a minimum of 2 continuous weeks in each type of laboratory so that they will be able to develop their abilities to understand and critically interpret laboratory data. Residents must develop an understanding of the appropriate use of laboratories during diagnosis, counseling, and management of patients with genetic disorders. Toward this end, resident education must include participation in the working conferences of laboratories, as well as ongoing discussion of laboratory data during other clinical conferences.
   c) Other Health Care Professionals
      Residents must have regular opportunities to work with genetic counselors, nurses, nutritionists, and other health care professionals who are involved in the provision of clinical medical genetics services.
   d) Responsibilities for Patient Care
      The development of mature clinical judgement requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. This can be achieved only if the resident is involved in the decision-making process and in the continuity of patient care. Residents must be given the responsibility for direct patient care in all settings, including planning and management, both diagnostic and therapeutic, subject to review and approval by the attending physician.

C. Residents Scholarly Activities

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

D. ACGME Competencies

The residency program must require its residents to obtain competence in the 6 areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
   a) gather essential and accurate information about the patient using the following clinical skills:
      (1) medical interviewing, including the taking and interpretation of a complete family history (including construction of a pedigree);
      (2) physical examination; and
      (3) diagnostic studies, including the interpretation of laboratory data generated from biochemical genetic, cytogenetic, and molecular genetic analyses.
   b) make informed decisions about diagnostic and therapeutic interventions based on patient and family information and preferences, up-to-date scientific evidence, and clinical judgment by:
      (1) demonstrating effective and appropriate clinical problem-solving skills;
      (2) understanding the limits of one's knowledge and expertise; and
      (3) the appropriate use of consultants and referrals.
   c) develop and carry out patient management plans;
   d) prescribe and perform medical interventions essential for the care of patients with heritable disorders;
   e) counsel and educate patients and their families in order to:
      (1) take measures needed to enhance or maintain health and function and to prevent disease and injury;
      (2) encourage the family to participate actively in their care and in order to provide information that will contribute to their care; and
      (3) empower patients to make informed decisions, interpret risk assessment, and to use predictive testing for themselves and family members.
   f) use information technology to support patient care decisions and patient education;
   g) assist patients in accomplishing their personal health goals; and
   h) work with health care professionals, including those from other disciplines, to provide patient-focused care.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care. Residents must:
   a) know, critically evaluate, and use current medical information and scientific evidence for patient care, including:
      (1) results from genetics laboratory tests;
      (2) quantitative risk assessment; and
      (3) available bioinformatics.
   b) be able to locate, appraise, and assimilate evidence from scientific research studies related to their patients’ health problems.

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Residents are expected to:
   a) obtain and use information about their own patients and the larger population from which their patients are drawn;
   b) use information technology to manage information, access on-line medical information, and support their own education;
   c) facilitate the education of patients, families, students, residents, other health care professionals, and the general public.

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Residents must be able to:
   a) communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families;
   b) communicate effectively with patients and families to create and sustain a professional and therapeutic relationship;
   c) communicate effectively with physicians, other health care professionals, health-related agencies, and the general public;
   d) work effectively as a member or leader of a health care team or organization; and
   e) maintain comprehensive, timely, and legible medical records.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Residents are expected to:
   a) demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development;
   b) demonstrate a commitment to ethical principles pertaining to patient privacy and autonomy, the provision or withholding of clinical care, confidentiality of patient information, informed consent, conflict of interest, and business practices; and
   c) demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must be able to:
   a) advocate for quality patient care and assist patients in dealing with system complexities;
   b) work effectively in various health care delivery settings and systems;
   c) provide optimal value for the patient by incorporating the considerations of cost-awareness and risk-benefit analysis;
   d) promote health and function and prevent disease and injury in populations; and
   e) possess the basic economic and business knowledge necessary to function effectively in one’s practice setting.

VI. **Resident Duty Hours and the Working Environment**

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

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

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

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

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

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

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

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

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

VII. Evaluation

A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practices-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

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

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

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

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

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

ACGME: June 1996  Effective: July 1997
Editorial Revision: June 2004
Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Medical Genetics)

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

I. Introduction

A. Definition of the Subspecialty
Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of those disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.

B. Duration and Scope of Education
Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.
3. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate length of appointment for both the program director and faculty is essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in by the American Board of Medical Genetics (in clinical Medical Genetics) or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC and certification in Molecular Genetics or possess qualifications judged to be acceptable by the Residency Review Committees.
   c) The program director must be appointed in good standing and based at the primary teaching site.

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

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

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified by the American Board of Medical Genetics or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as follows:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

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

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP fellows a broad exposure to consultation regarding medical genetic testing for congenital and acquired diseases without diluting the educational experience of fellows in affiliated Pathology and Medical Genetics residencies.
3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
4. Fellows must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.
5. Fellows must have ready on-site access to appropriate texts and journals in each institution participating in the program.

IV. Fellow Appointments
A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. MGP fellows should have completed training in an ACGME accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.

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

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

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

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
2. Programs should be structured so that fellows are involved in MGP throughout the year. The program must include didactic in-
structure and practical experience with the molecular biology and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, in vitro synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct fellows in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct fellows in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, fellows should be instructed in tissue typing/identity testing and the principles of linkage analysis. The program should instruct fellows in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.

3. Fellows must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the fellows involvement in establishing the primary diagnosis and the transmittal of this information. A “case” is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counseling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.

4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the fellow to acquire the qualifications of a consultant in MGP. The fellow must be instructed to create and must keep a logbook of each access in which they are involved.

5. Fellows must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.

6. The program must provide the fellow with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.

7. MGP fellows who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP fellows who are medical geneticists must have exposure to autopsy and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.

8. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and fellows must attend and actively participate in these sessions on a regular basis.

9. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

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

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

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

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

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

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

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

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

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

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

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.

   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institutions written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsors primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institutions GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

   a) Assessment should include the use of methods that produce an accurate assessment of fellows competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows competence and performance.

2. Final Evaluation

   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellows performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellows permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of ac-
VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification in Molecular Genetic Pathology should communicate with the office of their respective office regarding the full requirements for certification.

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Program Requirements for Residency Education in Neurological Surgery

I. Introduction

A. Definition of Discipline
Neurological surgery is a discipline of medicine and that specialty of surgery which provides the operative and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify the function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. As such, neurological surgery encompasses treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution.

B. Duration and Scope of Education
1. The educational program must be diversified and well-balanced.
2. The training program in neurological surgery must include a minimum of 1 year of training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in general surgery or at least 1 year of a program accredited for the acquisition of fundamental clinical skills, which must include at least 6 months of surgical disciplines other than neurological surgery. This training should be completed prior to the third year of neurological surgery training.
3. The neurological surgery training program is 60 months in duration, in addition to the year of acquisition of fundamental clinical skills, and must provide 36 months of clinical neurological surgery at the sponsoring institution or one of its approved participating institutions.
4. Twenty-one months of the total 60 months should be devoted to any of several aspects of the training program, depending on the needs of the resident. It may be spent in the study of the basic sciences, neuroradiology, neuropathology, or other appropriate subject matter related to the neurosciences as agreed on by individual residents and the program director. [Note: The program director should consult the American Board of Neurological Surgery for certification requirements concerning any training conducted outside the approved institutions of the program.]
5. A block of training of 3 months minimum in an ACGME-accredited neurology training program must be arranged for all residents, unless they have previously had a minimum of 1 year of formal residency training in an accredited neurology training program. This training may be taken during the year of fundamental clinical skills.
6. There must be a 12-month period of time as chief resident on the clinical service of neurological surgery in the sponsoring institution or its approved participating institutions. This is considered an essential component in each resident’s planned program. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training.
   a. The chief resident must have major or primary responsibility for patient management with faculty supervision.
b. The chief resident should also have administrative responsibility as designated by the program director.

The specific portion of the clinical training that constitutes the 12 months of chief residency must be specifically designated as the chief residency experience and must be identified at the time of program review.

7. Residents must be introduced to the practice of neurosurgery in an outpatient setting where nonemergency patients are seen by the resident for evaluation before and after surgical procedures. A crucial element of this experience is the clear understanding by the patient that the resident is involved in making decisions concerning diagnosis and participates in operative procedures and follow-up care.

8. Prior to entry into the program, each resident must be notified in writing of the length of training. The prescribed length of training for a particular resident may not be changed without mutual agreement during his or her program unless there is a break in his or her training or the resident requires remedial training. Any training added to the accredited residency must be based on a clear educational rationale and must not interfere with the education and training of the residents enrolled in the program.

C. Accreditation Guidelines

1. Training programs in neurological surgery are accredited by the Residency Review Committee (RRC) by authority of the ACGME. A list of accredited training programs in neurological surgery is published annually in the Graduate Medical Education Directory.

2. To be accredited by the ACGME, an educational program in neurological surgery must be in substantial compliance with both the Program Requirements for Residency Education in Neurological Surgery and the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education. Programs must be able to demonstrate their compliance with these requirements at the time of their site visit and subsequent review by the RRC.

3. When a change in leadership occurs within an accredited neurological surgery residency, the program must be site-visited within 18 months and reviewed by the RRC within approximately 2 years following the appointment of the new program director.

II. Institutional Organization

A. Sponsoring Institution

An educational program in neurological surgery must have one sponsoring institution in a single geographic location with primary responsibility for the entire program. Appropriate institutions include medical schools, hospitals, and medical foundations. The institution must demonstrate an educational experience in terms of financial and academic support, including timely appointment of a permanent department or division chairperson of Neurological Surgery.

B. Participating Institutions

Participating institutions include the sponsoring institution and other integrated and/or affiliated institutions approved by the RRC for training purposes (see Program Requirements for Residency Education in General Surgery, II.B.1). Participating institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.

1. An integrated institution must function as a single neurological surgery service with the sponsoring institution or, in exceptional circumstances, with an approved affiliate of the sponsoring institution. The program director must demonstrate to the RRC that the clinical service operates as a single unit in the assignment of residents and their faculty supervisors, the formulation of call and backup schedules, and the convening of teaching conferences and related educational activities.

2. An affiliated institution functions as a separate neurological surgical service with a local training director under the direction of the program director and should be sufficiently close to the sponsoring institution to ensure peer interaction and regular attendance at joint conferences and other activities. Appropriate exceptions may be considered for special resource hospitals (e.g., pediatrics, trauma, and spine).

3. Training at an additional institution, proposed for affiliated status, may be approved on a provisional basis for a maximum of 2 years, at which time such training must be either fully approved or withdrawn at the discretion of the RRC. Ordinarily, a site visit will not be necessary to confirm the permanent approval of a provisionally approved participating institution.

4. The number and distribution of participating institutions must not preclude satisfactory participation by residents in teaching and training exercises.

5. Affiliated institutions that are geographically separated from the sponsoring institution are not desirable and are acceptable only if they offer special resources that significantly augment the overall educational experience of the training program.

6. Rotations to affiliated and integrated institutions must be based on a clear statement of the value of such institutions to the teaching program as a whole.

C. Number and Quality of Residents

1. One of the measures of a training program is the quality of residents chosen and the ability of the program to ensure a steady increase in the resident's knowledge and skills.

2. The RRC will review the selection process of residents and seek evidence that the program evaluates the progression of the residents during training.

3. Where there is evidence of excellence in providing educational experience for the residents, as determined by the RRC, a program may be authorized to enroll more than one resident per year. The ability to do so does not depend on any multiplication of the minimum requirements as established by the Program Requirements for Residency Education in Neurological Surgery. In determining the size of a resident complement, the RRC will consider the following:

   a. Presence of a faculty of national stature in neurological surgery
   b. Quality of the educational program
   c. Quality of clinical care
   d. Total number and distribution of cases
   e. Quality of clinical and basic research
   f. Quality of residents trained by the program, including numbers of residents starting and finishing the program, number of graduates who take written and oral examinations of the American Board of Neurological Surgery, and the number of graduates passing these written and oral examinations
   g. Facilities

4. The number of residents at each year of training in a given program, except as provided below, shall not exceed the number approved by the most recent accreditation review of that program. Should a vacancy occur at any level of training in a program, the program director has the option of appointing a new resident at a level that might overlap with that of another resident in training, provided that such appointments do not adversely affect the training experience of residents already in the program. Furthermore, over a 5-year period, commencing at the time when the resident whose departure created the vacancy would have com-
completed training, the average number of residents graduating yearly must not exceed the number approved by the RRC.

III. Faculty Qualifications and Responsibilities
The chairperson, program director, and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director Qualifications
1. There must be a single program director responsible for the program.
2. The program director shall be a neurological surgeon who possesses and practices the necessary administrative, teaching, and clinical skills and has experience to conduct the program.
3. The program director shall be certified by the American Board of Neurological Surgery or possess suitable equivalent qualifications in neurological surgery satisfactory to the RRC.
4. The program director shall be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
5. The program director shall have an appointment in good standing to the medical staff of an institution participating in the program.

B. Program Director Responsibilities
The program director must assume responsibility for all aspects of the training program and devote sufficient time to the educational program, including the following:
1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
5. Regular evaluation of each resident's knowledge, skills, operative experience, and overall performance, including the development of professional attitudes consistent with being a physician.
6. The provision of a written final evaluation for each resident who completes the program, as specified in paragraph VI.1.
7. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
8. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
9. Preparation of an accurate statistical and narrative description of the program as requested by the RRC for Neurological Surgery.
10. Notifying the executive director of the RRC in writing of any major change in the program that may significantly alter the educational experience for the residents, including:
   a. changes in leadership of the department, such as the appointment of a permanent or acting program director and/or departmental chairman.
   b. changes in administrative structure, such as alteration in the hierarchical status of the program/department within the institution.
   c. any change in the resident complement of the program.
   d. Any change in the format of the training program (including fellowships within the program).
   e. Any change in the period of time defined as the chief resident experience.
   f. Any change in the number of residents who rotate through the program.
   g. Any change in the number of residents who complete the program.
   h. Any change in the number of residents who complete training, the average number of residents graduating yearly must not exceed the number approved by the RRC.

C. Other Teaching Faculty Qualifications and Number
1. All clinical faculty members shall possess the necessary experience and administrative, teaching, and clinical skills to conduct the program.
2. All clinical faculty members who are neurological surgeons shall be certified by, or be in the certification process of, the American Board of Neurological Surgery or possess equivalent qualifications in neurological surgery satisfactory to the RRC.
3. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. Under most circumstances, there should be a minimum of three neurological surgeons associated with the training program.
4. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. Neurological surgery faculty participation in undergraduate medical education is desirable.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Training Directors at Participating Institutions
1. The training director shall be a qualified neurological surgeon appointed by and responsible to the program director in each institution participating in the program. This individual must be responsible for the education of the residents and also will supervise the educational activities of other neurological surgeons relating to resident education in that institution. Appropriate exceptions may be considered for special resource hospitals.
2. These appointments will generally be for a 1-year period and can be renewable to ensure continuity of leadership.

3. The training director in neurological surgery at each participating institution must have major clinical responsibilities at that institution.

E. Scholarly Activity of Faculty
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

6. Provision of support for resident participation in scholarly activities.

F. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources
A. Inpatient Facilities
1. Inpatient facilities available for training programs in neurological surgery should be geographically identifiable and have an adequate number of beds, support personnel, and proper equipment to ensure quality education.

2. Inpatient facilities may vary from one participating institution to another but should support essential prerequisites for excellence in patient care and teaching.

3. The presence of a neurological surgery operating room with microsurgical capabilities and an intensive care unit specifically for the care of neurological surgery patients is desirable to another but should support essential prerequisites for excellence in patient care and teaching.

4. Similarly, neurological surgery beds should be on a unit designated for the care of neurosurgery patients.

B. Outpatient Facilities
Residents must have available appropriate outpatient facilities, clinic, and office space for training purposes in the regular preoperative evaluation and postoperative follow-up for cases for which the resident has responsibility.

C. Research Facilities
1. There should be space and support personnel for research identifiable in the neurological surgery division or department, and some activity should be ongoing in this area.

2. Clinical and/or basic research opportunities should be available to the neurological surgery resident with appropriate faculty supervision.

D. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Educational Program
The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/ or structure must be approved by the RRC for Neurological Surgery as part of the regular review process.

A. ACGME Competencies
The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and systems resources to provide care that is of optimal value

B. Clinical Components
A current, well-organized, written plan for rotation of residents among the various services and institutions involved must be maintained and must be available to the residents and faculty.

1. Patient Requirements
There shall be sufficient patients admitted each year to ensure that the resident participates in the care of patients suffering from the full spectrum of neurosurgical diseases.

2. This participation must include substantial experience in the management (including critical care) and surgical care of adult and pediatric patients and should include disorders of the spine and of the peripheral nerves, cerebrovascular disease including extracranial vascular disease, trauma, and tumors of the nervous system.

a. A program must demonstrate to the satisfaction of the RRC that it has both the volume of patients under neurological care and the breadth and depth of academic support to ensure that
it has the capability of providing excellent neurological surgery training to residents.

b. The former must be substantiated in part by a compilation of annual institutional operative data and resident operative data (including that from residents rotating on the service from other programs) provided in a fashion prescribed by the RRC. Under some circumstances, the program may be required to include data for a period of up to 3 years prior to the date of the submitted program information forms for accreditation or reaccreditation. The entire surgical experience of the most recently graduating resident(s) must be submitted each time the program has its periodic review.

c. The profile of clinical experience reported to the RRC must be limited to that utilized in the resident's educational program. It also is understood that the educational requirements of the resident must be considered at all times, and assignment to a clinical service that limits or precludes educational opportunities will be adversely considered in evaluation of the program.

d. Within the total clinical facilities available to the training program, there should be a minimum of 500 major neurological surgery procedures per year per finishing resident. It must be understood that achievement of this minimum number of clinical procedures will not ensure accreditation of a training program.

e. The minimum number of clinical procedures (see paragraph V.A.2.d) is suggested with the understanding that the majority of the procedures must occur at the sponsoring institution.

f. The presence within a given training program of this neurological surgery workload and the distribution of the surgical experience are equally important. For instance, the cases should be appropriately distributed among cranial, extracranial, spinal, and peripheral nerve surgical procedures and should represent a well-balanced spectrum of neurological surgery in both adults and children. This spectrum should include craniotomies for trauma, verified neoplasms, aneurysms, and vascular malformations; extracranial carotid artery surgery; transphenoidal and stereotactic surgery (including radiosurgery); pain medicine; and spinal procedures of a sufficient number and complexity using modern techniques that encompass a variety of disorders (such as trauma, neoplasia, infection, and degenerative disorders).

g. No affiliated hospital unit in the training program should be a component of a training program unless there are a minimum of 100 major neurological surgery procedures per year distributed appropriately among the spectrum of cases as described in paragraph f, above. Exception may be made if a hospital offers special clinical resources, e.g., stereotactic surgery, trauma, or pediatric neurological surgery, that significantly augment the resources of the training program as a whole.

3. Residents must have opportunities to evaluate patients referred for elective surgery in an outpatient environment. Under appropriate supervision, this experience should include obtaining a complete history, conducting an examination, ordering (if necessary) and interpreting diagnostic studies, and arriving independently at a diagnosis and plan of management. Consonant with their skills and level of experience, residents should be actively involved in preoperative decision making and subsequent operative procedures under the supervision of the attending physician who has ultimate responsibility for the patient. Residents should similarly be actively involved in postsurgical care and follow-up evaluation of their patients to develop skills in assessing postoperative recovery, recognizing and treating complications, communicating with referring physicians, and developing the physician-patient relationship. Preoperative interview and examination of patients already scheduled for a surgical procedure will not satisfy these requirements.

C. Didactic Components

There must be a well-coordinated schedule of teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty and the residents participate. Conferences must be coordinated among institutions in a training program to facilitate attendance by a majority of staff and residents. A conference attendance record for both residents and faculty must be maintained.

D. Resident Policies

1. Supervision

The program director must ensure, direct, and document proper supervision of residents at all times. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. Attending physicians or supervising residents with appropriate experience for the severity and complexity of the patient's condition must be available at all times on site. The responsibility or independence given to residents in patient care should depend on their knowledge, their technical skill, their experience, the complexity of the patient's illness, and the risk of the operative procedures.

2. Progressive Responsibility

Resident participation in and responsibility for operative procedures embracing the entire neurosurgical spectrum should increase progressively throughout the training period.

3. Continuity of Care

Graduate training in neurological surgery requires a commitment to continuity of patient care, as practiced by qualified neurological surgeons. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.

4. Duty Hours

a. The program director must establish an environment that is optimal for both resident education and patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that, on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night. Different rotations may require different working hours and patterns. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

b. A distinction must be made between on-call time in the hospital and on-call availability at home via-a-vis actual hours worked. The ratio of hours worked to on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.

c. During these hours residents must be provided with adequate sleeping, lounge, and food facilities. Support services must be such that the resident does not spend an inordinate amount of time in nonelective activities that can be discharged properly by other personnel.

5. Extracurricular Activities

Residency training in neurological surgery is a full-time responsibility. Activities outside the educational program must not inter-
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. Educational experience in neuroradiology and neuropathology must be an integral part of the training program designed for the education of the neurological surgery residents. Such experience should be under the direction of qualified neuroradiologists and neuropathologists.

2. The program must provide opportunities for experience and instruction in the basic neurosciences.

3. The residents should participate in scholarly activities such as ongoing clinical and/or basic research projects with which appropriate faculty are involved.

4. Resident participation in undergraduate medical education is desirable.

5. Related Disciplines
   a. Recognizing the nature of the specialty of neurological surgery, it is unlikely that a program can mount an adequate educational experience for neurological surgery residents without approved training programs in related fields. Clinically oriented training programs in the sponsoring institution of the neurological surgery program should include accredited training programs in neurology, general surgery, internal medicine, pediatrics, and radiology.
   b. There should be clinical resources for the education of neurological surgery residents in anesthesiology, critical care, emergency medicine, endocrinology, ophthalmology, orthopedics, otolaryngology, pathology, and psychiatry. A lack of such resources will adversely affect the accreditation status of the neurological surgery program.

6. Appointment of Fellows
   a. The appointment of other individuals for special training or education, such as fellows, must not dilute or detract from the educational opportunities of regularly appointed residents.
   b. Programs must notify the RRC when they sponsor or participate in any clinical fellowships to take place within institutions participating in the program. This notification must occur before the commencement of such training and at each subsequent review of the program. Documentation must be provided describing the fellowship's relationship to and impact on the residency.
   c. If fellows so appointed will, in the judgment of the RRC, detract from the education of the regularly appointed residents, the accreditation status of the program may be adversely affected.

VI. Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.

A. Evaluation of Residents
   a. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:
      1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
      2. mechanisms for providing regular and timely performance feedback to residents
      3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

   b. Program Evaluation
      1. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
      2. The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

C. The program director is responsible for the annual collection, compilation, and retention of the number and types of neurological surgery operative procedures performed in all institutions and facilities utilized in the clinical education of residents. This information must be provided on request in the format and form specified by the RRC.

D. Annually, the program director must ensure the compilation of a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the neurological surgery resident was either surgeon or assistant and must be signed by both the resident and the program director as a statement of its accuracy. This information must be provided upon request in the format specified by the RRC. These records must be accurately maintained by the program director.

E. The knowledge, skills, operative experience, professional growth, and progress of each resident, including professional conduct, must be evaluated by the program director in consultation with the teaching staff in a semiannual, written review. These evaluations must be provided to and discussed with each resident in a timely manner. Appropriate criteria and procedures must be used.

F. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

H. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

I. At least annually, all individual faculty members must be formally evaluated by the program director of neurological surgery as well as by the residents. A mechanism for sharing the results of such evaluations with the faculty that preserves individual resident confidentiality must be employed.

J. At least annually, the program rotations and conferences must be evaluated by both residents and faculty. The results of these evaluations should be kept on file.

K. The thoroughness of resident, faculty, and program evaluations, as well as the accurate and timely provision of program-related information to the RRC, will be monitored in the overall review of the residency program.

L. The program director must provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently.
Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Neurological Surgery)

I. Definitions and Objectives
Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:
A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.
B. Neurological examinations to evaluate patients with neurological disorders.
C. Pathophysiology and natural history of these disorders.
D. Indications and contraindications to endovascular surgical neuroradiology procedures.
E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.
F. Medical and surgical alternatives.
G. Preoperative and postoperative management of endovascular patients.
H. Neurointensive care management.
I. Fundamentals of imaging physics and radiation biology.
J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full-time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME)-accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training
The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director
The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must have special expertise in endovascular surgical neuroradiology techniques and concentrate at least 50% of his/her practice in endovascular surgical neuroradiology therapy. In addition, the program director must devote sufficient time to the program to fulfill all the responsibilities inherent in meeting its educational goals. The program director should hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty
Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery departments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio
The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident’s academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.
VI. Educational Program

A. Curriculum

The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements

   a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuroradiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.

   b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology training program shall have access to a 1-year period of training in neuroradiology in the institution sponsoring the endovascular surgical neuroradiology program.

   c. Residents entering from a neurosurgery background must have fulfilled the following preparatory requirements, in addition to the common requirements:

      1) Completed an ACGME accredited residency in neurological surgery.

      2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological residency.

   d. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:

      1) Completed an ACGME-accredited residency in neurology;

      2) Completed an ACGME-accredited 1-year vascular neurology program;

      3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological residency.

      4) Completed 3 months of clinical experience in an ACGME-accredited neurological surgery program, which may be acquired during elective time in neurology and/or vascular neurology training.

   e. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:

      1) Completed an ACGME accredited residency in diagnostic radiology.

      2) Completed 3 months of clinical experience in an ACGME accredited neurological surgery program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.

   f. Specifically, the preparatory training must provide residents with skills and knowledge in the following areas:

      1) The use of needles, catheters, guidewires, and angiographic devices and materials.

      2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.

      3) Angiography and image interpretation.

      4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging.

      5) The evaluation of patients with neurological disease.

      6) The basic and clinical neurosciences, including neuroanatomy, neurobiology, and the pathophysiology and natural history of neurologic disorders, especially cerebrovascular and neoplastic conditions.

      7) The clinical aspects of patient assessment, treatment planning, and patient management related to endovascular surgical neuroradiology therapy, including the fundamentals of invasive monitoring and neurointensive care management.

      8) The clinical indications, risks, and limitations of endovascular surgical neuroradiology procedures.

      9) The use and administration of analgesics, antibiotics, anticoagulation agents, neuroanesthetic agents, and other drugs commonly used in endovascular surgical neuroradiology procedures.

      10) The director of the Endovascular Surgical Neuroradiology Program is responsible for documenting that the applicant has completed the appropriate preparatory training.

2. Endovascular surgical neuroradiology clinical training

A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The continuity of care must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.

The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:

a. Anatomical and physiologic basic knowledge:

   1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.

   2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.

   3) Collateral circulation

   4) Dangerous anastomosis

   5) Cerebral blood flow

   6) Autoregulation

   7) Pharmacology of CNS vasculature

b. Technical aspects of endovascular surgical neuroradiology, including:

   1) Catheter and delivery systems

   2) Embolic agents in cerebral, spinal, and head and neck embolization

   3) Flow-controlled embolization

   4) Complication of cerebral embolization

   5) Flow control between the extracranial and intracranial circulation

   6) Electrophysiology
VII. Patient Population
The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training. The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities
Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities.
X. Research
A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

XI. Research Facilities
The institution should provide laboratory facilities to support research projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties and Students
Residents should be encouraged to participate in research activities with residents and staff in other related specialties. They also should be encouraged to attend and participate in clinical conferences. It is desirable that they participate in the clinical teaching of neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

XIV. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment. The program director, with participation of members of the teaching staff, shall
1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Faculty
Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

ACGME: June 26, 2000   Effective: June 27, 2000
Program Requirements for Residency Education in Neurology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition

Neurology is a medical specialty concerned with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle. For these diseases, the neurologist is often the principal care physician, and may render all levels of care commensurate with his or her training.

B. Duration and Scope of Training

A complete neurology residency requires 48 months of training. Approved residencies in neurology must provide at least 36 months of this education. The program meeting these requirements may be of two types:

1. Those that provide 4 years of residency training, the first year of which training (accredited in the United States of Canada) must include a broad clinical experience in general internal medicine. This year must include at least one of the following: (a) 8 months in internal medicine with primary responsibility in patient care or (b) 6 months in internal medicine with primary responsibility in patient care and a period of at least 2 months time comprising 1 or more months of pediatrics, emergency medicine, internal medicine, or family medicine. Residents must spend no more than 2 months in neurology during this year.

2. Those that provide 3 years of residency training but accept only residents who have had an initial first year of graduate training in the United States or Canada. This first year must meet the minimum requirements as noted in 1. B.1. above.

C. Goals and Objectives for Residency Education

The purpose of the training program is to prepare the physician for the independent practice of clinical neurology. This training must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

D. Program Design

1. All educational components of a residency program must be related to program goals. The program design and structure must be approved by the Residency Review Committee (RRC) for Neurology as part of the regular review process.

2. Programs that cosponsor combined training in neurology and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;

   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

   c) specify the duration and content of the educational experience;

   d) state the policies and procedures that will govern resident education during the assignment.

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity or continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals as well as educational and peer activities. Exceptions must be justified and prior-approved by the RRC.

4. Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC.

III. Program Personnel and Resources

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME). Notification of a change in the program directorship will include a copy of the new director's curriculum vitae, including details of his or her experience and qualifications in graduate medical education.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

   b) The program director must be certified in the specialty by the American Board of Psychiatry and Neurology or possess qualifications judged to be acceptable by the RRC.

   c) The program director must be appointed in good standing and based at the primary teaching site.
Program Requirements for Residency Education in Neurology

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution, and to address resident grievances and due process in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement;
      (4) changes in administrative structure, such as a change in the hierarchical status of the program and/or department within the institution.
   e) Monitoring of residents’ well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance of learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty must include a program director, a child neurologist, and a minimum of 4 neurology faculty who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. A faculty to resident ratio of 1 to 1 must be maintained. The program director may be counted as one of the faculty in determining the ratio. All faculty should have American Board of Psychiatry and Neurology certification in neurology and one of its subspecialties, or have appropriate educational qualifications as judged by the RRC, to provide teaching in the subspecialties of neurology.
   a) There must be faculty who have diverse interests and skills in an appropriate range of teaching and research; who ensure adequate clinical opportunities for residents; and who provide continued instruction through seminars, conferences, and teaching rounds.
   b) Faculty with special expertise in all the disciplines related to neurology, including neuro-ophthalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neuro-oncology, pain medicine, neurogenetics, child neurology, the neurology of aging, sleep disorders, and psychiatry must be available on a regular basis to neurology residents.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, and must support the goals and objectives of the educational program of which they are a member, and demonstrate commitment to their own continuing medical education by participating in scholarly activities.
   a) The teaching staff must periodically evaluate the use of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Patient Population
It is the program director’s responsibility to ensure that the number of patients is appropriate. They must be diversified as to age and sex, short-term and long-term neurological problems, and inpatients and outpatients. Neurology residents must have management responsibility for patients with neurological disorders. Neurology residents must be involved in the management of patients with neurological disorders who require emergency and intensive care.

2. Facilities
There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must also be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.

3. Library
Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The exact number of residents that may be appointed to a given program is not specifically designated. However, the number of residents appointed to the program must be commensurate with the educational resources specifically available to the residents in terms of faculty, the number and variety of patient diagnoses, and the availability of basic science and research education.

2. The program director will establish the maximum number of resident positions that can be supported by the educational resources for the program, subject to the approval of the RRC. The program director must report any increase or decrease in the resident complement (at the beginning of the academic year), and any resulting change in the structure of the program, to the RRC. A permanent change in resident complement must be approved in advance by the RRC. Programs that fail to recruit any new residents for 2 consecutive years may be subject to adverse action because of inactivity in the educational program.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the 6 areas described in Section V.D. prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

E. Leave and Vacation Policy
Each program must have an equitable level and vacation policy for residents, in accordance with overall institutional policy.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments, i.e., those block or longitudinal experiences comprising at least 1-month FTE of curriculum time.

3. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

a) preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

b) providing residents with direct experience in progressive responsibility for patient management.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components – Seminars and Conferences
Residents must regularly attend seminars and conferences in the following disciplines: neuropathology, neuroradiology, neuro-ophthalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neuropsychology, behavioral neurology, neuromuscular disease, infectious disease, neuro-otology, neuroimaging, neuro-oncology, sleep disorders, pain medicine, neurogenetics, rehabilitation, child neurology, the neurology of aging, and general neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. Residents must have increasing responsibility for the planning and supervision of the conferences. Residents must learn about major developments in both the basic and clinical sciences relating to neurology. Residents must attend periodic seminars, journal clubs, lectures in basic science, didactic courses, and meetings of local and national neurological societies.

2. Clinical Components – Basic Curriculum
a) Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.

b) The program must include a minimum of 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least 6 months of inpatient experience in adult neurology and at least 6 months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident ½ day weekly throughout the program. The continuity clinic may be counted toward the required 6 months of outpatient experience (i.e., assuming that one full day clinic assignment per week for 3 years is equal to 3.6 months). All clinics may be credited toward the 6 month outpatient requirement assuming that a half-day clinic comprises a 1/10 FTE/week or 1/40 FTE/month. (Residents may be excused from this clinic when a rotation site is more than 1 hour's travel time from the clinic site.)

c) Residents in neurology must have experience with neurological disorders in children under the supervision of a child neurologist with ABPN certification or suitable equivalent qualifications. This must consist of a minimum of 3 months (full-time equivalent) in clinical child neurology with management responsibility in patient care.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Teaching Rounds
Clinical teaching rounds must be supervised by faculty. They must occur at least 5 days per week. Residents must present cases and their diagnostic and therapeutic plans.

F. Clinical Teaching
1. Residents must have instruction and practical experience in obtaining an orderly and detailed history from the patient, in conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for and limitations of clinical neurodiagnostic tests and their interpretation. Residents must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.

2. Residents must participate in the evaluation of and decision-making for patients with disorders of the nervous system requiring surgical management. The existence of a neurosurgical service with close interaction with the neurology service is essential.

3. The residents must participate in the management of patients with psychiatric disorders. The program must include at least 1 month FTE experience in clinical psychiatry, including cognitive and behavioral. The experience should take place under the supervision of a psychiatrist certified by the American Board of Psychiatry and Neurology, or who possesses qualifications judged acceptable by the ACGME. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must learn the principles of psychopathology, psychiatric diagnosis, and therapy and the indications for and complications of drugs used in psychiatry.

4. Residents must learn the basic principles of rehabilitation for neurological disorders.

5. residents must participate in the management of patients with acute neurological disorders in an intensive care unit and an emergency department.

6. residents in neurology must have experience in neuroimaging that ensures a familiarity with and knowledge of all relevant diagnostic and interventional studies necessary to correlate findings with other clinical information for the care of patients. At a minimum this must include magnetic resonance imaging, computerized tomography and neurosonology. This may be accomplished as an integral part of supervised inpatient or outpatient care during required adult and pediatric neurology rotations, where neurology residents should review and interpret their own patients' neuroimaging studies under supervision. Additional experience is desirable during rotations on neurosurgery or in subspecialty areas where neuroimaging is particularly relevant to patient care, such as cerebrovascular disease, neuro-oncology, neurointensive care, behavioral/cognitive neurology and epilepsy. An organized elective rotation in neuroradiology should be available to those with interests that will require an in-depth understanding of neuroradiology. An elective rotation in neuroradiology may also provide additional opportunities to gain experience in supervised interpretation of neuroimages and to learn the basic concepts of neuroradiology.

7. residents must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for patients with neurological disorders.

8. residents must receive instruction in appropriate and compassionate methods of end-of-life palliative care, including adequate pain relief and psychosocial support and counseling for patients and family members about these issues.
9. Residents must received instruction on recognition and management of physical, sexual, and emotional abuse.
10. A formal curriculum is required for bioethics, cost-effective care, and palliative care, including adequate pain relief as well as psychosocial support and counseling for patients and families. If formal lectures are not provided by the institution, they must be provided by the program.

G. Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurology.

H. Progressive Responsibility

Programs must provide opportunities for increasing responsibility and professional maturation of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place residents in a position of taking increased responsibility for patients. Night call is essential in accomplishing these goals. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, obstetric and gynecologic, pediatric, rehabilitation medicine, and psychiatry services.

I. Basic and Related Science

Residents must learn the basic sciences on which clinical neurology is founded, including neuroanatomy, neuropathology, neurophysiology, neuroimaging, neuropsychology, neural development, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, epidemiology, and statistics. The didactic curriculum developed to satisfy this requirement must cover basic science and must be organized and complete. Concentrated training in 1 or more of these areas, accomplished with a full-time equivalent experience of at least 2 months total, is required for each resident. The basic science component should be explicitly described and specific goals and objectives must be developed for the basic science experience.

J. Electives

Resident assignments need not be identical for each resident, and elective time should accommodate an individual resident's interests and previous training. Elective time should be a minimum of 3 months.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. There must be explicit and current written supervisory lines of supervision circulated to all members of the program staff.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

Residents must provide on-call duty in the hospital. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period. In-house call is required to provide the experience of primary coverage for already-hospitalized inpatients and initial evaluation and treatment of urgent admissions to neurology or consultation patients. In most instances, practicality and optimal quality of care will necessitate that residents sleep in the hospital when providing such care. Under some conditions, it may be permissible for this call to be taken from home. If at-home call causes frequent interruption or significant deprivation of sleep, it should be considered equivalent to in-house call with respect to duty hours; that is, the entire night must be included in the calculation of total on-duty hours per week, and the 10 hour rest period and the 24 and 6 rule must be triggered. It will be program director's responsibility in consultation with residents and other faculty to establish rules to assure that the spirit of the duty hours is respected, regardless of the nature of call.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as one who requires a transfer of care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educa-
Program Requirements for Residency Education in Neurology

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for Residency Education in Neurology. The written policies and procedures regarding resident duty hours and the working environment must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance (e.g., the resident in-service examination (RITE) and objective skills assessment tools).
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
   Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
   Residents who plan to seek certification by the American Board of Psychiatry and Neurology should communicate with the office of the board regarding the full requirements for certification.
   One measure of the quality of a training program is the proportion of its residents who take the examinations of the ABPN and the proportion who pass those examinations. This information must be used in the evaluation of the educational effectiveness of the program. A program will be judged deficient by the RRC if during the most recent 5-year period fewer than 60% of its graduates who take
the examinations pass either the written (Part I) or oral (Part II) examination on the first attempt.

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Policies and Procedures for Residency Education in the Subspecialties of Neurology

1. The initial application for a subspecialty program will not require a site visit, but will require submission of all application materials and information and must be signed by the director of the subspecialty program and the director of the core program in neurology. (Applications for programs in child neurology must be signed by the directors of the accredited programs in both pediatrics and neurology.) The Residency Review Committee (RRC) for Neurology will take initial action based on a "paper review" of the program, namely, a review without a site visit.

2. Subsequent review of subspecialty programs will be in conjunction with the survey and review of the core program in neurology. The subspecialty program director will complete a separate set of forms for review of the subspecialty program. In special cases determined by the RRC, a subspecialty program may be surveyed and reviewed separately. The RRC will also entertain interim requests and, on occasion, ask for interim progress reports.

3. The RRC will designate programs as being accredited or not accredited. No further delineation of accreditation categories will be utilized. Accreditation of a program will be directly tied to that of the core. If the core program (either neurology or pediatrics for child neurology programs) is subsequently accredited on a probationary basis, this is simultaneously a warning to the related subspecialty program that accreditation is in jeopardy. Withdrawal of accreditation of the core program (either neurology or pediatrics for child neurology programs) will result in a simultaneous loss of accreditation of the subspecialty program.

4. If the core program (either neurology or pediatrics for child neurology programs) remains in good standing but the RRC judges the subspecialty program to be in noncompliance with the applicable program requirements, a warning will be issued. If the areas of noncompliance are not corrected, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions may be utilized by programs from which accreditation has been withdrawn in an action separate from withdrawal of accreditation of a core program.

5. Inquiries about accreditation of subspeciality programs should be directed to the Executive Secretary of the RRC for Neurology.

Program Requirements for Residency Education in Child Neurology (Neurology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

[Note: This material constitutes the program requirements for residency education in child neurology. The reader should refer as well to the Program Requirements for Residency Education in Neurology for information on requirements for core programs, to which programs in child neurology must be attached. The reader is also referred to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and to other publications of the Accreditation Council for Graduate Medical Education (ACGME), which outline the composition and function of all Residency Review Committees (RRCs); indicate the actions that any RRC may take, as well as the actions that the ACGME may take; and describe the appeals procedure, types of programs, and the relationships among the RRCs, their parent organizations, and the ACGME.

Requests to have a program accredited to train residents in child neurology (or related inquiries regarding residency programs) should be addressed to Executive Director, RRC for Neurology, 515 N State St, Suite 2000, Chicago, IL 60610. All inquiries concerning prerequisite training or whether a physician is qualified to be examined for certification in neurology with special qualification in child neurology should be addressed to Executive Vice President, American Board of Psychiatry and Neurology (ABPN), 500 Lake Cook Rd, Ste 335, Deerfield, IL 60015.]

I. Introduction

A. Duration and Scope of Training

Training in child neurology shall encompass a total of 3 years. One year of training must be in clinical adult neurology. One year of training shall be referred to as flexible, and the resident must learn the principles of neurophysiology, neuropathology, neuroradiology, neuro-ophthalmology, psychiatry, rehabilitation, neurological surgery, neurodevelopment, and the basic neurosciences. One year of training shall be in clinical child neurology.

B. Prerequisite Training

The training can be initiated following one of three options: (1) 2 years of residency training in pediatrics in the United States or Canada; (2) one PG-1 year (as described in the Program Requirements for Residency Education in Neurology, Section IA.1) and 1 year of residency training in pediatrics; or (3) 1 year of pediatrics plus 1 year of basic neuroscience training. The program director must review and determine the acceptability of these initial 2 years of training.

C. Goals and Objectives for Residency Training

The purpose of the training program is to prepare the physician for the independent practice of clinical child neurology. This training must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

D. Relation to Core Programs

The 3 years of training in child neurology must take place in a center in which there are accredited residency programs in both pediatrics and neurology and with the approval and support of the program directors of both of these departments.

E. Leave and Vacation Policy

Each program must have an equitable leave and vacation policy for residents, in accordance with overall institutional policy.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

3. Participation by any institution providing 6 months or more of training in a program must be approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The director and teaching staff of a program must prepare and comply with written educational goals for the program. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational, and administrative abilities and experience.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) with Special Qualification in Child Neurology or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.

   e. Notification in writing of the Executive Director of the RRC within 60 days of the following:
      1) changes in the program directorship or the departmental leadership and
      2) changes in administrative structure, such as a change in the hierarchical status of the program and/or department within the institution.

   f. Devotion of sufficient time and full commitment to provide leadership to the program and supervision of the residents.

   g. Monitoring the content and ensuring the quality of the program.

   h. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

   i. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

   j. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

   k. Implementation of fair procedures, as established by the sponsoring institution, according to academic discipline and resident complaints or grievances.

   l. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   a. In addition to the program director, the program providing training in child neurology must have at least two child neuroscience faculty, in addition to the adult neurology faculty, fully committed to the residency program who devote sufficient time to the training program to ensure adequate clinical training of the child neurology residents. Within the section of child neurology, a faculty-to-resident ratio of at least 1:1 in the total program is required. The program director may be counted as one of the faculty in determining the ratio.
   b. There must be enough faculty with diverse interests and skills to make the breadth of teaching and research appropriate to a program meeting these program requirements; to ensure adequate clinical opportunities for residents; and to provide continued instruction through seminars, conferences, and teaching rounds.
   c. Faculty with special expertise in the disciplines related to child neurology, including cognitive development, neuro-ophthalmology, neuromuscular disorders, critical care, clinical neurophysiology, neuroimmunology, infectious disease, neuro-otology, neuromaging, neurogenetics, neuro-oncology, and pain medicine must be available to child neurology residents.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the ABPN in neurology with Special Qualification in Child Neurology, or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and child neurology training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

6. The program must have a sufficient number of qualified staff involved in the teaching of residents in each of the component institutions of the program.

7. The staff must actively pursue scholarly activity in the neurosciences and encourage residents to engage in scholarly activity.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Patient Population
   During the year of training in clinical child neurology, the resident must work in the outpatient clinic and on the inpatient service on a regular basis. The number and type of patients must be appropriate. The patient population must be diversified as to age and sex, short-term and long-term neurologic problems, and inpatients and outpatients. Child neurology residents must have management responsibility for hospitalized patients with neurologic disorders. Neurology residents must be involved in the management of patients with neurologic disorders who require emergency and intensive care.

2. Facilities
   a. The department or division of child neurology shall be part of the department of pediatrics and/or the department of neurology.
   b. There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.

3. Library
   Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.
IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Appointment of Fellows and Other Specialty Residents or Students
The program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design
1. Format
   All educational components of a residency program should be related to program goals. The program design and/or structure will be approved by the RRC for Neurology as part of the regular review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. These goals and objectives must be consistent with and linked to the program’s overall goals and objectives, the educational experiences in the curriculum (both didactic and clinical), and the program requirements. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. The program director also must develop criteria to use in the assessment of the extent to which the program’s goals and objectives are met.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
   Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
   (N.B.: Section V. D. does not apply to certain subspecialties)

E. Basic Curriculum
   1. Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.

   2. In the program there must be a minimum of 12 months (full-time equivalent) of clinical child neurology with management responsibility for patient care. This must include at least 4 months (full-time equivalent) of outpatient experience in clinical child neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident at least one-half day weekly throughout the program. (The resident may be excused from this clinic when a rotation site is more than 1 hour travel time from the clinic site.)

F. Teaching Rounds
   Clinical teaching rounds must be supervised and directed by the faculty of the child neurology department or division. They must occur at least 5 days per week. The resident in child neurology must present cases and their diagnostic and therapeutic plans.

G. Clinical Teaching
   1. The resident must have instruction and practical experience in conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for neurodiagnostic tests and their interpretation. The resident must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.

   2. Residents must participate in the evaluation of and decision making for patients with disorders of the nervous system requiring surgical management. This experience must be part of the clinical child neurology experience. The existence of a neurosurgical service with close interaction with the neurology service is essential.

   3. The residents must participate in the management of children and adolescents with psychiatric disorders. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must become familiar with the principles of psychopathology, psychiatric diagnosis and therapy, and the indications for and complications of drugs used in psychiatry. This must be accomplished by at least a 1-month experience (full-time equivalent) under the supervision of a qualified child and adolescent psychiatrist.

   4. Residents must learn the basic principles of rehabilitation for neurological disorders, including pediatric neurological disorders.

   5. The resident must participate in the management of pediatric patients with acute neurological disorders in an intensive care unit and an emergency department.
6. The resident must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for children with neurologic disorders.

7. The resident must receive instruction in appropriate and compassionate methods of terminal palliative care, including adequate pain relief, and psychosocial support and counseling for patients and family members about these issues.

**H. Progressive Responsibility**

Programs must provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients and in a liaison relationship with staff and referring physicians. Night call is essential in accomplishing this goal. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, and psychiatric services.

**I. Basic and Related Science**

Residents must learn the basic sciences on which clinical child neurology is founded, including neuroanatomy, neural and behavioral development, neuropathology, neuropathology, neuroimaging, neurophysiology, neuromuscular disease, epilepsy, movement disorders, critical care, neuroimunology, infectious disease, neuro-otology, neuroimaging, neurogenetics, neuro-oncology, pain medicine, and general and child neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. The resident must have increasing responsibility for the planning and supervision of the conferences.

2. The resident must learn about major developments in both the basic and clinical sciences relating to child neurology. Residents must attend periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological societies.

**L. Resident Responsibility for Teaching**

Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, are required aspects of the resident's education in neurology.

**VI. Resident Duty Hours and the Working Environment**

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

**A. Supervision of Residents**

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

**B. Duty Hours**

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

5. There must be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

**C. On-call Activities**

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
The program must have an evaluation system that provides information about each resident's educational progress and the extent to which each resident has accomplished the program's learning and performance objectives and the extent to which they are achieved. This group must conduct a formal documented meeting at least annually for representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the progressiveness of which they are achieved. This group must conduct a formal documented meeting at least annually for representative program personnel. 

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
The program must have an evaluation system that provides information about each resident's educational progress and the extent to which each resident has accomplished the program's learning and performance objectives.

1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility.

Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

A written evaluation of the resident's attainment of objectives specific to the rotation must be made after each rotation and reviewed with the resident so that areas of weakness and strength can be communicated to the resident. This evaluation must incorporate evaluations obtained from faculty in the department of neurology during the resident's rotation on the adult clinical service and flexible year experiences, together with evaluations obtained from other faculty in the department or division of child neurology.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

At the conclusion of the resident's period of training in the program, the program director must prepare a detailed, written evaluation of the resident's performance in relation to the program's learning and performance objectives and discuss this evaluation with the resident.

3. Records
a. A written record of the contents of the semiannual review session must be prepared and filed in the resident's permanent record. The written record of the evaluation and the review must be signed by the resident. The resident must have the opportunity to append a written response to the written record of the evaluation and review.

b. Each resident's permanent record must include the written evaluations completed for each defined educational experience, the written records from the semiannual reviews, results of formal assessments, and the resident's final evaluation. Written descriptions of any deficiencies and problem areas, plans for correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Annual written evaluations by residents must be used in the process.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this.
Program Requirements for Residency Education in Clinical Neurophysiology (Neurology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition

1. Clinical neurophysiology is an area of medicine in which selected neurological disorders involving central, peripheral, and autonomic nervous systems and muscles are assessed, monitored, and treated using a combination of clinical evaluation and electrophysiological testing. A derangement of the normal physiology of the nervous system underlies these selected disorders, and an assessment of the electrophysiological abnormalities is an integral part of the evaluation process. Clinical neurophysiology requires a detailed knowledge of the normal physiology of the nervous system; the altered, abnormal electrophysiology; and the disease states involved.

2. Clinical neurophysiology is not confined to diagnostic techniques but includes the application of electrical, magnetic, and mechanical methods to the evaluation and treatment of a wide range of diseases, including:
   a. epilepsies,
   b. cerebrovascular disease,
   c. dementia and encephalopathies (coma, stupor, confusion, developmental delay, regression),
   d. multiple sclerosis (including other demyelinating disorders),
   e. movement disorders,
   f. brain tumors and other mass lesions,
   g. encephalitis/meningitis,
   h. sleep disorders,
   i. traumatic disorders,
   j. myelopathies,
   k. motor neuron disease,
   l. radiculopathies and plexopathies,
   m. mononeuropathies,
   n. polynuropathies and myopathies and neuromuscular transmission disorders.

   Another application of increasing importance is the use of intraoperative monitoring to guide surgical interventions.

B. Duration and Scope of Training

Training in neurophysiology shall encompass a total of one year which must be preceded by the completion of a residency program in neurology, child neurology, or general psychiatry accredited in the United States or Canada. The training must be separate and distinct from all training required for certification in neurology, child neurology, or general psychiatry. The training must include significant didactic and clinical experience in two of the following:

1. electroencephalography
2. electromyography and nerve conduction studies, or
3. polysomnography and assessment of disorders of sleep,

   The one year in clinical neurophysiology should be in a program that provides training in the broad area of clinical neurophysiology. The training must cover this broad area, with clinical or didactic experience in the following:

1. electroencephalography,
2. electromyography and nerve conduction studies,
3. polysomnography and assessment of disorders of sleep,

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology (ABPN) with Special Qualification in Child Neurology should communicate with the office of the board regarding the full requirements for certification.

One measure of the quality of a training program is the proportion of its graduates who take the examinations of the ABPN and their performance on those examinations.

ACGME: February 1998  Effective: January 1999
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Program Requirements for Residency Education in Clinical Neurophysiology (Neurology)

Purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

3. Evaluations of residents' attainment of the program's learning and performance objectives must be used as the basis for program evaluation. Comparisons of these data against the program's own criteria, performance criteria set by the RRC, and attainment levels of residents at comparable levels of training should be performed as a primary means of assessing attainment of goals and objectives.

4. The teaching staff should periodically evaluate the use of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

Another application of increasing importance is the use of intraoperative monitoring to guide surgical interventions.
3. Participation by any institution providing 2 months or more of for the program,

A. Sponsoring

The objective of the total training outlined above is to provide the resident with the opportunity to develop the expertise necessary to evaluate and manage patients using the procedures and techniques of clinical neurophysiology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

3. Participation by any institution providing 2 months or more of training in a program must be approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. The director and teaching staff of a program must prepare and comply with written educational goals for the program. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

   e. Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program.
   f. Monitoring the content and ensuring the quality of the program.
   g. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   h. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   i. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1) at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2) communicate each evaluation to the resident in a timely manner;
3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth; 
4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. 
j. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances. 
k. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified. 

B. Faculty 
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. 
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member. The program providing training in clinical neurophysiology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology. 
3. Qualifications of the physician faculty are as follows: 
a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field. 
b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology in clinical neurophysiology or possess qualifications judged to be acceptable by the RRC. 
c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program. 
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and clinical neurophysiology training must be conducted in centers where there is research in clinical neurophysiology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of clinical neurophysiology. 

Scholarship is defined as the following: 
a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal; 
b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks; 
c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings. 

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. 

5. Qualifications of the nonphysician faculty are as follows: 
a. Nonphysician faculty must be appropriately qualified in their field. 
b. Nonphysician faculty must possess appropriate institutional appointments. 
6. Appropriate expertise in the areas defined in Section I.B., above, must be present among the director and the faculty. The RRC recognizes that expertise in clinical neurophysiology is available from physicians board certified in many medical specialties, particularly in Physical Medicine and Rehabilitation and in Psychiatry, and actively encourages multidisciplinary cooperation in the training of residents. 
7. The faculty shall devote sufficient time to the training program to ensure adequate clinical training of the resident in clinical neurophysiology and will be primarily involved in direction of the resident during the one year training. 
8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director. 
9. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews. 
10. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents. 

C. Other Program Personnel 
Additional necessary professional, technical, and clerical personnel must be provided to support the program. 

D. Resources 
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available. 
1. Facilities 
The section of clinical neurophysiology shall be within the Department or Division of Neurology and have facilities adequate for the educational program. 
2. Library 
a. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. 
b. Library services should include the electronic retrieval of information from medical databases. 
c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of
texts and journals must be readily available during nights and weekends.

E. Other Teaching Staff
In addition, faculty with suitable training and experience from other disciplines may be included in the teaching program.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design
All educational components of a residency program should be related to program goals.

1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with various neurological disorders.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties)

E. Seminars and Conferences
The section of clinical neurophysiology must conduct formal lectures and teaching conferences in clinical neurophysiology on a regular basis. These must include clinical applications for each of the required neurophysiological studies and their correlation with the pertinent neurological disease processes as outlined in Section I.A, paragraph 2, above. Participation in clinical conferences dealing with epilepsy and neuromuscular disorders is of particular importance.

F. Teaching and Supervision
1. Supervisory faculty and staff must be available on a full-time basis. The resident must be exposed to a one-on-one relationship with the faculty. The teaching staff members must be available on site during both the neurophysiological studies and the clinical correlation of the results.

2. The resident in clinical neurophysiology must be given an active role in the teaching and training of neurology residents in which the section resides.

G. Clinical and Neurophysiological Basic Science Teaching
1. Clinical Science: The resident must have instruction and practical experience to permit him or her to develop diagnostic, procedural, technical, and interventional skills essential to the performance of clinical neurophysiology. The experience must include opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the nervous system and muscles, as well as to learn the effectiveness of procedures. It should provide for basic and advanced training and education, as well as professional development. Experience must include appropriate outpatient care, inpatient care and support services in the fields of pathology and radiology. Examples of problems that must be included in the experience of the resident for the development of knowledge and skills specific to clinical neurophysiology are outlined in detail in Section I.A., paragraph 2, above.

2. Basic Science: Residents must have instruction and practical experience to develop diagnostic, procedural, technical, and interventional skills essential to the performance of clinical neurophysiology. The experience must include opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the nervous system and muscles, as well as to learn the effectiveness of procedures. Experience should include training in the various areas outlined in Section I.B., above. The resident's experience must include independent EEG, EMG, and/or sleep studies of a sufficient number of patients to achieve competence in the assessment of patients with a wide range of clinical disorders.

3. Basic Science: Residents must possess an extensive background in those basic sciences on which clinical neurophysiology is founded. These include neurophysiology, neuroanatomy, neuropharmacology, and neuropathology. Didactic lectures and seminars must include the basic neurological sciences as they pertain to clinical neurophysiology. Clinical neurophysiology residents should participate in the teaching of residents during their neurophysiology laboratory rotations at academic hospitals and major clinics.

H. Resident/Patient Ratio
The number of patients must be adequate to provide a sound educational program. It is the program director's responsibility to ensure that the number of patients is appropriate. They must be diversified as to age, sex, short-term and long-term neurological problems, and inpatients and outpatients. Making patients available to the clinical
neurophysiology resident must not interfere with the training of residents in the core neurology training program.

I. Faculty/Resident Ratio
In general, there should be enough faculty with diverse interests and skills to make the breadth of training appropriate to a program meeting these special requirements, to ensure adequate clinical experience for residents, and to provide continued interaction (e.g., through seminars, conferences, clinical supervision) among residents and faculty.

J. Diagnostic Skills
Clinical assignments should include progressively increasing responsibility for patient care with direct supervision by the appropriate faculty member or staff. Adequate faculty supervision is essential throughout the program.

K. Subspecialty Experience
While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of clinical neurophysiology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

L. Resident Responsibility
The resident's education in clinical neurophysiology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
   d. There should be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program.
   The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for clinical neurophysiology. The summary and final evaluation of the resident in clinical neurophysiology must be prepared by the program director of the clinical neurophysiology training program and should reflect the periodic evaluation of all the faculty. Each resident must be required to be proficient in the technical skills determined to be necessary for a clinical neurophysiologist and any related standards relevant to neurology.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents must be utilized in this process.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
   Residents who plan to seek certification by the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology should communicate with the office of the board regarding the full requirements for certification.

X. Other
   A. Relation to Core Program
      The one year of training in clinical neurophysiology must take place in a center in which there is an accredited residency program in neurology and with the written approval and support of the director of the neurology program.
   B. Use of Board Examinations
      One measure of the quality of a training program is the proportion of its graduates who take the examination in clinical neurophysiology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.
   C. Review of the Program
      The provisions of the Institutional Requirements for residency training of the ACGME must also be met for approval of training in clinical neurophysiology.

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Program Requirements for Residency Education in Neurodevelopmental Disabilities (Neurology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
The purpose of the training program is to prepare the physician for independent practice as a neurodevelopmental disabilities specialist. The training program must combine training in the relevant basic sciences with supervised clinical training in the diagnosis and care of children with neurodevelopmental disabilities.

B. Duration and Scope of Education
1. Training in neurodevelopmental disabilities must be preceded by successful completion of 24 months of training in a pediatric residency training program accredited in the United States or Canada. The program director must review and approve the acceptability of these initial 2 years of training. This training should satisfy the requirements essential for board certification in pediatrics by the American Board of Pediatrics or its equivalent.
2. The length of the educational program is 4 years. One year of the training must be a year of training in clinical adult Neurology. Eighteen months must be spent in training in clinical child neurology and neurodevelopmental disabilities and 18 months in clinical and basic science training. Training in adult and child neurology should take place at the primary clinical site where the neurodevelopmental disabilities program is conducted. It is important that clinical and basic science training are within the same institution.
3. Any program that extends the length of training beyond 4 years must present an educational rationale that is consistent with the special requirements and the objectives for residency training. Approval for the extended curriculum must be obtained prior to implementation and at each subsequent review of the program.
4. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

C. Goals of Education
Programs must provide a broad educational experience in neurodevelopmental disabilities, which will prepare the resident to function as a neurodevelopmental disabilities specialist capable of providing comprehensive patient care in academic or clinical practice settings. The curriculum must provide a strong scientific foundation that is confirmed by the training program and that will allow the resident to incorporate new developments in the basic sciences into their clinical practice. The clinical component in neurodevelopmental disabilities must also include supervised training that provides the residents with increasing responsibility for outpatients and inpatients. This clinical training should lead to a defined level of clinical competence.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

The four years of training in neurodevelopmental disabilities must take place in an institution in which there are accredited residency programs in child neurology, neurology, and pediatrics. The residency training program in neurodevelopmental disabilities must be within a department or division with an accredited program in neurology or pediatrics.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. It is desirable to have the training occur at a single institution. If the resources of two or more institutions are required to support the program, inter-institutional agreements must be developed by the sponsoring and participating institutions as stated in the Institutional Requirements. Participation by any institution that provides 3 months or more of the educational program must be approved prospectively by the RRC. Participating institutions should provide clinical resources not available to the sponsoring institution for the program. Such assignments should be limited to no more than two separate institutions. The experience in child neurology and in neurodevelopmental disabilities should be in one integrated program. Training in two separate institutions will be allowed in unusual circumstances with the prior approval of the RRC.
   a. Training in the sponsoring institution may be supplemented with training in no more than 2 additional, separate ACGME-accredited programs for periods of 3 or more months.
   b. The primary teaching faculty must have full-time status in the sponsoring institution.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. Identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. Specify the duration and content of the educational experience; and
   d. State the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME). There must also be an associate program director whose training complements the multidisciplinary scope of the subspecialty.
2. The program director, together with the faculty, is responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The primary teaching faculty must have full time faculty status in the sponsoring institution.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational and administrative abilities and experience.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology, the American Board of Pediatrics, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. Licensure to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   f. Selecting and supervising the faculty and other program personnel at each institution participating in the program.
   g. Supervising residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

h. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   i. Implementing fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   j. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.

Situation that consistently produce undesirable stress on residents must be evaluated and modified.
   k. Reporting the RRC regarding major programmatic changes and changes in leadership in the training program.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, the American Board of Pediatrics, or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. The scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
   a. Participation in clinical and basic science teaching in a manner that promotes a spirit of inquiry and scholarship.
ship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

b. Provision for opportunities for training in outcome research.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

6. In addition to the program director, the faculty must include at least two full-time faculty members who have appropriate educational qualifications in neurodevelopmental disabilities.

7. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

8. Additional faculty must include specialists in the following medical and allied health specialties: dentistry, genetics, neonatology, neurology, neurosurgery, ophthalmology, orthopedics, otoaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, psychiatry, and child and adolescent psychiatry. Allied health and non-medical disciplines that must be made available to the resident include: audiology, nutrition, occupational therapy, physical therapy, neuropsychology, speech pathology, special and early education, social work, and vocational rehabilitation.

9. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

10. The faculty should at least annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of faculty, and the quality of supervision of residents.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

The institution’s facilities and resources must provide sufficient space and appropriate equipment as well as an adequate number and variety of patients to support the specialty education program. In particular, there must be adequate space for the educational program, including meeting rooms; classrooms with audiovisual and other educational aids; free space for staff; pertinent library materials; and diagnostic, therapeutic, and research facilities.

1. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities.
   a. There must be a sufficient number of examining rooms, conference rooms, and research laboratories.
   b. The inpatient and outpatient facilities must be adequate in size and diversity and must have the appropriate equipment necessary for a broad education in pediatrics and in neurology.
   c. The institution must provide access to diagnostic and therapeutic equipment used in the diagnosis and treatment of children with neurodevelopmental disabilities. There must be adequate clinical laboratory facilities that rapidly report the results of necessary laboratory evaluations including clinical, pathological, electrophysiological, imaging, and other studies needed by the neurological and pediatric services.
   d. Adequate chart and record keeping systems must be in place for patient treatment and evaluation.

2. Library
   a. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with a convenient nearby institution.
   b. Library services should include electronic retrieval of information from medical databases.
   c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collection of texts and journals must be readily available during nights and weekends.

3. Patient Populations
   a. Programs must provide residents with patient care experiences in both the inpatient and outpatient settings. A sufficient number, variety, and complexity of patients ranging in age from infancy through adulthood must be present. The patient population must also be diversified with regard to long term and short-term neurological and developmental disorders.
   b. The resident must have primary care or consulting responsibilities for hospitalized patients with neurological disorders and neurodevelopmental disabilities. The resident must be involved with the management of patients with neurological disorders who require emergency care. Adequate numbers of new and follow-up subspecialty outpatients must be available to provide a broad experience in the subspecialty. The program must maintain an appropriate balance among the numbers and varieties of patients, numbers of preceptors, and the number of subspecialty residents in the program.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Policy/procedure for changing resident complement or filling vacant resident positions:

1. The RRC must prospectively approve any change in the complement of residents in the training program prior to instituting the changes.

2. When a resident transfers into the training program, the training program director is responsible for communicating with the program director of the neurodevelopmental disabilities training program from which the trainee is transferring. The training director of the program into which the trainee is transferring must document in writing the concerns and training status of the transferring trainee prior to the transfer.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the perfor-
Program Requirements for Residency Education in Neurodevelopmental Disabilities (Neurology)

A. Program Design

1. Format
   The program design and sequencing of educational experiences and structure for neurodevelopmental disabilities training will be approved by the Neurology RRC as part of the regular review process. All educational components of the neurodevelopmental disabilities residency program should be related to program goals.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major or other program assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. It should be readily available for review.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Clinical Components

The program director and the faculty must prepare and comply with written educational goals for the program as indicated in Section III. A. 2. a. above.

1. Basic Curriculum
   a. One year of adult neurology: This component must include care for some adults with chronic neurodevelopmental disabilities who are in a continuity clinic.
   b. Eighteen months of clinical child neurology and neurodevelopmental disabilities: This component must include not only training in the neurodevelopmental disabilities encountered by a child neurologist but also training in a multidisciplinary team approach to children with chronic neurological disabilities.
   c. Adequate training in neurodevelopmental disabilities requires that at least 50% of the resident's patient encounters are pediatric patients with neurodevelopmental disabilities.
   d. The training in the multidisciplinary team approach must be no less than 1 month (PTE).
   e. Eighteen months of clinical and basic science training: This component must include at least 1 month (PTE) experience in each of the following: child and adolescent psychiatry, neurosurgery and neurorehabilitation. The resident must also gain significant clinical experience with behavioral neurology, neurogenetics/metabolism, neuromuscular disorders, neuro-ophthalmology, and neuro-urology, and neuro-ophthalmology. Included in this time must be at least 6 months of elective time.

2. Clinical training must be based upon a comprehensive neurodevelopmental curriculum. This includes exposure to all age groups and degrees of disability. While the focus is on learning principles of patient management, other foci include screening, assessment, diagnosis, interdisciplinary interaction, and advocacy. Training must be in outpatient and inpatient settings, and must include diagnostic assessment and management of the entire spectrum of neurodevelopmental disabilities. The trainee must have the opportunity to act as a neurodevelopmental pediatric consultant in developmental disabilities of other medical and non-medical disciplines in inpatient, outpatient, and community settings.

3. There should be active participation of the teaching staff in clinical discussion, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. When on inpatient rotations the resident must take rounds at least 5 days each week. The resident must also take night call during the adult and child neurology training components.

4. Residents will be expected to follow inpatient cases during the duration of their hospital stay or the duration of the resident rotation. They will be expected to follow outpatients in a continuity clinic throughout the duration of their training period. This experience should include adults and children who are followed in the continuity clinic.

5. All patients, both on the inpatient and outpatient services, must be seen by a faculty attending in conjunction with the resident.

D. Appointment of Fellows and Other Students

The program of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

The appointment of other residents requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the RRC at the time the program is site visited.

If, in the judgment of the RRC, such residents will detract from the education of the regularly appointed neurodevelopmental disabilities residents, the accreditation status of the program may be adversely affected.

V. Program Curriculum

A. Program Design

1. Format
   The program design and sequencing of educational experiences and structure for neurodevelopmental disabilities training will be approved by the Neurology RRC as part of the regular review process. All educational components of the neurodevelopmental disabilities residency program should be related to program goals.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major rotation or other program assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. It should be readily available for review.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Clinical Components

The program director and the faculty must prepare and comply with written educational goals for the program as indicated in Section III. A. 2. a. above.

1. Basic Curriculum
   a. One year of adult neurology: This component must include care for some adults with chronic neurodevelopmental disabilities who are in a continuity clinic.
   b. Eighteen months of clinical child neurology and neurodevelopmental disabilities: This component must include not only training in the neurodevelopmental disabilities encountered by a child neurologist but also training in a multidisciplinary team approach to children with chronic neurological disabilities.
   c. Adequate training in neurodevelopmental disabilities requires that at least 50% of the resident's patient encounters are pediatric patients with neurodevelopmental disabilities.
   d. The training in the multidisciplinary team approach must be no less than 1 month (PTE).
   e. Eighteen months of clinical and basic science training: This component must include at least 1 month (PTE) experience in each of the following: child and adolescent psychiatry, neurosurgery and neurorehabilitation. The resident must also gain significant clinical experience with behavioral neurology, neurogenetics/metabolism, neuromuscular disorders, neuro-ophthalmology, and neuro-urology. Included in this time must be at least 6 months of elective time.

2. Clinical training must be based upon a comprehensive neurodevelopmental curriculum. This includes exposure to all age groups and degrees of disability. While the focus is on learning principles of patient management, other foci include screening, assessment, diagnosis, interdisciplinary interaction, and advocacy. Training must be in outpatient and inpatient settings, and must include diagnostic assessment and management of the entire spectrum of neurodevelopmental disabilities. The trainee must have the opportunity to act as a neurodevelopmental pediatric consultant in developmental disabilities of other medical and non-medical disciplines in inpatient, outpatient, and community settings.

3. There should be active participation of the teaching staff in clinical discussion, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. When on inpatient rotations the resident must take rounds at least 5 days each week. The resident must also take night call during the adult and child neurology training components.

4. Residents will be expected to follow inpatient cases during the duration of their hospital stay or the duration of the resident rotation. They will be expected to follow outpatients in a continuity clinic throughout the duration of their training period. This experience should include adults and children who are followed in the continuity clinic.

5. All patients, both on the inpatient and outpatient services, must be seen by a faculty attending in conjunction with the resident.
The attending may briefly precept patients well known to the resident.

6. Adequate faculty supervision is essential throughout the program, but programs must also provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients in a way that corresponds to each resident's knowledge, manual skill, experience, and the complexity of the patient's illness; such assignments should enable the resident gradually to develop a liaison relationship with staff and referring physicians.

7. Residents should have structured opportunities throughout their training to develop and improve teaching skills. These activities should include the supervision of more junior trainees, as well as the teaching of other residents, medical students, nurses, and other health care professionals, either formally or informally.

F. Didactic Components

1. Residents must obtain an adequate background in those basic sciences upon which child neurology and neurodevelopment are founded, including neuroanatomy, neuroembryology, neural development, neuropathology, basic neuropsychology, neuroimaging, neuropsychology, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, epidemiology, and biostatistics.

2. Specialty Content:
   a. Residents must learn the fundamentals of specific diagnostic and management strategies of the major neurodevelopmental disabilities, including but not limited to: cognitive disorders (mental retardation, learning disabilities, progressive encephalopathies), communication disorders, neurobehavioral disorders (autistic spectrum disorders), motor disabilities (cerebral palsy, neuromuscular and other neuromotor disorders, movement disorders, including Tourette syndrome), sensory disorders (visual and auditory disorders), and multiple disabilities.
   b. They must learn the appropriate instruments for neuropsychological assessment and understand how to apply developmental measurements and scales.
   c. They must become familiar with anticipatory guidance and counseling of families with children who have developmental disabilities.
   d. They must learn strategies for pharmacological and non-pharmacological management of self-injurious and other troublesome behaviors.
   e. They must learn the skills for the management of spasticity or other movement disorders. This must include some training in the technical skills needed to manage such patients.
   f. The resident must learn how to secure, organize, and manage patient resources and treatment.

3. Bioethics, Economics and End of Life Content

   The resident must receive instruction in the bioethics and economics of medicine. The resident must also receive instruction in appropriate and compassionate methods of end-of-life palliative care.

4. Conferences

   a. residents must regularly attend conferences in the following disciplines: child neurology, neurorehabilitation, neuropsychology, and clinical pharmacology. Residents must attend and participate in periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological and neurodevelopmental societies. Residents must be periodically responsible for the design and presentation of clinical conferences.

   b. Faculty and residents should document attendance at all of the conferences and didactic sessions that constitute the core requirements for training.

   c. Faculty must supervise and provide feedback to residents during resident-run conferences, and indicate areas of weakness or need for further development of educational skills.

G. Other Required Components

Related Disciplines

1. The resident in neurodevelopmental disabilities must receive instruction in multidisciplinary management of children with neurodevelopmental disabilities. The resident must participate in team management of children in a variety of circumstances including developmental assessment, pediatric rehabilitation, and team management of children with developmental defects.

2. The resident must participate in activities that provide experience and training in public advocacy and community consultation.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents/Resident Policies

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty and other more senior residents. Supervising faculty with appropriate experience for the severity and complexity of the patient's condition must be available at all times.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours and Conditions of Work

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
5. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through the educational program. The education must culminate in sufficiently independent responsibility for clinical decision making so that the program director and faculty are assured that the graduating resident has achieved the ability to make sound clinical decisions consistently.

6. Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurodevelopmental disabilities.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period. On-call rooms arranged to permit adequate rest and privacy should be available for each resident on night duty in the hospital. There should be adequate back-up support if needed to maintain appropriate patient care.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

The program must have a formal mechanism by which the knowledge, skills and professional growth of the residents are evaluated.

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final, written evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance in relation to the program's learning and performance objectives during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation should be discussed with the resident and signed and must be part of the resident's permanent record maintained by the institution.

3. Policy for evaluation and promotion

   a. The residents' performance must be monitored and feedback provided on an ongoing basis.

   b. The supervising faculty must evaluate each resident in writing at the completion of each rotation. This must be reviewed with the resident in a timely manner so that areas of weakness and strength can be communicated to the resident.

   c. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to the specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility. The evaluation data must include the
Program Requirements for Residency Education in Pain Medicine (Neurology)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigatory efforts are vital to the progress of the specialty.

B. Duration of Training

Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. Assignments must not be made to activities not directly related to pain medicine.

II. Institutional Organization

A. Relationship to Core Program

Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in neurology accredited by the Accreditation
Council for Graduate Medical Education (ACGME). If the sub-specialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain medicine program is conducted. Rotations outside the institution in which the pain medicine program is based should not exceed 4 months.

B. Appointment of Residents

Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources

Because pain medicine is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director

The program director must be a neurologist who has been certified in pain medicine by the American Board of Psychiatry and Neurology or who has appropriate educational qualifications in pain medicine as determined by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director

The medical director of the pain medicine service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain medicine, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty

Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than neurology.

Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

At least three faculty with expertise in pain medicine should be involved in teaching pain medicine residents, and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment

A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population

For each resident in the subspecialty of pain medicine each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library

There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment

An accredited program in pain medicine must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components

There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain medicine. Subspecialty training in pain medicine must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
Program Requirements for Residency Education in Pain Medicine (Neurology)

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain medicine
4. Pharmacology of centrally acting drugs used in pain medicine
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain medicine
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain medicine
12. Principles and techniques of cancer pain medicine, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain medicine
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain medicine center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching

The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences

Pain medicine conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain medicine resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and neurology pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:

A. Active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

B. Participation in journal clubs and research conferences.

C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.

D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract or publication.

VII. Evaluation

A. Faculty responsible for teaching subspecialty residents in neurology pain medicine must provide critical evaluations of each resident's progress and competence to the neurology pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in neurology pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.

B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in neurology pain medicine should be involved in continuous quality improvement, utilization review, and risk management.
Program Requirements for Residency Education in Pain Medicine (Neurology)

VIII. Board Certification
The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

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Program Requirements for Graduate Medical Education in Sleep Medicine (Neurology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
   a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
      (1) 3 years of internal medicine; or
      (2) 3 years of pediatrics
      (3) 4 years of psychiatry;
      (4) 4 years of neurology; or
      (5) 5 years of otolaryngology.
   b) Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
   c) Training should provide clinical exposure to the following disciplines as related to sleep disorders:
      Cardiology
      Neurology
      Otolaryngology
      Oral Maxillofacial Surgery
      Pediatrics
      Pulmonary Medicine
      Psychiatry
      Psychology, including Neuropsychology
      5. Relation of the Subspecialty to Core Programs
         Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population
   a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
   b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.

2. Facilities
   a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
   b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.

3. Institutional Resources
   a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, sup-
Program Requirements for Graduate Medical Education in Sleep Medicine (Neurology)

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

   a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
   b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

   a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
   b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
      Cardiology
      Neurology
      Otolaryngology
      Oral Maxillofacial Surgery
      Pediatrics
      Pulmonary Medicine
      Psychiatry
      Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:

   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio
The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The fellowship program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Program
1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
Program Requirements for Graduate Medical Education in Sleep Medicine (Neurology)

1. Clinical Skills
   Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including the following:
   a) Interviewing
   b) Clear and accurate history taking
   c) Performing competent physical, neurological, and mental status examinations
   d) Recording of findings completely and systematically
   e) Relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
   f) Formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
   g) Diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
   h) Formulating appropriate treatment plans and making appropriate referrals
   i) Providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
   j) Certification in cardiopulmonary resuscitation

2. Clinical Training
   a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
      (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
      (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
      (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must
Program Requirements for Graduate Medical Education in Sleep Medicine (Neurology)

include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.

(4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies.

(5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.

(1) Clinical experiences that provide for basic and advanced training and education, as well as professional development.

(2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations.

(3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders.

(4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions, to formulate appropriate treatment plans; and to make appropriate referrals.

(5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.

(6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.

(7) Supervised experience in teaching sleep medicine to students in the health professions.

(8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
D. Moonlighting
1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004
Program Requirements for Residency Education in Vascular Neurology (Neurology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition
1. Vascular neurology is an area of medicine in which selected neurological disorders involving the central nervous system due to ischemia or hemorrhage are assessed, monitored, treated and prevented using a combination of clinical evaluation, imaging, interventional techniques, and medication. Specialists in vascular neurology are expected to
   a. Participate in an interdisciplinary care of patients with vascular disease that incorporates aspects of epidemiology, basic science, clinical neurology, neuroimaging, critical care, endovascular surgical neuroradiology, neurological vascular surgery, neurosurgery, neurosonology, cerebral blood flow and metabolism, neurobehavior, and neurorehabilitation
   b. Acquire detailed knowledge of the vascular supply of the central nervous system and its alteration by disease
   c. Manage stroke patients in outpatient and inpatient settings, including critical care units
2. Vascular neurology includes the prevention, evaluation and treatment of a wide range of diseases resulting in vascular insults to the nervous system, including:
   a. Cardiogenic brain embolism
   b. Large vessel cerebral atherosclerosis
   c. Aortic arch cerebral and spinal embolism
   d. Small cerebral artery occlusive disease
   e. Hemodynamic brain ischemia
   f. Migraine
   g. Hereditary and acquired hypercoagulable states
   h. Disseminated intravascular coagulation, thrombotic thrombocytopenic purpura, other hematological disorders
   i. Antiphospholipid antibody syndromes
   j. Substance abuse and drug toxicities
   k. Hypertensive encephalopathy
   l. Arterial dissection
   m. Vasculopathies including inflammatory, infectious, Moya-Moya
   n. Cerebral venous thrombosis
   o. Genetic and metabolic disorders
   p. Intracerebral hemorrhage
   q. Aneurysmal subarachnoid hemorrhage (SAH)
   r. Subdural hematomas
   s. Spinal cord infarction
   t. Complications of vascular disease, including raised intracranial pressure, sepsis and venous thrombosis
   u. Vascular malformations

B. Duration and Scope of Training
Training in vascular neurology shall encompass a total of one year that must be preceded by the completion of a residency program in neurology or child neurology accredited by the ACGME or the Royal College of Physicians and Surgeons (Canada). Elective time must be available for residents to pursue individual interests. Training must (1) be separate and distinct from all training required for certification in neurology and child neurology, and (2) include significant didactic and clinical experience in the care of patients with stroke and/or who are at risk for stroke in both inpatient and outpatient settings as detailed in the Educational Programs section (IV). In particular, training must provide the following clinical experiences
1. Inpatient management of patients with stroke, both ischemic and hemorrhagic;
2. Critical care management of patients with stroke, both ischemic and hemorrhagic;
3. Management of patients with neurosurgical cerebrovascular disorders including aneurysms and arteriovenous malformations;
4. Emergent management of patients with stroke, including emergency department management;
5. Care of patients in different settings, including nursing homes, medical rehabilitation centers and outpatient clinics;
6. Ordering and clinical correlation of diagnostic brain and vascular imaging;
7. Ordering and interpretation of diagnostic laboratory tests in stroke;
8. Involvement in community activities, including outpatient primary and secondary prevention of stroke;
9. Participation in the delivery of educational programs about stroke and stroke prevention, including teaching medical students, ancillary health professionals, and residents;
10. Consulting with other medical professionals, including cardiologists, radiologists, neurosurgeons, vascular surgeons and physiatrists in the overall care and management of stroke patients; and,
11. Participation in research, such as epidemiological studies, clinical trials, or laboratory research

C. Relation to Core Program
The 1-year of training in vascular neurology must take place in a center in which there is an ACGME-accredited residency program in neurology and with the written approval and support of the director of the neurology program.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. Identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. Specify the duration and content of the educational experience; and
   d. State the policies and procedures that will govern resident education during the assignment.
III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. The director and teaching staff of a program must prepare and comply with written educational goals for the program. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the ABPN in Neurology and Vascular Neurology, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must ensure the implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   e. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.
      On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The program providing training in vascular neurology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the ABPN in Neurology and Vascular Neurology, or possess
   c. The program director must be appointed in good standing by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must ensure the implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   e. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.
      On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program

Monitoring the content and ensuring the quality of the program.

Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures

Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

Regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall

1) At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures

Communicate each evaluation to the resident in a timely manner

Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth

Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

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appropriate educational qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and vascular neurology training must be conducted in centers where there is research in vascular neurology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of vascular neurology. Scholarship is defined as the following:

a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

5. Qualifications of the nonphysician faculty are as follows:

a. Nonphysician faculty must be appropriately qualified in their field.
b. Nonphysician faculty must possess appropriate institutional appointments.

6. Appropriate expertise in the areas defined in Section 4.B., above, must be present among the director and the faculty. The RRC recognizes that expertise in stroke is available from physicians board certified in many medical specialties, particularly in Physical Medicine and Rehabilitation, Cardiology, Neurosurgery, Vascular Surgery and Psychiatry, and actively encourages multidisciplinary cooperation in the training of residents.

7. The faculty shall devote sufficient time to the training program to ensure adequate clinical training of the resident in vascular neurology and will be primarily involved in direction of the resident during the one-year training.

8. A member of the teaching staff of each participating institution must be designated by the program director to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

9. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.

10. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Patient Population

There must be an adequate number and variety of patients in both inpatient and outpatient settings to expose residents to the broad spectrum of vascular diseases of the brain. Inpatient experience should include evaluation of a substantial number of stroke patients. No more than 50% of these should be hemorrhagic strokes. Outpatient experience should include management of at least 50 patients for whom the resident is the primary physician under supervision of a faculty member.

2. Facilities

Vascular neurology shall be within the Department or Division of Neurology and have facilities adequate for the educational program. The program must have adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and residents, pertinent library materials, and diagnostic, therapeutic and research facilities.

3. Library

a. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

b. Library services should include the electronic retrieval of information from medical databases.

c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

E. Other Teaching Staff

Faculty with suitable training and experience from other disciplines should be included in the teaching program.

IV. Resident Appointments

A. Eligibility Criteria

The program must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to
Program Requirements for Residency Education in Vascular Neurology (Neurology)

provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the regular review process. All educational components of a residency program should be related to program goals.

Participation by any institution providing 2 months or more of training in a program must be approved by the RRC.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. It should be readily available for review.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties)

E. Curriculum
The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment for patients with various cerebrovascular disorders. In addition to teaching the appropriate technical skills, the curriculum must include instruction in the following:

1. Fundamental Mechanisms of Stroke and Other Nervous System Vascular Disorders
2. Etiopathogenic Characterization of Stroke and Other Nervous System Vascular Disorders
3. Clinical Manifestations of Stroke and Other Nervous System Vascular Disorders
4. Diagnostic Strategies in Stroke and Other Nervous System Vascular Disorders
5. Treatment Strategies in Stroke and Other Nervous System Vascular Disorders
6. Epidemiologic issues

F. Seminars and Conferences
The section of vascular neurology must conduct seminars and conferences that include:
1. Formal lectures and teaching conferences in Vascular Neurology on a schedule that will allow the training program to cover all of the topics listed under I.A.2.
2. A monthly didactic teaching conference organized by the faculty on topics that cover the scope of vascular neurology as outlined in Section I of these Program Requirements.
3. The monthly conference should be supplemented by journal clubs, pathology meetings, neuroanatomy courses, neuroscience grand rounds related to vascular neurology and multidisciplinary conferences with neuroradiology, neurosurgery, and neuropathology.
4. Trainees should make regular patient management rounds with the attending faculty and these should be supplemented with weekly or bi-weekly teaching rounds during which specific vascular neurology patient management issues are discussed in depth by the faculty.

G. Teaching and Supervision
1. Supervisory faculty and staff must be available on a full-time basis. There must be a 1:1 faculty and resident ratio.
2. The resident must be given an active role in the teaching and training of neurology residents in which the section resides.
3. Clinical and Basic Science Teaching
   a. Clinical Science
      The resident must have instruction and practical experience to foster the development of diagnostic, procedural, technical, and interventional skills essential to the practice of vascular neurology, including
      1) Opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the cerebrovascular and nervous systems
      2) Learning about the effectiveness of procedures to manage stroke
      3) Participating in clinical experiences that provide for basic and advanced training and education, as well as professional development
      4) Acquiring systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services
      5) Participating in problem based learning that includes experience in the areas critical to vascular neurology as outlined in Section I.A.2
      6) Developing and executing plans for evaluation and treatment, including the appropriate
      7) Technical skills for the non-invasive management of stroke patients. These skills must include familiarity with the indications for intubation, extubation/weaning and the general principles of respirator management and the placement of catheters for the supportive care and pharmacological treatment of strokes
      8) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
      9) Progressive experience for training as outlined in Section I.B that includes caring for a sufficient number of stroke patients to achieve competence in the assessment of patients with a wide range of vascular neurology disorders
   b. Basic Science
      Residents must be provided with an advanced and extensive background in those basic sciences on which vascular neurology is founded. In particular, the basic science program must include neuroepidemiology, neuroanatomy, neuropathology, neuropathology, and neurobiology, as well as mechanisms of atherosclerosis and coagulation. Didactic lectures and seminars must include the basic neurological sciences as they pertain to stroke.
4. Resident/Patient Ratio
The program director must ensure an adequate number and variety of patients to provide a sound educational program. Particular attention should be given to achieving a balance in the age and gender of patients, in patients with short-term and long-term neurological problems, as well as in the number of inpatients and outpatients.

5. Faculty/Resident Ratio
There must be a ratio of at least one vascular neurology faculty for each vascular neurology resident. Faculty must demonstrate diverse interests and skills to contribute to the depth and breadth of training necessary to fulfill the program requirements for residency education in vascular neurology, to ensure adequate clinical experience for residents, and to provide for an educational environment that supports seminars, conferences and reliable supervision of residents.

6. Diagnostic Skills
The residents must learn how to integrate information obtained from patient history, physical examination, imaging study results, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan. The resident is required to learn about the indications for and potential limitations of diagnostic tests and to interpret the results in the context of the clinical situation. These diagnostic tests must include the following imaging studies: cranial and spinal MRIs and CTs, magnetic resonance imaging, cerebral angiography, carotid and cranial doppler studies, single photon emission tomography (SPECT), and positron emission tomography (PET). The resident must also learn the appropriate biochemical and molecular testing for strokes in patients of different age groups. The resident should also learn the temporal profile of the clinical, biochemical and radiological changes that accompany vascular insults of the nervous system. The acquisition of the diagnostic skill must be provided by clinical assignments that provide a progressive increase in responsibility for patient care with direct supervision by a faculty member or staff; appropriate faculty supervision is essential throughout the program.

7. Subspecialty Experience
While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of vascular neurology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

8. Resident Responsibility for Teaching
The resident’s education in vascular neurology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both in-patient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution. To ensure an appropriate educational environment and prevent an excessive patient load, the program should provide for the following:

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatique.

5. There should be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.
D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
   3. Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program. The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for vascular neurology. The summary and final evaluation of the resident in vascular neurology must be prepared by the program director of the vascular neurology training program and should reflect the periodic evaluation of the entire faculty.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written confidential evaluations by residents must be utilized in this process.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the ABPN in Neurology and Vascular Neurology should communicate with the office of the board regarding the full requirements for certification.
X. Other

A. Use of Board Examinations

One measure of the quality of a training program is the proportion of its graduates who take the examination in vascular neurology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.

B. Review of the Program

The provisions of the Institutional Requirements for residency training of the ACGME must also be met for approval of training in vascular neurology.

ACGME: February 2002  Effective: February 2002
Editorial Revision (Common Program Requirements): January 2005

Program Requirements for Residency Education in Vascular Neurology (Neurology)

Program Requirements for Residency Education in Nuclear Medicine

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Nuclear medicine is the clinical and laboratory medical specialty that employs the measured nuclear properties of radioactive and stable nuclides for diagnosis, therapy, and research and to evaluate metabolic, physiologic, and pathologic conditions of the body.

B. Duration and Scope of Education

1. Length of program

The length of the nuclear medicine residency program is 2 years, following 1 year of preparatory clinical residency training (see below).

2. Admission prerequisites

The length of the nuclear medicine residency program is 2 years. However, a minimum of 3 years of Graduate Medical Education is necessary to train a physician in the field of Nuclear Medicine. Before entering a nuclear medicine residency, residents must satisfactorily complete one year of training in an ACGME-accredited or Royal College of Physicians and Surgeons of Canada-accredited or equivalent program that provides broad clinical education, with primary emphasis on the patient and the patient's clinical problems. Residents should have a sufficiently broad knowledge of medicine to obtain a pertinent history, perform an appropriate physical examination, and arrive at a differential diagnosis.

3. Specific description of program format

Residencies in nuclear medicine must teach the basic skills and clinical competence that constitute the foundations of nuclear medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. Clinical experience must include the opportunity to recommend and plan, conduct, supervise, interpret, and dictate reports for nuclear medicine procedures that are appropriate for the existing clinical problem or condition.

C. Broad Description of Training Objectives and Goals

The program must be structured so that the residents' clinical responsibilities increase progressively during training. At the completion of the training program, residents should be proficient in all areas of clinical nuclear medicine and be able to function independently as nuclear medicine consultants, plan and perform appropriate nuclear medicine procedures, interpret the test results, and formulate a diagnosis and an appropriate differential diagnosis. The residents should be qualified to recommend therapy or further studies. If radionuclide therapy is indicated, they should be capable of assuming responsibility for patient care. Residents should develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render them capable of the independent practice of nuclear medicine.
II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

   Limited outside rotations may be utilized to supplement training in a branch of nuclear medicine, e.g., positron emission tomography (PET) or radionuclide therapy, if there is insufficient patient volume in the sponsoring institution. Affiliated institutions should not be so distant as to make it difficult for residents to travel between institutions for participation in clinical responsibilities or didactic activities.

   Participation by any institution providing 3 months or more of training in the program must be approved by the RRC for Nuclear Medicine, according to criteria similar to those applied to the primary institution. A maximum of 6 months of the 2-year nuclear medicine program may be spent outside the parent and integrated institutions on rotation to affiliated sites. (An affiliation may be said to exist where there is a formal agreement between an accredited program and another institution to make facilities, clinical experience, supervision, and teaching sessions available to residents of the program who will rotate through the affiliated hospital. Rotations to affiliates are restricted, as noted above.)

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities. This includes broad knowledge of, experience with, and commitment to general nuclear medicine, along with sufficient academic and administrative experience to ensure effective implementation of these Program Requirements and sufficient experience participating as an active faculty member in an accredited residency program.
   b. The program director must be certified in the specialty by the American Board of Nuclear Medicine or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. have demonstrated compliance with professional standards of ethical behavior.
   e. demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to his or her own continuing medical education, and participation in scholarly activities.

A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment and updated with each review of the program by the RRC.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, responsible for day-to-day activities of the program at that institution, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member. They must be able to nurture the attributes of the scholar, teacher, and humanist and must be available to residents for advice and counseling.
3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Nuclear Medicine or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

The faculty as a whole must have demonstrated ongoing participation in such activities during the past 5 years.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

The institution sponsoring a residency program in nuclear medicine should be of sufficient size and composition to provide an adequate volume and variety of patients for resident training. It must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

1. Space and Equipment
   The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in nuclear medicine and must possess the modern facilities and equipment required to practice nuclear medicine.

2. Other Specialties
   A nuclear medicine residency program requires the support of services in other specialties, notably medicine, surgery, radiology, pediatrics, and pathology. Training resources should be such that the total number of residents in the institution is large enough to permit peer interaction and intellectual exchange with residents in the nuclear medicine program.

3. Library
   Residents must have ready access to a major medical library with a representative selection of books and journals related to nuclear medicine, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. Internet access must be readily available.

IV. Resident Appointments
A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

1. Programs must demonstrate the ability to recruit and retain qualified residents. Residents should be appointed only when their documented prior experience and attitudes demonstrate the presence of abilities necessary to master successfully the clinical knowledge and skills required of all program graduates. All residents must have demonstrated understanding and facility in using the English language.

2. Residents should be reappointed only when their clinical judgment, medical knowledge, history-taking, professional attitudes, moral and ethical behavior, and clinical performance are documented to be entirely satisfactory.

B. Number of Residents
   The RRC will approve the number of residents based upon the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers
   To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
   1. Format
      The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
   2. Goals and Objectives
      The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be...
distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
   Residents are expected to:
   a. Obtain information about the patient related to the requested test or therapy using patient interview, chart and computer data base review, physical examination, and contact with the referring physician.
   b. Select appropriate procedures or therapy based on the referring physician's request and the patient's history. This involves selection of the appropriate radiopharmaceutical, dose, imaging technique, data analysis, and image presentation. It also includes review of image quality, defining the need for additional images and correlation with other imaging studies such as x-rays, CT, MRI, or ultrasound.
   c. Communicate results promptly and clearly to the referring physician or other appropriate health care workers. This communication should include clear and succinct dictation of the results.
   d. Conduct therapeutic procedures. Therapeutic procedures must be done in consultation with an attending physician who is a licensed user of radioactive material. These procedures should include dose calculation, patient identification verification, informed consent documentation, pregnancy status, counseling of patients and their families on radiation safety issues, and scheduling follow-up after therapy.
   e. Residents should always respect the patient's privacy and confidentiality.
   f. Residents should always respect the patient's privacy and confidentiality.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
   Residents should closely follow scientific progress in nuclear medicine and learn to incorporate it effectively for modifying and improving diagnostic and therapeutic procedures. Residents are expected to:
   a. Become familiar with and regularly read the major journals in nuclear medicine. During the residency this will involve regular participation in journal club.
   b. Use computer technology including internet web sites and CDROM teaching disks.
   c. Participate in the annual in-service examination.
   d. Know and comply with radiation safety rules and regulations, including NRC and/or agreement state rules, local regulations, and the ALARA (as low as reasonably achievable) principles for personal radiation protection.
   e. Understand and use QC (quality control) procedures for imaging devices, laboratory instrumentation, and radiopharmaceuticals.

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
   Residents must develop and continuously improve skills in obtaining medical knowledge using new techniques as they develop in information technology. This includes:
   a. Using the internet and computer data bases to search for patient information, disease, and technique information. Residents should also be familiar with viewing and manipulating images with the computer, both locally and remotely.
   b. Residents should improve their understanding of diseases and patient care by attending inter-specialty conferences, correlational conferences, mortality and morbidity conferences, and utilization conferences.
   c. Patient follow-up is essential for determining the accuracy of study interpretation. Residents should regularly obtain such follow-up information and correlate the clinical findings with their study interpretation.

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
   Residents must communicate clearly and effectively and work well with each of the following groups:
   a. Patients and their families.
   b. Physicians in nuclear medicine and radiology.
   c. Referring physicians from other specialties.
   d. Nuclear medicine technologists.
   e. Other health care workers throughout the institution.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
   Residents are expected to always behave in a professional manner. This includes:
   a. Consistent demonstration of completely ethical behavior.
   b. Respect for the dignity of patients and all members of the medical team.
   c. There should be no discrimination based on age, ethnicity, gender, disability, or sexual orientation.
   d. Residents should be responsive to patients' needs by demonstrating integrity, honesty, compassion, and commitment.
   e. Residents should always respect the patient's privacy and autonomy.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care;
   This involves learning to work in a variety of health care settings and understanding the inter-relationship with other health care professionals. Specifically, residents should be aware of:
   a. Work conditions in hospitals, outpatient clinics, diagnostic centers, and private practice settings.
   b. Resource allocation and methods directed towards controlling health care costs such as Diagnostic Related Groups (DRGs), APC, and pre-certification by medical insurers.
   c. The concept of providing optimal patient care by selecting the most cost-effective procedures and using or recommending different diagnostic tests that might complement the nuclear
Program Requirements for Residency Education in Nuclear Medicine

...medicine procedures. This also involves awareness of the relevant risk-benefit considerations.

d. Basic financial and business skills to function effectively in current health care delivery systems. This includes an understanding and knowledge of coding, procedure charges, billing practices, and reimbursement mechanisms.

E. Didactic Components

1. Basic Science Content

Study of the basic sciences that constitute the foundation for clinical nuclear medicine must be part of the resident’s education. This is most effectively accomplished through a combination of formal didactic lectures and discussion of these topics in conferences. The program director must develop a formal didactic schedule that indicates the specific time and date of each lecture, the topic of the lecture, the faculty individual presenting the lecture, and the duration of the lecture. This schedule must incorporate each of the elements of basic science detailed below, and the program director must provide written documentation of this schedule as part of the information submitted to the RRC for its review of the program. The schedule must be current for each academic year. Visiting faculty and residents may provide some of the lectures.

The training program must provide didactic instruction in the following areas:


b. Instrumentation: principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including SPECT and PET devices, and associated electronic instrumentation and computers employed in image production and display.

c. Mathematics, statistics, and computer sciences: probability distributions; medical decision making; basic aspects of computer structure, function, programming, and processing; applications of mathematics to tracer kinetics; compartmental modeling; and quantification of physiologic processes.

d. Radiation biology and protection: biological effects of ionizing radiation, means of reducing radiation exposure, calculation of the radiation dose, evaluation of radiation exposure, medical management of persons exposed to ionizing radiation, management and disposal of radioactive substances, and establishment of radiation safety programs in accordance with federal and state regulations.

e. Radiopharmaceuticals: reactor, cyclotron, and generator production of radionuclides; radiochemistry; pharmacokinetics; and formulation of radiopharmaceuticals.

An aggregate of at least 100 hours per year should be devoted to basic science instruction, i.e., formal lectures and formal labs. An appropriate balance of time should be allocated to the major subject areas, which must include physical science and instrumentation: 50 hours per year; radiobiology and radiation protection: 15 hours per year; mathematics and statistics: 10 hours per year; radiopharmaceutical chemistry: 15 hours per year; computer science: 10 hours per year. Instruction in the basic sciences should not be limited to only didactic sessions. The resident’s activities also should include laboratory experience and regular contact with basic scientists in their clinical adjucative roles.

2. Didactic Clinical Content

There must be didactic instruction in both diagnostic imaging and non-imaging nuclear medicine applications and therapeutic applications. The instruction must be well organized, thoughtfully integrated, and carried on a regularly scheduled basis.

The program director must develop a formal didactic schedule that indicates the specific date and time of each lecture, the topic of the lecture, the faculty individual presenting the lecture and the duration of the lecture. This schedule must incorporate each of the elements of the clinical specialty detailed below, and the program director must provide written documentation of this schedule to the RRC for its review of the program. Visiting faculty and residents may provide some of the lectures. The schedule must be current for each academic year.

Instruction must include the following areas:

a. Diagnostic use of radiopharmaceuticals: clinical indications, technical performance, and interpretation of in vivo imaging of the body organs and systems, using external detectors and scintillation cameras, including SPECT and PET.

b. Exercise and pharmacologic stress testing: the pharmacology of cardioactive drugs; physiologic gating techniques; patient monitoring during interventional procedures; management of cardiac emergencies, including electrocardiographic interpretation and cardiopulmonary life support; and correlation of nuclear medicine procedures with other pertinent imaging modalities such as angiography, computed tomography, bone density measurement, ultrasonography, and magnetic resonance imaging.

c. Non-imaging studies: training and experience in the application of a variety of non-imaging procedures, including instruction in the principles of immunology; preparation of radiolabeled antibodies; uptake measurements; in-vitro studies including Schilling test, glomerular filtration rate, red blood cell mass and plasma volume, and breath tests.

d. Therapeutic uses of unlabeled radiopharmaceuticals: patient selection and management, including dose administration and dosimetry, radiation toxicity, and radiation protection considerations in the treatment of metastatic cancer and bone pain, primary neoplasms, solid tumors, and malignant effusions; and the treatment of hematologic, endocrine, and metabolic disorders.

e. Quality management and improvement: principles of quality management and performance improvement, efficacy assessment, and compliance with pertinent regulations of the Nuclear Regulatory Commission and the Joint Commission on Accreditation of Healthcare Organizations.

3. Conferences and Seminars

All residents must participate in regularly scheduled clinical nuclear medicine conferences and seminars and interdisciplinary conferences, in which the resident is responsible for presenting case materials and discussing the relevant theoretical and practical issues. There should be active resident participation in well-structured seminars and journal clubs that review the pertinent literature with respect to current clinical problems and that include discussion of additional topics to supplement the didactic curriculum.

a. Clinical interpretation conference

All residents must participate in regularly scheduled, usually daily, procedure interpretation and review conferences. The program must provide the resident with the opportunity to gain progressively independent responsibility for review, technical approval and acceptance, and interpretation and dictation of consultative reports on completed nuclear medicine procedures.

b. Teaching files

Teaching case files involving diagnostic and therapeutic nuclear medicine procedures should cover the full spectrum of clinical applications, they should be indexed, coded with correlative and follow-up data, and readily accessible for resident...
use. There must be a mechanism for maintaining case records and treatment results to facilitate patient follow-up and to provide teaching material.

Electronic availability of teaching files is acceptable as a substitute or enhancement of on-site teaching case files.

C. Clinical Components

1. Curriculum Content

The residency program in nuclear medicine should include the diagnostic, therapeutic, and investigational uses of radionuclides. It should be of sufficient breadth to ensure that all residents become thoroughly acquainted with current nuclear medicine diagnostic and therapeutic applications. The training experience should ensure ample opportunity to attain sequentially increasing competence in selecting the most appropriate nuclear medicine studies for the patient, performing these studies in the technically correct manner, interpreting the information obtained, correlating this information with other diagnostic studies, and treating and following up the patient who receives radionuclide therapy. Under adequate faculty supervision, the resident should participate directly in the performance of imaging studies, non-imaging measurements and assays, and therapeutic procedures.

Residents must be provided structured opportunities to (a) learn the indications, contraindications, complications, and limitations of specific procedures; (b) develop technical proficiency in performing these procedures; (c) learn to interpret the results of these procedures; and (d) dictate reports and communicate results promptly and appropriately. The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad range of common clinical nuclear medicine procedures. This must include experience in each of the following categories:

a. Musculoskeletal studies, including bone scanning for benign and malignant disease, and bone densitometry.

b. Myocardial perfusion imaging procedures performed with radioactive perfusion agents in association with treadmill and pharmacologic stress (planar and tomographic, including gated tomographic imaging). Specific applications should include patient monitoring, with special emphasis on electrocardiographic interpretation, cardiopulmonary resuscitation during interventional pharmacologic or exercise stress tests, pharmacology of cardiovascular drugs, and hands-on experience with performance of the stress procedure (exercise and pharmacologic agents) for a minimum of 50 patients. Program directors must be able to document the experience of residents in this area, e.g., with logbooks.

c. Radionuclide ventriculography performed with ECG gating for evaluation of ventricular performance. The experience should include first pass and equilibrium studies and calculation of ventricular performance parameters, e.g., ejection fraction and regional wall motion assessment.

d. Endocrinologic studies, including thyroid, parathyroid, and adrenal imaging, along with octreotide and other receptor-based imaging studies. Thyroid studies should include measurement of iodine uptake and dosimetry calculations for radioactive therapy.

e. Gastrointestinal studies of the salivary glands, esophagus, stomach, and liver, both reticuloendothelial function and the biliary system. This also includes studies of gastrointestinal bleeding, Meckel diverticulum, and C14 urea breath testing.

f. Hematologic studies, including red cell and plasma volume, splenic sequestration, hemangiomata studies, labeled granulocytes for infection, thrombus imaging, bone marrow imaging, and B12 absorption studies.

g. Oncology studies, involving gallium, thallium, sestamibi, antibodies, peptides, fluoroodeoxyglucose (FDG), and other agents as they become available. Oncology experience should include all the common malignancies of the brain, head and neck, thyroid, breast, lung, liver, colon, kidney, bladder and prostate. It should also involve lymphoma, leukemia, melanoma, and musculoskeletal tumors. Hands-on experience with lymphoscintigraphy is very important.

h. Neurologic studies, including cerebral perfusion with both single photon emission computed tomography (SPECT) and positron emission tomography (PET), cerebral metabolism with FDG, and cisternography. This experience should include studies of stroke, dementia, epilepsy, brain death and cerebrospinal fluid dynamics.

i. Pulmonary studies of perfusion and ventilation performed with radiolabeled macroaggregates and radioactive gas or aerosols used in the diagnosis of pulmonary embolus, as well as for quantitative assessment of perfusion and ventilation.

j. Genitourinary tract imaging, including renal perfusion and function procedures, clearance methods, renal scintigraphy with pharmacologic interventions, renal transplant evaluation, vesicoureteral reflux, and scrotal and testicular imaging.

k. Therapeutic administration of radiopharmaceuticals, to include patient selection and understanding and calculation of the administered dose. Specific applications should include radioiodine in hyperthyroidism and thyroid carcinoma, and may include radio-phosphorus (soluble) in polycythemia vera and other myeloproliferative disorders, radiocolloids for therapy, radionuclides for painful bone disease, and radionuclide therapy. Program directors must be able to document the experience of residents in this area, including patient follow-up, e.g., with logbooks.

l. Imaging procedures using positron-emitting radionuclides, medical cyclotron operation for production of PET radionuclides, and experience in PET radiochemistry synthesis.

m. Co-registration and image fusion of SPECT and PET images with computed tomography (CT) and magnetic resonance imaging (MRI) studies. If the program cannot provide sufficient clinical experience in PET imaging, supplemental clinical training or at least didactic instruction should be made available.

2. On Call Experience

In addition, each resident must be given the experience of being on-call and assuming the responsibility for providing consultative activities for procedures performed on an emergency basis.

3. Patient Population Requirements

While the number of procedures may vary from one training program to another, a well-designed program will perform at least 4,000 common nuclear medicine imaging procedures annually, a wide variety of non-imaging procedures, and at least 15 radionuclide therapeutic procedures annually. Imaging procedures should be distributed over the entire spectrum of nuclear medicine practice, including the pediatric age group. A minimum of 100 pediatric nuclear medicine cases should be available annually. Resident rotations to hospitals with a large pediatric caseload should be considered if the number of pediatric studies in the primary institution averages fewer than 100 per year.

4. Patient Management

The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training. This training must culminate in sufficient independent responsibility for clinical decision making to ensure that the graduating resident has achieved the ability to
function independently and in a proficient manner in all nuclear medicine consultative areas.

5. Other
The residents must be provided training in both basic life-support and advanced cardiac life-support.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents must remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
The RRC for Nuclear Medicine will not consider requests for an exception to the limit to 80 hours per week, average monthly.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be
communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

d. A process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Observation of the resident performing specific tasks such as image interpretation, taking a history and performing a physical examination, choosing diagnostic studies, formulating patient management, and communicating effectively should be included.

Resident evaluation should include review by the program director of the record of the resident's participation in nuclear medicine studies and procedures.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Nuclear Medicine should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Residency Education in Obstetrics and Gynecology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Program Goals and Objectives
A residency program in obstetrics-gynecology must constitute a structured educational experience, planned in continuity with undergraduate and continuing medical education, in the health care area encompassed by this specialty. While such residency programs contain a patient-service component, they must be designed to provide education as a first priority, and not function primarily to provide hospital service.

An educational program in obstetrics-gynecology must provide an opportunity for resident physicians to achieve the knowledge, skills, and attitudes essential to the practice of obstetrics and gynecology, and must also be geared toward the development of competence in the provision of ambulatory primary health care for women. The program must provide opportunity for increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and counseling for the resident.

B. Duration and Scope of Education
Resident education in obstetrics-gynecology must include 4 years of accredited and clinically-oriented graduate medical education which must be focused on reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation, and referral.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The program must exist in an educational environment that should include at least 2 other relevant graduate medical education programs, such as internal medicine, pediatrics, surgery, or family medicine. The program director must obtain teaching commitments from the other departments involved in the education of obstetrics-gynecology residents.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

C. Structure of Residencies
The Residency Review Committee (RRC) for Obstetrics-Gynecology uses the following categories for the purpose of monitoring the structure of residencies.

1. Independent
An independent program is conducted within a single educational institution under a single program director. Extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see I.L.C.4).

2. Integrated
3. An integrated program is conducted within multiple educational institutions but under a single program director. Each educational institution involved in an integrated program must provide the same quality of education and level of supervision required of an independent program, and must formally acknowledge the authority of the program director and the role that the institution will play in the overall program. Residents may rotate at any level, including the final year of the program. The program director must have authority over the educational program in each hospital, including the teaching appointments and assignments of all faculty and all residents, and must ensure the adequacy of the educational experience for each resident. Additional extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see I.L.C.4). If a program includes rotations for a total of more than 6 months for any resident at institutions other than those included in the integrated program, that program becomes an affiliated program.

4. Affiliated
5. An affiliated program is one in which any resident spends a total of more than 6 months in extramural rotations outside the parent institution (or institutions, in the case of integrated programs).

6. Extramural Rotations
7. Extramural rotations may be arranged by the program director of either an independent or an integrated program to enhance the educational experience of the residents. The following requirements for the duration of extramural rotations must be observed:
   a) If the total time of extramural rotation from the parent program by any resident during the entire residency exceeds 6 months, the program is considered to be an affiliated program, and the entire program must receive prior approval by the RRC. Residents may not spend more than 18 months away from the parent institution(s) without prior approval of the RRC.
   b) Rotations for a total of less than 6 months will not require that the program be designated as an affiliated program, and these rotations may be arranged by the program director without prior RRC approval.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, and should be a member of the staff of the sponsoring or integrated institution.

In the event of a change of either program director or department chair, the program director should promptly notify the
executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities in his or her field, including experience in and commitment to ambulatory primary health care for women. There must be a minimum of 5 years' experience (postresidency/fellowship) in such activities.

b) The program director must be certified in the specialty by the American Board of Obstetrics and Gynecology (ABOG) or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

d) The program director must have unrestricted licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain physicians in federal programs are exempt.)

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures, and monitoring appropriate resident supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

(1) the addition or deletion of a participating institution;
(2) a change in the format of the educational program;
(3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

5. The program director is responsible for notifying the executive secretary of the RRC, in writing, within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including:

a) changes in leadership of the department or the program;
b) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
c) substantial changes in volume and/or variety of the patient population.

6. The program director is responsible for communicating to the RRC any change in the use of rotations to participating institutions (including additions or deletions of institutions) as well as any significant change in the number of patient cases available at the sponsoring and/or participating institutions if residency education would be adversely affected. The program director must describe the effect of these changes and the corrective action taken to address them.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty complement should include appropriately educated generalist faculty.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Obstetrics and Gynecology (ABOG), or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

Documentation of scholarly activity on the part of the program and the faculty must be submitted at the time of program review. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad, ongoing involvement in scholarly activity.
5. Qualifications of the nonphysician faculty are as follows:
a) Nonphysician faculty must be appropriately qualified in their field.
b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Outpatient Facilities
   Appropriate facilities and equipment, including patient medical and laboratory data retrieval capabilities, to manage patients in a timely fashion must be provided so that efficient and effective education in the ambulatory care aspects of the discipline can be accomplished.

2. Inpatient Facilities
   Appropriate facilities and equipment, including patient medical and laboratory data retrieval capabilities, must be provided to achieve the educational objectives, including the management of critically ill patients and those undergoing obstetric or gynecologic operative procedures.

3. Medical Records
   The fundamentals of good medical history taking and thoughtful, meticulous physical examination must be taught. Information gained by these procedures must be carefully recorded in the medical record. A reliable measure of the quality of a program is the quality of hospital records. These records should include daily appropriate progress notes by residents, together with a discharge summary. The hospital should maintain a records room with adequate cross indexing and ready reference for study of patients' charts. Periodic summaries of department statistics are essential for the evaluation of results, and will usually be requested at the time a program is reviewed by the RRC.

4. Medical Library
   The medical library is an important resource to the obstetrics-gynecology education program. The library may be sponsored by the hospital or the department, but it must be readily accessible to staff and residents, both during the day and in the evening, including weekends. In addition, there must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. The textbooks should be kept up to date, and there should be an ample supply of current journals devoted to obstetrics-gynecology and related subjects. When a comprehensive library is not available in the hospital, an active reference system should be provided through ready access to larger medical libraries. Programs must provide instruction in retrieval and assessment of medical literature, and library services should include the electronic retrieval of information from medical databases.

5. Resident Facilities and Support Services
   Adequate facilities for residents to carry out their patient care and personal educational responsibilities are required. These include adequate facilities for residents on duty and on call, including sleeping rooms, lounge, and food facilities. Also required are clinical support services such as pathology and radiology, including laboratory and radiologic information retrieval systems that allow rapid access to results, intravenous (IV) services, phlebotomy services, and messenger/transporter services in sufficient number to meet reasonable demands at all times.

IV. Resident Appointments

A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
   The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The number of residents that can be adequately and responsibly educated depends on several interrelated factors. Clinical involvement alone does not constitute an educational experience. The provision of adequate supervision, education, individual evaluation, and administrative support is critical. With this, it is of utmost importance that each resident have sufficient independent and clinical responsibilities to prepare for practice in the specialty.

2. The maximum number of residents in a program is linked to the number that can be accommodated within the framework of these requirements. One of the most important considerations is the clinical experience available to give each resident adequate primary responsibility. Because this usually centers on the senior resident year, the maximum number of residents in a program depends on how many senior residents the program can educate. Usually, the maximum number of residents in a program is the number of senior residents the program can accommodate multiplied by four.

3. The minimum number of residents in a program eligible for accreditation is 2 per year. Accreditation is granted on the basis of a balance between the educational resources and the number of residents in the program. Appointment of residents in excess of the approved number may adversely affect the quality of the total experience of each resident. Changes, therefore, in the educational resources should be reported to the RRC, and proposed increases in the number of residents must first be approved in writing by the RRC.

4. All requests for a change in the number of residents must demonstrate a distinct and substantial improvement in the educational opportunities for all residents in the program. Such requests must be based not only on the availability of an adequate patient population but also on adequate resources for supervision, education, and evaluation. A request for a permanent change in the number of residents must describe the predicted impact on the total experience of each of the senior residents under the new circumstances.

   The request must be received within 18 months of the latest survey of the program; otherwise, a new survey will be necessary. The request will be considered incomplete if it lists only expansion in beds, hospitals, or overall clinical experience and does not address the question of the expansion of faculty and administrative support necessary to teach, supervise, and evaluate the additional residents.

   Conversely, a reduction in beds or hospitals, or other changes in the program that may lead to an anticipated decrease in total experience for the residents, must be promptly called to the attention of the RRC to determine if a reduction in the number of resident positions in a given graduate medical program is necessary.

   Residency programs may, with prior RRC approval, contain more residents in the first year than the number approved for subsequent years.
C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.
   a) One example of such objectives is set forth in the current "Educational Objectives for Residents in Obstetrics and Gynecology," produced under the auspices of the Council on Residency Education in Obstetrics and Gynecology (CREOG). Directors of programs must be able to document that they are reviewing the implementation of the educational objectives, and that the residents are indeed accomplishing what is anticipated of them. Any program that does not establish a system that clearly demonstrates that each resident has or has not successfully accomplished each of the items indicated in the program's statement of educational aims and objectives cannot be considered an adequate program.
   b) It is neither essential nor desirable that all educational programs or individual resident experiences be identical in structure or function. Variations that provide creative solutions and opportunities, or that allow greater efficiency in the educational program may be implemented for up to 6 months of an educational experience focused on women's health care; an experience of more than 6 months and up to 12 months for an individual or a program would need prior written approval of the RRC. This approval requires the assurance that each residency program provides quality education and experience for all of the residents completing the program. The program director has the responsibility to assure that a resident completes the objectives and goals of the specific educational program. All educational experiences must have as a goal the enhancement of the quality of patient care.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.
   1. Complete management of a patient's care under adequate supervision should be considered the highest level of residency education. There are, however, circumstances under which the resident may not assume complete management:
      a) when the program director or his or her designee does not believe the resident's expertise or understanding is adequate to ensure the best care of the patient;
      b) when the attending physician is unable to delegate the necessary degree of responsibility;
      c) when the resident, for religious or moral reasons, does not wish to participate in proposed procedures.
   2. An essential feature of resident education is that a significant number of staff support of the principle of delegation of complete management under supervision.
   3. Increasing responsibility must progress in an orderly fashion, culminating in a senior resident year. The senior resident year consists of 12 months of clinical experience in the parent and/or integrated institution(s) that occur within the last 24 months of the resident's program. The senior resident must have sufficient independent operating experience to become technically competent, and have enough total responsibility for management of patients to ensure proficiency in the diagnostic and treatment skills that are required of a specialist in obstetrics-gynecology in both office and hospital practice.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Educational Components
1. The resident's ability to personally evaluate a patient's complaint, provide an accurate examination, employ appropriate diagnostic tests, arrive at a correct diagnosis, and recommend the appropriate treatment is of paramount importance.
2. Formal teaching activities in obstetrics-gynecology should be structured and regularly scheduled. They should generally consist of patient rounds, case conferences, journal clubs, and pro-
tected time for didactic conferences covering all aspects of the specialty, including basic sciences pertinent to the specialty. In cross-disciplinary conferences such as perinatology, physicians from appropriate specialties should be invited to participate.

3. Wise judgment regarding the need for a surgical procedure and the recognition and management of complications are as important as the technical aspects of residency education. The program must, therefore, ensure that residents' clinical experience emphasizes appropriate involvement in the process that leads to the recognition of the surgical option, the preoperative assessment, and the postoperative care of the patients for whom they share surgical responsibility. Continuity of care of these patients must be documented. A residency program in obstetrics-gynecology must be able to provide substantial, diverse, and appropriate surgical experience after residents have mastered the basic skills.

4. The program must provide a structured didactic and clinical educational experience in all methods of family planning. Topics must include all reversible methods of contraception, including natural methods, as well as sterilization. This must include experience in management of complications, as well as training in performing these procedures. This education may be provided outside the institution, in an appropriate facility, under the supervision of appropriately educated faculty.

5. No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education may be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral, or legal restriction that prohibits the residents from performing abortions within the institution, the program must ensure that the residents receive satisfactory education and experience in managing the complications of abortion. Furthermore, such residency programs (1) must not impede residents in the programs who do not have religious or moral objections from receiving education and experience in performing abortions at another institution; and (2) must publicize such policy to all applicants to those residency programs.

6. Because an increasing percentage of women seeking their medical care from obstetrician-gynecologists are postmenopausal, there must be appropriate didactic instruction and sufficient clinical experience in the management of the problems of women in the post-reproductive age.

F. Clinical Components

1. Organization and Structure

a) Growth in knowledge and experience in the primary and preventive care role is best provided to residents by maximizing their participation in an ambulatory environment designed to enable continuity of care over an extended period of time. Specific educational experiences for the primary and preventive care role should occupy the equivalent of at least 6 months of the 4 years of residency, and may be addressed in any of the 4 years of residency. The emphasis should be on ambulatory care of the patient, which requires both knowledge and skills in the areas of health maintenance, disease prevention, risk assessment, counseling, and the use of consultants and community resources. These experiences should be evident in the residents' exposure to continuity of care, general gynecology, general obstetrics, prevention or control of disease (e.g., sexually transmitted disease), substance abuse, or prevention of pregnancy. In addition to rotations in obstetrics-gynecology, general medical management experience may also be obtained during rotations in internal medicine and/or family medicine, emergency medicine, and geriatric medicine. If rotations outside the department of obstetrics-gynecology are used, the residents' role and experience in these rotations should be sufficiently similar to those of residents on these services and relevant to the health care of women. These experiences should be strongly oriented toward ambulatory care. Residents must have an experience in menopausal healthcare and gynecologic surgery that is equivalent to at least one month of a block rotation.

b) The patient population on which the educational program is based should be of such sufficient size and composition that the broad spectrum of experiences necessary to meet the educational objectives will be provided.

c) The ambulatory care experiences of residents preparing for their roles as providers of primary and preventive care require the same attention, supervision, and guidance as those experiences in specialty clinics. It is essential to provide a closely-supervised experience by appropriately-educated generalist faculty that assures patients of continuity of care by an individual resident. Increasing responsibility should be given to residents under the supervision of a qualified, on-site, attending staff/faculty member. Residents should develop and maintain a continuing physician-patient relationship with a panel of patients, at least ½ day per week, throughout at least 3 of the 4 years of education. The use of remote sites or institutions or clinical services must not interrupt continuity of care for longer than 2 months in any of these 3 years. Residents should be provided opportunity on at least a weekly basis to return to the parent institution for their continuity clinic experiences.

2. Specific Educational Experiences

The educational curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident. This education must include, but not necessarily be limited to, the following:

a) Obstetrics

(1) the full range of obstetrics, including the medical and surgical complications of pregnancy and experience in the management of critically ill patients;
(2) genetics, including experience with genetic amniocentesis and patient counseling;
(3) learning and performing operative vaginal deliveries, including the use of obstetric forceps and/or the vacuum extractor;
(4) performing vaginal breech and vaginal multifetal deliveries;
(5) performing vaginal births after previous cesarean delivery;
(6) learning the principles of general and conduction anesthesia, together with the management and the complications of these techniques;
(7) immediate care of the newborn (every resident must have experience in resuscitation of the newborn and an understanding of the principles of general neonatal complications);
(8) the full range of commonly-employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques;
(9) the emotional and psychosocial impact of pregnancy or pregnancy loss on an individual and her family;
(10) the counseling of women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth; and
(11) obstetric pathology.
b) Gynecology
(1) the full range of medical and surgical gynecology for all age groups, including experience in the management of critically-ill patients;
(2) diagnosis and management of pelvic floor dysfunction, including experience with various operations for its correction;
(3) diagnosis and medical and surgical management of urinary incontinence;
(4) oncology, including prevention, diagnosis, and treatment;
(5) diagnosis and nonsurgical management of breast disease;
(6) reproductive endocrinology and infertility;
(7) clinical skills in family planning;
(8) reproductive endocrinology and infertility;
(9) the full range of commonly-employed gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques;
(10) counseling and educating of patients about the normal physiology of the reproductive tract and about high-risk behaviors that may compromise reproductive function; and
(11) gynecologic pathology.
c) Primary and Preventive Care
(1) comprehensive history-taking, including medical, nutritional, sexual, family, genetic, and social behavior data, and the ability to assess health risks;
(2) complete physical examination;
(3) appropriate use of laboratory studies and diagnostic techniques;
(4) patient education and counseling;
(5) screening appropriate to patients of various ages and risk factors;
(6) immunizations needed at specific ages and under specific circumstances;
(7) diagnosis and treatment of the common nonreproductive illnesses affecting women;
(8) continuous management of the health care of women of all ages;
(9) appropriate use of community resources and other physicians through consultation when necessary;
(10) appropriate awareness and knowledge of the behavioral and societal factors that influence health among women of differing socioeconomic and cultural backgrounds;
(11) behavioral medicine and psychosocial problems, including domestic violence, sexual assault, and substance abuse;
(12) emergency care;
(13) ambulatory primary care problems of the geriatric patient;
(14) basics of epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value;
(15) ethics and medical jurisprudence;
(16) community medicine, including health promotion and disease prevention;
(17) health care delivery systems and practice management;
(18) information processing and decision-making; and
(19) patient safety.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

The program director must provide for the supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.

Supervision of residents in obstetrics and gynecology is required to ensure proper (1) quality of care; (2) education; (3) patient safety; and (4) fulfillment of responsibility of the attending physicians to their patients. These considerations must be integrated with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent resident action. Each program director must balance quality assurance for patient care, resident education, and independent resident action. The level of resident supervision should be commensurate with the amount of independent function that is designated at each resident level. Residents, as well as faculty, may provide supervision.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

On an obstetrics and gynecology service, adequate supervision requires the 24-hour presence of faculty in the hospital, except when residents are not assigned in-house call responsibilities. Faculty must be immediately available to the resident if clinical activity is taking place in the operating rooms and/or labor and delivery areas. Faculty must be within easy walking distance of patient care units. Clinical services provided in ambulatory (office) locations require on-site supervision. Open and generously-used lines of two-way communication are important and should be encouraged.

If the program director judges that the size and nature of the patient population does not require the 24-hour presence of residents and faculty, this situation must be carefully defined and reviewed, and should include information about the nature of the hospital, the patient population, the attending staff, and the geographic and climatic situations. Exceptions require prior written approval from the RRC.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations of the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance. One example of an acceptable mechanism helpful in evaluating cognitive knowledge is the CREOG in-training examination.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and
the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

a) For the purpose of program review, accurate and complete documentation of each individual resident's experience for each year of the program is mandatory. These records should indicate the level of participation of the resident and the skills achieved. The program director must review the record of operative experience with individual residents at least semiannually for breadth and depth of experience, as well as for evidence of continuing growth in technical achievements. These cumulative data will be reviewed in detail at the time of survey for program approval or continued program approval. For the purposes of these records, there is no distinction between private and service patients.

b) Annually, the program director must collect, compile, and retain the numbers and types of operative procedures performed by residents in the program, together with information describing the total resident experience in each institution and facility utilized in the clinical education of residents. This information must be provided in the format and form specified by the RRC.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Obstetrics and Gynecology should communicate with the office of the board regarding the full requirements for certification.

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participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B. and VI.A.
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.
   e. outline the educational goals and objectives to be attained by the resident during the assignment

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

4. If a participating institution is sufficiently remote from the sponsoring institution to prevent regular attendance by residents at the didactic and clinical conferences at the sponsoring institution, or if the rotation otherwise prevents such attendance, the program director must demonstrate that each resident is exposed to a formal educational experience that fulfills the “Program Requirements.”

5. Formal teaching case presentations should be included at each participating institution to assure optimal utilization of patients for teaching purposes; alternatively, cases should be brought from participating institutions to the sponsoring institution for presentation if formal teaching case presentations are held only there.

6. The program director must assure that all residents have equivalent educational experiences.

7. Rotations to foreign countries shall not be used to meet minimum educational standards.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. The institution must ensure that the program director is given sufficient authority, financial support, and facilities by the governing body of the sponsoring institution to permit him/her to organize and supervise the following activities of the training program: resident selection and evaluation, resident instruction, patient management, research, and initiation of recommendations for staff recruitment. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership; the program director should have a term of at least three years.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Ophthalmology or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions. The program director who serves as administrator, educator, and research coordinator must devote sufficient time to the administration and conduct of the residency training program so that the educational experience for the residents is satisfactory.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RBC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program; in particular, a required rotation of six months or more to any institution other than the primary teaching site.
      3) Change in the approved resident complement, both total number and the number at any level. If the change in resident complement results from the extension of training of a current resident as described in I.B.3 above and is not greater than 6 months, only prior notification of RRC is required.

5. On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

6. To ensure proper supervision, the program director must prepare explicit, written descriptions of lines of responsibility for the care of patients and make these clear to all members of teaching teams. Residents must be provided with rapid, reliable systems for communication with and appropriate involvement of supervisory physicians in a manner appropriate for quality patient care and educational programs.
6. The Residency Review Committee for Ophthalmology will evaluate the overall effectiveness of the program director as an administrator, educator, and research coordinator.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   a. The number of teaching faculty (regardless of source of compensation) must be sufficient to ensure that, in the aggregate, they spend at least 18 hours per week per resident in direct interaction with the residents.
   b. The faculty must have a broad range of subspecialty expertise. Such expertise will usually be acquired by subspecialty fellowship training.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Ophthalmology, or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

1. Clinic

The outpatient area of each participating institution must have a minimum of one fully equipped examining lane for each resident in the clinic. There must be access to current diagnostic equipment. This should encompass equipment designed for ophthalmic photography (including fluorescein angiography), perimeter, ultrasonography, keratometry, and retinal electrophysiology, as well as other appropriate equipment.

2. Operating Room Facilities

The surgical facilities at each participating institution in which residents are trained in surgery must include at least one operating room fully equipped for ophthalmic surgery, including an operating microscope.

3. Inpatient Facilities

There must be inpatient facilities with access to sufficient space and beds for good patient care. An eye examination room with a slit lamp should be easily accessible.

4. Library

a. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
   b. Library services should include the electronic retrieval of information from medical databases.
   c. There must be readily available an on-site library or a collection of ophthalmological and general medical texts, journals, films, records and tapes in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

All applicants entering ophthalmology training programs must have taken a postgraduate clinical year (PGY-1) in a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada. The PGY-1 year must be comprised of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, six months of this year must be a broad experience in direct patient care.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

A critical mass or minimum number of residents is essential in order to provide an opportunity for meaningful interaction throughout the training period. Each program must be structured to have a minimum of two residents in each year of training.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
Program Requirements for Residency Education in Ophthalmology

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties.)
   The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic components
1. Instruction in the Basic and Clinical Sciences
   Residents should be educated in basic and clinical sciences through a structured regularly scheduled series of conferences and lectures encompassing a minimum of 360 hours during the

36 month training program, at least 200 of which are intramural.
In addition, a minimum of six hours per month should be devoted to case presentation conferences (e.g., Grand Rounds, Continuous Quality Improvement) attended by several faculty and a majority of residents. The program director or designee is responsible for documenting resident attendance at conferences.

2. Pathology
   In addition to the structured series of lectures and the clinicopathological conferences devoted to ocular pathology, the training experience in this area should include a minimum of 50 hours of laboratory experience in gross and microscopic examination of pathological specimens, including the residents' review of pathological specimens of his/her patients with a pathologist who has demonstrated expertise in ocular pathology. The experience with such a pathologist may take place intramurally or extramurally at a laboratory considered by the Residency Review Committee to be capable of providing such training.

F. Clinical components
The volume and variety of clinical ophthalmological problems in children and adults must be sufficient to afford each resident a graduated supervised experience with the entire spectrum of ocular diseases so that the resident may develop diagnostic, therapeutic, and manual skills and judgment as to their appropriate use.

1. Outpatient experience
   a. Each resident should participate in a minimum of 3,000 outpatient visits in which the resident performs a substantial portion of the examination.
   b. There should be direct faculty supervision of each resident in at least 1,000 outpatient visits. Direct faculty supervision occurs when the faculty is readily available to the resident(s) for consultation or assistance when requested.

2. Surgical Experience
   a. Residents must perform and assist at sufficient surgery to become skilled as comprehensive ophthalmic surgeons.
   That is, each resident must have major technical and patient care responsibilities in the surgery (including laser surgery) of cataract, strabismus, cornea, glaucoma, retina/vitreous, oculoplastic, and trauma to provide an adequate base for a comprehensive ophthalmic practice.
   b. The program director is responsible for documenting the surgical experiences of each resident, to include the number of cases in each category where the resident has served as the primary surgeon or the assistant surgeon. This documentation must be provided to the Residency Review Committee on its Program Information Forms and individual resident logs must be available at the time of the site visit.

3. Systemic Disease Consultation Experience
   Each resident should receive experience in providing inpatient and outpatient consultation during the course of three years of education.

VI. Resident Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised
by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
   d. An objective test mechanism is required annually as a component of evaluating the resident's cognitive ability. While each program may utilize its own test instruments, the Ophthalmic Knowledge Assessment Program (OKAP) examination is an example. However, results of the OKAP examination should not be used as the only criterion of resident performance. An analysis of the results of these tests should guide the faculty in as-
The educational effectiveness of training evaluations by residents. From the program requirements must include an annual written assessment of the residents' confidential written evaluations. This evaluation must include annual written confidential evaluations by residents.

B. Faculty
The performance of the faculty must be evaluated by the program. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Ophthalmology should communicate with the office of the Executive Director of the Board regarding the full requirements for certification to ascertain the current requirements for acceptance as a candidate for certification.

Program Requirements for Graduate Medical Education in Orthopaedic Surgery

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Orthopaedic surgery is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods.

B. Duration and Scope of Education
1. Orthopaedic residencies will be accredited to offer 5 years of graduate medical education. The orthopaedic residency director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in orthopaedic surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to:
   a. develop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
   b. be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases;
   c. gain experience in the care of critically ill surgical and medical patients;
   d. participate in the pre-, intra- and post-operative care of surgical patients; and
   e. develop an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.

2. In order to meet these goals the PGY-1 year must include:
   a. a minimum of six months of structured education in surgery, to include multi-system trauma, plastic surgery/burn care, intensive care, and vascular surgery;
   b. a minimum of one month of structured education in at least three of the following: emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, pediatric surgery or pediatrics, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation; and
   c. a maximum of three months of orthopaedic surgery.

3. The program director is also responsible for the design, implementation, and oversight of PGY-2 through PGY-5 years that:
   a. must include at least 3 years of rotations on orthopaedic services; and
   b. may include rotations on related services such as plastic surgery, physical medicine and rehabilitation, rheumatology, or neurological surgery.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
Program Requirements for Graduate Medical Education in Orthopaedic Surgery

1. One primary site must provide most of the residents' basic science and research education.
   a. Residents' clinical education at the primary site should include extensive experience in patient care. Preoperative evaluation and postoperative follow-up, as well as evaluation and treatment of patients not requiring surgery, must be included.
   b. Basic science education and the principal clinical conferences should be provided at the primary site. Supplemental conferences may also be provided at other locations, but the program's didactic activities should be provided at the program's primary site.

2. The governing body of the sponsoring institution must provide support for the program director in teaching, recruiting staff, selecting residents, assigning residents to an appropriate workload, and dismissing residents whose performance is unsatisfactory and must encourage continuity in the program directorship.

3. In communities where the didactic programs of several residences are combined, the staff of each accredited program must actively and consistently participate in the combined effort.

4. To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

3. Affiliations should be avoided with institutions that are at such a distance from the sponsoring institution as to make resident participation in program conferences and rounds difficult, unless the participating institution provides comparable activities.

4. The program director must have the responsibility and authority to coordinate program activities at all participating institutions and must maintain a file of written descriptions of the educational activities provided at each institution involved in the program.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Programs that have acting directors for more than one year will be subject to review, which may include a site visit.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

   e) Ensuring the provision of adequate facilities, teaching staff, resident staff, teaching beds, educational resource materials, outpatient facilities, and research facilities.

   f) Maintaining a file of current, written institutional and interinstitutional agreements, resident agreements, patient care statistics, the operative experience of individual residents, policies on duty hours and supervision, and regular assessments of resident performance. These documents must be provided on request to the RRC or to the site visitor.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   a) All program must have at least three faculty who devote at least 20 hours each week to the program.
   b) There must be at least one full-time faculty equivalent (one FTE equals 46 hours per week devoted to the residency) for every four residents in the program (excluding residents in nonorthopaedic education).
   c) It is the responsibility of the teaching staff to ensure that the structure and content of the residency reflect an education-to-service ratio that identifies residents as students and...
provide adequate experience in preoperative and postoperative, as well as intraoperative, patient care.

d) The teaching staff must provide direct supervision appropriate to a resident's competence and level of training in all patient care settings, including operative, inpatient, outpatient, and emergency.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Library resources must include current and past orthopaedic journals and reference books that are readily accessible to all residents. The program must provide adequate experience in preoperative and postoperative, as well as intraoperative, patient care.

4. Library services should include the electronic retrieval of information from medical databases.

5. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. Programs are encouraged to recognize the value and importance of recruiting qualified women and minority students.

B. Number of Residents

The RRC will approve the number of residents to be educated in the program and at each level of the program based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. It is important that the resident complement be sufficient in number to sustain an educational environment.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components

a. Basic Medical Sciences

Basic science education must include substantial instruction in anatomy, biomechanics, pathology, and physiology. The basic science program must also include resident education in
Program Requirements for Graduate Medical Education in Orthopaedic Surgery

Embryology, immunology, pharmacology, biochemistry, and microbiology.

1. Instruction in anatomy must include study and dissection of anatomic specimens by the residents and lectures or other formal sessions.

2. Instruction in pathology must include organized instruction in correlation pathway, in which gross and microscopic pathology are related to clinical and roentgenographic findings.

3. Instruction in biomechanics should be presented in seminars or conferences emphasizing principles, terminology, and application to orthopaedics.

4. Organized instruction in the basic medical sciences must be integrated into the daily clinical activities by clearly linking the pathophysiological process and findings to the diagnosis, treatment, and management of clinical disorders.

5. Organized instruction in the appropriate use and interpretation of radiographic and other imaging techniques must be provided for all residents.

b. Related Areas of Instruction

Resident education must include orthopaedic oncology, rehabilitation of neurologic injury and disease, spinal cord injury rehabilitation, orthotics and prosthetics, and the ethics of medical practice.

c. Teaching Rounds and Conferences

Faculty and residents must attend and participate in regularly scheduled and held teaching rounds, lectures, and conferences. Treatment indications, clinical outcomes, complications, morbidity, and mortality must be critically reviewed and discussed on a regular basis. Subjects of mutual interest and the changing practice of medicine should be discussed at interdisciplinary conferences. On average, there must be at least 4 hours of formal teaching activities each week.

2. Clinical Components

a. Clinical Resources

Clinical problems must be of sufficient variety and volume to afford the residents adequate experience in the diagnosis and management of adult and pediatric orthopaedic disorders. The residents' clinical experience must include adult orthopaedics, including joint reconstruction; pediatric orthopaedics, including pediatric trauma; trauma, including multisystem trauma; surgery of the spine, including disk surgery, spinal trauma, and spinal deformities; hand surgery; foot surgery in adults and children; athletic injuries, including arthroscopy; metastatic disease; and orthopaedic rehabilitation, including amputations and postamputation care.

b. Continuity of Care

All residents must have the opportunity to develop competence in the preadmission care, hospital care, operative care, and follow-up care (including rehabilitation) of patients. Opportunities for resident involvement in all aspects of care of the same patient should be maximized.

c. Nonoperative Outpatient Experience

Residents must have adequate experience in nonoperative outpatient diagnosis and care, including all orthopaedic anatomic areas and patients of all age groups. Each week residents must have at least one-half day and should have two-half days of outpatient clinical experience in physician offices or hospital clinics with a minimum of 10 patients per session on all clinical rotations. Residents must be directly supervised by faculty and instructed in pre- and post-operative assessment as well as the operative and non-operative care of general and subspecialty orthopaedic patients. Opportunities for resident involvement in all aspects of outpatient care of the same patient should be maximized.

d. Progressive Responsibility

Residents must have the opportunity to assume increasing responsibility for patient care, under direct faculty supervision (as appropriate for each resident's ability and experience), as they progress through a program. Inpatient and outpatient experience with all age groups is necessary.

e. Basic Motor Skills

Instruction in basic motor skills must include experience in the proper use of surgical instruments and operative techniques. Evaluation of new or experimental techniques and/or materials should be emphasized. The application of basic motor skills must be integrated into daily clinical activities, especially in the operating room.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Resources for scholarly activity by residents must include laboratory space and equipment, computer and data analysis services, statistical consultation services, research conferences, faculty expertise and supervision, support personnel, time, and funding.

2. To develop the abilities to critically evaluate medical literature, research, and other scholarly activity, resident education must include instruction in experimental design, hypothesis testing, and other current research methods, as well as participation in clinical or basic research.

3. Program directors must maintain a current record of research activity by residents and faculty.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

   a. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
   b. Gather essential and accurate information about their patients;
   c. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
   d. Develop and carry out patient management plans;
   e. Counsel and educate patients and their families;
   f. Demonstrate the ability to practice culturally competent medicine;
   g. Use information technology to support patient care decisions and patient education;
   h. Perform competently all medical and invasive procedures considered essential for the area of practice;
   i. Provide health care services aimed at preventing health problems or maintaining health; and
   j. Work with health care professionals, including those from other disciplines, to provide patient-focused care.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care. Residents are expected to:
Program Requirements for Graduate Medical Education in Orthopaedic Surgery

a. demonstrate an investigatory and analytic thinking approach to clinical situations; and
b. know and apply the basic and clinically supportive sciences which are appropriate to orthopaedic surgery.

3 Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Residents are expected to:
   a. analyze practice experience and perform practice-based improvement activities using a systematic methodology;
   b. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
   c. obtain and use information about their own population of patients and the larger population from which their patients are drawn;
   d. apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
   e. use information technology to manage information, access on-line medical information, and support their own education; and
   f. facilitate the learning of students and other health care professionals.

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Residents are expected to:
   a. create and sustain a therapeutic and ethically sound relationship with patients;
   b. use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and
   c. work effectively with others as a member or leader of a healthcare team or other professional group.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Residents are expected to:
   a. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development;
   b. demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
   c. demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities; and
   d. demonstrate sensitivity and responsiveness to fellow health care professionals' culture, age, gender, and disabilities.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
   a. understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society and how these elements of the system affect their own practice;
   b. know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources;
   c. practice cost-effective health care and resources allocation that does not compromise quality of care;
   d. advocate for quality patient care and assist patients in dealing with system complexities; and
   e. know how to partner with health care managers and healthcare procedures to assess, coordinate, and improve health care and know how these activities can affect system performance.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. Program graduates should take both Part I and Part II of the American Board of Orthopaedic Surgery examinations and at least 75% of those who take the exams for the first time should pass.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.
Program Requirements for Graduate Medical Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty

Adult reconstructive orthopaedics is a subspecialty of orthopaedic surgery that includes the in-depth study, prevention, and reconstructive treatment of musculoskeletal diseases, disorders, and sequelae of injuries by medical, physical, and surgical methods in patients 17 years and older. An educational program in adult reconstructive orthopaedics may include the care of arthritis and related disorders in many anatomic regions or be limited to areas such as the hip, knee, shoulder, elbow, or ankle and foot.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site direc-
Program Requirements for Graduate Medical Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite speciality expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

3. Facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment, implants, and instrumentation for reconstructive surgery.

4. There should be broad support from other clinical specialties, including radiology, laboratory medicine, rheumatology, gerontology, infectious disease, pathology, and rehabilitation.

5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.

7. Library services should include the electronic retrieval of information from medical databases.

8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.
D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
1. Didactic components
   a. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   b. The educational curriculum must include opportunities for fellows to study anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, epidemiology, and immunology as they relate to adult reconstructive orthopaedics.
   c. The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.
2. Clinical components
   a. The clinical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
   b. The program must offer supervised training in the operative and other technical skills integral to adult reconstructive orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
   c. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
   d. Clinical experience must include opportunities to observe and to manage patients with a variety of problems involving orthopaedic reconstruction on both an inpatient and outpatient basis, and the breadth of patient experience should include the evaluation and care of individuals through a wide range of ages, both sexes, and involve acute, subacute, and chronic conditions.
   e. The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues; the pathogenesis of these disorders; the treatment modalities available for managing these disorders; and the results and complications of such treatment. Fellows must assume a major role in the continuing care of patients and have progressive responsibility in patient assessment, preoperative evaluation, operative experience, and postoperative management and rehabilitation.
   f. The fellow must keep a record of the diagnosis and procedure for each operation in which he or she is an operating surgeon or first assistant. This record must be kept on file and available for review.
   g. Reconstructive principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are desirable include but are not limited to the following:
      (1) The basic sciences related to adult reconstructive orthopaedics.
      (2) The natural history of joint diseases.
      (3) Prudent use of diagnostic laboratory tests.
      (4) Interpretation of the radiographic and various imaging modality examination of the musculoskeletal system with an appreciation of the risk and information expected of the procedures.
      (5) Development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, and rheumatologic disorders.
      (6) Development of operative skills in reconstructive orthopaedics, including soft-tissue procedures, osteotomy, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty.
      (8) Assessment of the effectiveness of treatment methods, including outcome studies.
      (9) Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of adult reconstructive orthopaedics.
      (10) Acquisition of teaching skills in adult reconstructive orthopaedics.

C. Fellows Scholarly Activities
1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

**B. Duty Hours**

1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

**C. On-call Activities**
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**D. Moonlighting**

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

**E. Oversight**

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

**F. Duty Hours Exceptions**

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on sound educational rationale. Prior permission of the institution's GMEC, however, is required.

**VII. Evaluation**

**A. Fellow**

1. Formative Evaluation
   The faculty must evaluate the fellow's performance in a timely manner as they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least annual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

**B. Faculty**

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly
activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Graduate Medical Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

Common Program Requirements appear in bold.
Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of Subspecialty
Foot and ankle orthopaedics is a subspecialty of orthopaedic surgery which includes the in-depth study, prevention, and treatment of musculoskeletal diseases, disorders, and sequelae of injuries in this anatomic region by medical, physical, and surgical methods.

B. Duration and Scope of Education
Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions
A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
1. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions which sponsor accredited residency programs in orthopaedic surgery, or which are affiliated with an orthopaedic surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME). Requests for exceptions to this policy will be reviewed on a case-by-case basis.
2. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
3. There must be close monitoring of the relationship between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
4. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program, and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.
III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Adequate facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must be adequately equipped for reconstructive surgery.

2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow, without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

3. There should be broad support from other clinical subspecialties, including radiology, pathology, rheumatology, endocrinology, laboratory medicine, infectious disease, rehabilitation, and prosthetics and orthotics.

4. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

5. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
Program Requirements for Graduate Medical Education in Foot and Ankle Orthopaedics (Orthopaedic Surgery)

6. Library services should include the electronic retrieval of information from medical databases.
7. There must be access at each institution participating in the program to an on-site library or to a collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must provide sufficiently-advanced education to allow the fellow to acquire special expertise in foot and ankle orthopaedics. This education must consist of academic and technical components. The academic component must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of foot and ankle orthopaedics.

1. Didactic Components
a) The educational curriculum must include the study of anatomy, physiology, biomechanics and gait, pathology, microbiology, pharmacology, and immunology as they relate to foot and ankle orthopaedics.
b) The program must have regularly-held and regularly-attended subspecialty conferences, including at least one weekly teaching conference and one monthly morbidity-mortality conference, with active faculty and fellow participation. A monthly journal club covering appropriate topics in foot and ankle surgery should be held.

2. Clinical Components
a) Clinical experience must include opportunities to observe and to manage patients with a variety of problems involving orthopaedic repair of the foot and ankle on both an inpatient and an outpatient basis. The breadth of patient experience should include the evaluation and care of individuals through a wide range of ages and both sexes, and should involve acute, subacute, and chronic conditions.
b) The program must provide fellows with experience in the orthopaedic management and appropriate referral for the care of related disorders (e.g., rheumatoid arthritis, neuromuscular disorders, and diabetes), as well as those disorders of the leg that may directly or indirectly affect the foot and ankle (e.g., compartment syndrome, neuromuscular disease, malalignment of the leg, bone instability).
c) Programs must provide supervised training in operative and other technical skills integral to foot and ankle orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly-performed procedures in foot and ankle orthopaedics.
d) The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues of the foot and ankle. The pathogenesis of these disorders, the treatment modalities available, and the results and complications of such treatment should be emphasized.
e) Fellows must assume a major role in the continuing care of patients, and have progressive responsibility for patient assessment, decisions regarding treatment, preoperative evaluation, operative experience, nonoperative management, postoperative management, rehabilitation, long-term follow-up, and other outpatient care.
f) Fellows must have the opportunity to provide consultation with faculty supervision, and should have clearly-defined educational responsibilities for fellows, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of foot and ankle orthopaedics.
g) Fellows must keep a record of the diagnosis and procedure for each operation for which they are an operating room surgeon or first assistant. This record must be kept on file and available for review.
h) The program must provide sufficient education to permit fellows to develop clinical competence in the field of foot and ankle orthopaedics. Examples of knowledge and skills that are essential include but are not limited to:
   (1) the basic sciences related to foot and ankle orthopaedics;
   (2) the natural history of disease and disorders of the foot and ankle, including an understanding of the deformed, injured, or diseased pediatric foot;
   (3) the prudent use of diagnostic laboratory tests;
   (4) the interpretation of the radiographic examination of the musculoskeletal system, particularly the foot and ankle, with an understanding of the risk and information expected of these procedures;
(5) the development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, neurologic, and rheumatologic disorders;

(6) an understanding of the importance of the timing of orthopaedic procedures in the overall context of foot and ankle injuries;

(7) the methods of prevention and treatment for the management of bony and soft-tissue injuries of the foot and ankle, including the indications for various types of internal and external fixation devices and their applications to foot and ankle trauma;

(8) the development of operative skills in reconstructive orthopaedics, such as soft-tissue procedures, osteotomies, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty;

(9) an understanding of the dysvascular and neurologically impaired foot, including the neuropathic foot, and the indications for various amputation procedures of the foot and ankle;

(10) the recognition and management of complications of treatment;

(11) the assessment of the efficacy of treatment methods;

(12) a sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of foot and ankle orthopaedics;

(13) recuperative and rehabilitation techniques, including the use of physical and occupational therapy designed to return the patient to normal activities and work;

(14) an understanding of prosthetics and orthotics pertaining to disorders of the foot, gait, and amputation;

(15) the development of teaching skills, lecture techniques, and instructional materials in foot and ankle orthopaedics.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

1. Fellows must participate in basic and/or clinical hypothesis-based research.

2. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.

3. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

Program Requirements for Residency Education in Hand Surgery (Orthopaedic Surgery)

1. Introduction
A. Definition of the Specialty
   Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.
B. Scope of Education
1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization

A. Sponsoring Institution
The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions
1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents
1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A single program director must be responsible for the program.
1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
   e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.
2. Responsibilities of the program director
   a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
   b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
   c. Select and supervise the faculty and other program personnel at each participating institution.
   d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   e. Regularly evaluate residents’ knowledge, skills, and overall performance. The program director, with participation of the faculty, must
      1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.
   f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
   h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.
i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.

j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.

k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.

l. Advise applicants of the prerequisite requirements of the appropriate specialty board.

m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.

n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including:
   1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair; and
   2. changes in administrative structure that affect the status of the parent department in the institution.

o. Obtain prior RRC approval for the following changes in the program:
   1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
   2. any change in the approved resident complement of the program; and
   3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include:

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.

2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities

1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design

1. The program director and faculty must prepare and implement written educational goals for the program.

2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component

1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, mi-
craniology, adjunctive oncolical therapy, biomechanics, rehabilitation, and surgical instrumentation.

2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.

3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.

4. Residents should be provided with graduated and progressive patient management responsibility.

5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
   a. Skin repair, including grafts and flaps, multiple tissue flaps, free microsurgical tissue transfers, and insertion of tissue expanders
   b. Finger injuries
   c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
   d. Tendon transfer and tendon balancing
   e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
   f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
   g. Bone grafts
   h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
   i. Pollicization or ray transfer
   j. Foot to hand transfer
   k. Tumors, benign and malignant
   l. Dupuytren's contracture
   m. Replantation, revascularization
   n. Amputations
   o. Fasciotomy, deep incision and drainage for infection, and wound débridement
   p. Congenital deformities, including syndactyly and others
   q. Management of upper extremity vascular disorders and insufficiencies
   r. Foreign body, implant removal
   s. Thermal injuries
   t. Arthroscopy
   u. Upper extremity pain medicine

C. Didactic Components
1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.l of these Program Requirements for Residency Education in Hand Surgery.

2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery.

   Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.

3. A list of the conferences should be maintained and available for review at the time of the site visit.

4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.

5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.

6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.

7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision
1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.

2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.

3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours
1. It is desirable that residents' work schedules be designed so that, on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.

2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in nonelective activities that can be discharged properly by other personnel.

4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents
1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.

2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.

3. If such residents so appointed willing, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation
A. Resident Evaluation
The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
B. Faculty Evaluation
1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation
1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification
Residents who plan to seek hand surgery certification as administered by the American Board of Orthopaedic Surgery should communicate with the executive director of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998

Program Requirements for Graduate Medical Education in Musculoskeletal Oncology (Orthopaedic Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of Subspecialty
Musculoskeletal oncology is the component of orthopaedic surgery that is focused on the diagnosis and treatment of children and adults with benign and malignant tumors of bone and connective soft tissues. The field also includes the diagnosis, treatment, and palliative care of patients with metastatic carcinoma to the skeleton. Musculoskeletal oncologists work in concert with experts from musculoskeletal radiology, pathology, medical and pediatric oncology, radiotherapy, and surgery to care for patients with sarcomas of bone and soft tissue.

B. Duration and Scope of Education
Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
1. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions which sponsor accredited residency programs in orthopaedic surgery or which are affiliated with an orthopaedic surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME). Requests for exceptions to this policy will be reviewed on a case-by-case basis.
2. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
3. There must be close monitoring of the relationship between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
4. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the
program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must ensure the implementation of the scholarship of discovery, as evidenced by peer-reviewed publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include: (1) the addition or deletion of a participating institution; (2) a change in the format of the educational program; (3) a change in the approved fellow complement for those specialties that approve fellow complement.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in the specialty.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

2. There should be broad support from other clinical specialties, including diagnostic and therapeutic radiology, pediatrics, nuclear medicine, pathology, psychiatry, surgery and its subspecialties, and medical oncology. Support of oncologic nursing, rehabilitation, nutrition, dietetic counseling, and social services, as well as physical and occupational rehabilitation is desirable.

3. Modern facilities to accomplish the overall educational program must be available and functioning. These include inpatient ambulatory care and laboratory resources. Specifically, there should be advanced pathology services, including electron microscopy and immunopathology; resources for nuclear medical imaging, magnetic resonance imaging, musculoskeletal angiography, computed tomography, and sufficient facilities for qualitative correlative studies.

4. The fellow must have day-to-day access to pathologists and to radiologists with recognized expertise in musculoskeletal pathology and radiology.

5. On-site radiation and medical oncology facilities and a modern diagnostic radiologic service are necessary.

6. It is desirable that there be other clinical subspecialties of orthopaedic surgery and general surgery to which the orthopaedic
Program Requirements for Graduate Medical Education in Musculoskeletal Oncology (Orthopaedic Surgery)

oncology fellow may relate formally, as well as special facilities for musculoskeletal pathology.
7. There must be a minimum of 300 new patients per fellow of benign and malignant bone and soft-tissue tumors with an appropriate mix of primary and metastatic lesions to afford the fellow adequate educational experience in musculoskeletal oncology. This experience must include the care of both inpatients and outpatients.
8. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
9. Library resources must include current and past orthopaedic periodicals and reference books which are readily accessible to all orthopaedic fellows in the program.
10. Library services should include the electronic retrieval of information from medical databases.
11. There must be access at each institution participating in the program to an on-site library or to a collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must provide training to develop clinical competence in the overall field of musculoskeletal oncology. Examples of knowledge and skill that are desirable include, but are not limited to, the following:
- The natural history of musculoskeletal neoplasia.
- A knowledge and understanding of musculoskeletal surgical pathology and diagnostic radiology.
- The management of treatment protocols.
- A knowledge of the indications for and limitations of surgery, radiation therapy, and chemotherapy in the treatment of musculoskeletal neoplasms.
- A knowledge of the methodology and techniques to perform creditable clinical and/or basic research in musculoskeletal oncology, to include epidemiology and statistics and design of clinical trials.
- The acquisition of teaching skills in musculoskeletal pathology and oncology.

1. Didactic Components
   a) The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   b) The educational program must be based on a core curriculum that ensures appropriate instruction in the basic concepts of oncogenesis and molecular oncology, adult and pediatric oncology, immunology, and radiation oncology.
   c) There should be a weekly multi-disciplinary tumor conference involving pathologists and radiologists, as well as radiation, medical, and pediatric oncologists.
   d) Fellows and faculty must participate in a journal club which reviews current literature in medical, pediatric, and radiation oncology on at least a monthly basis.

2. Clinical Components
   a) The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
   b) The program must offer supervised training in operative and other technical skills integral to musculoskeletal oncology. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly-performed procedures in the subspecialty.
   c) Fellows must have the opportunity to provide consultation with faculty supervision, and should have clearly-defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
   d) Clinical experience must include opportunities to observe and manage patients with a wide variety of clinical orthopaedic oncologic problems on both an inpatient and outpatient basis.
   e) The fellow must be given an opportunity to assume continuing responsibility for both acutely- and chronically-ill patients in order to learn the natural history of musculoskeletal neoplasia as well as the effectiveness of therapeutic programs. Fellow education must provide sufficient opportunity for independent clinical decision-making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.
C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
1. Fellows must participate in basic and/or clinical hypothesis-based research.
2. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
3. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and im-
The educational effectiveness of a program must be evaluated at least annually in a systematic manner. b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow. c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows’ competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow’s performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow’s permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.
the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.
   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.
C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.
D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. Facilities to accomplish the clinical and educational objectives of the specialty must be available and functioning for both inpatients and outpatients.
   a. The physical therapy and the athletic training departments must be completely equipped with the modern therapeutic modalities used in the treatment of the injured athlete.
   b. The operating room facilities must contain modern equipment, including arthroscopes, adjunctive equipment for arthroscopy, and necessary imaging equipment.
4. The educational program must be conducted in a setting that will allow interaction with the disciplines of radiology, physical therapy, internal medicine and such other specialties ordinarily encountered in sports medicine.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.
8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components
   a. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   b. All fellows must participate in didactic sessions devoted to the basic sciences, including anatomy, biomechanics, and biology of healing.
   c. Instruction should also be provided in sports medicine issues in the areas of cardiology, dermatology, pulmonology, preventive medicine, pediatric and adolescent medicine, exercise physiology, environmental exposure, athletic populations, team physicians, and protective equipment (including braces).

2. Clinical components
   a. The clinical component must be designed to ensure that fellows become competent in the evaluation (history, physical examination, and imaging) and management (both operative and non-operative) of patients with sports injuries or conditions.
   b. The program must offer supervised training in the operative and other technical skills integral to orthopaedic sports medicine. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
   c. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
   d. Clinical experience must include inpatient and outpatient opportunities to observe, manage, operate and follow patients with a wide variety of sports medicine problems.
   e. The program must be structured to provide the fellow with an opportunity to assume continuing responsibility with appropriate supervision for patients with acute and chronic injuries and to observe the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome. Fellow education must provide sufficient opportunity for independent clinical decision making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.
   f. The program should provide the fellow with the opportunity to work with athletic teams and/or athletic organizations.
g. The program must emphasize the pathology and biomechanics of athletic injuries and the effects of injury on the athlete, including both physical and psychological manifestations. Appropriate utilization of laboratory tests, physical modalities, and operative procedures for the diagnosis and treatment of athletic injuries must be stressed.

h. The program must provide the fellow with specific experience with athletic trainers and physical therapists and with related experience in writing appropriate prescriptions and in monitoring patient progress.

i. The program must provide sufficient opportunity for the fellow to gain knowledge and skill in a number of areas that include, but are not limited to:
1. Taking a history and performing an appropriate physical examination for orthopaedic sports injuries.
2. Exposure to patients with typical histories and physical findings of chronic orthopaedic sports injuries and the management of those injuries.
3. Differentiating between those sports injuries that require immediate surgical treatment and those that can be treated nonoperatively.
4. Recognizing those sports injuries for which a minor delay in treatment would not be deleterious to the patient.
5. Acute care of orthopaedic and other acute sports medicine injuries that may occur during athletic competition and how to deal with those injuries on the athletic field.
6. How to order and interpret radiologic examinations that are used for diagnosis of sports injuries, including specific views, tomograms, bone scans, arthrograms, computerized axial tomography scans, and magnetic resonance imaging.
7. Therapeutic modalities offered in the department of physical therapy, how to use them, and how to judge the appropriateness and efficacy of a treatment plan.
8. Diagnostic and operative arthroscopy.
9. Nonorthopaedic problems that occur in sports medicine and how to deal with those problems or how to refer them appropriately.
10. The psychological effect of injuries on athletes and how to deal with them personally and how to select consultants to assist in their management.
11. Sports equipment, particularly protective devices intended to allow the athlete to continue to compete, including helmets, protective pads, knee braces, foot orthotics, and others not specifically named.

C. Fellows Scholarly Activities
1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make schedul-
ing adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Orthopaedic Surgery should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 2001 Effective: July 2002 Editorial Revision: June 2004
Program Requirements for Graduate Medical Education in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty
Orthopaedic surgery of the spine is the component of orthopaedic surgery that is focused on the study and prevention of spinal column diseases, disorders, and injuries and their treatment by medical, physical, and surgical methods.

B. Duration and scope of education
Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution
1. There must be a single program director responsible for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
6. Institutions sponsoring programs in orthopaedic surgery of the spine should also have an ACGME-accredited residency in neurological surgery. The educational program must involve close cooperation with neurological surgery and should maintain close collegial relationships with related clinical specialties including, but not limited to, physical medicine and rehabilitation, neurology, radiology, pathology, laboratory medicine, anesthesiology, and infectious disease. Exceptions to this standard will be considered on a case-by-case basis and will require justification based on sound educational principles, as well as demonstration of substantial compliance with the intent of this requirement.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site direc-
Program Requirements for Graduate Medical Education in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program. All programs must have at least two physicians with experience or qualifications in spine surgery on the teaching staff who have significant responsibility for the supervision and instruction of all fellows during the 12 months of accredited education.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as follows:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Facilities and equipment to support the overall educational program must be readily available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment for surgery of the spine.

3. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

4. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.

5. Library services should include the electronic retrieval of information from medical databases.

6. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.
V. Program Curriculum

A. Program Design

1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

2. Fellows must have the opportunity to develop advanced competence in the field of orthopaedic surgery of the spine. Principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are essential include but are not limited to:
   a. The basic sciences related to the musculoskeletal system.
   b. The natural history of spinal degeneration.
   c. The ability to assess clinically the neurologic function of the spinal cord and nerve roots.
   d. Prudent use of diagnostic laboratory tests (including electrophysiologic monitoring).
   e. Indications for and interpretation of imaging studies of the spine, including an appreciation of the risk and information expected of the procedures.
   f. Development of a treatment plan to manage patients with traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine.
   g. Development of operative skills for the management of patients with orthopaedic disorders of the spine.
   h. Recognition and management of complications of treatment (including appropriate consultations with subspecialists).
   i. Assessment of the effectiveness of diagnostic and treatment methods.
   j. Familiarity with currently used research methods.
   k. Acquisition of teaching skills in evaluation and care of spinal problems.

3. Didactic components
   a. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   b. The educational curriculum must include anatomy, physiology, biomechanics, microbiology, pathology, and other sciences as they relate to orthopaedic surgery of the spine.
   c. The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.

4. Clinical components
   a. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
   b. The program must offer supervised training in the operative and other technical skills integral to orthopaedic surgery of the spine. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

   c. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

   d. The fellows' clinical experience must include opportunities to observe and manage patients on both an inpatient and an outpatient basis as well as for the evaluation and care of individuals through a wide range of ages and of both sexes, and with a wide variety of problems in various spinal regions.

   e. The program must emphasize the diagnosis of clinical disorders of the spine, the pathogenesis of these disorders, the operative and nonoperative treatment modalities available for managing these disorders, and the results and complications of such treatment.

   f. The educational program will not include experience in the treatment of intradural pathology. When spinal disease or injury and neurological deficit coexist, the educational program will ensure appropriate interdisciplinary cooperation with neurological surgery and rehabilitation medicine. The program structure must ensure that the fellow plays a major role and has progressive responsibility in the assessment, preoperative evaluation, surgical care, and postoperative management and rehabilitation of patients. There must be an opportunity for continuing evaluation of treated patients.

   g. Fellows must maintain a record of the diagnosis and procedure for each operation in which they are an operating surgeon or first assistant. This record must be kept on file and available for review by the RRC and its site visitors.

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

2. Fellows must participate in basic and/or clinical hypothesis-based research.

3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.

4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. Da-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available on-site.
1. In-house call must occur no more frequently than every third day, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.
C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

ACGME: June 2002 Effective: July 2003
Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Orthopaedic Trauma (Orthopaedic Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty
Orthopaedic trauma is a subspecialty of orthopaedic surgery that includes the in-depth study and treatment of injuries to the locomotor system and their sequelae.

B. Duration and scope of education
Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.

4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Modern facilities to support the overall educational program must be available and functioning. The primary hospital in which the fellow works must be a Level I or II trauma center or equivalent with 24-hour full services, acute and emergency surgery, and at least 200 operative orthopaedic trauma cases each year. It must have a modern operating room facility, image intensification, compatible fracture table, orthopaedic implants in stock, and, ideally, a special room dedicated to acute and emergency surgery.

3. There must be access to records and x-rays of orthopaedic trauma cases for at least 5 years following patient discharge via computerized or other efficient coding system. Photographic records and photography support should be readily available.

4. There must be broad support and cooperation from other clinical services, particularly emergency medicine, general surgery, neurosurgery, anesthesia, intensive care, rehabilitation services, and radiology (including CT and angiography available on an emergency basis). Plastic surgery, urology, otorhinolaryngology, ophthalmology, and pulmonary medical specialists should also be available to provide emergency consultation.

5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.

7. Library services should include the electronic retrieval of information from medical databases.
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Program Requirements for Graduate Medical Education in Orthopaedic Trauma (Orthopaedic Surgery)

8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

2. The fellowship program must permit fellows to develop advanced competence in the field of orthopaedic trauma, and in resuscitation as applied to the patient with polytrauma. Examples of knowledge and skills that are desirable include, but are not limited to, the following:
   a. The basic sciences related to orthopaedic trauma.
   b. An understanding of the integration of the orthopaedic traumatologist in a trauma team and an appreciation of the importance of the timing of orthopaedic procedures in the overall care of the severely injured patient.
   c. Indications for various types of internal and external fixation devices and their applications in multiple trauma situations both in the axial and appendicular skeletons.
   d. Treatment protocols for severe soft tissue injuries, including compartment syndrome and secondary organ failures in polytrauma.
   e. Indications for early or immediate amputation rather than salvage attempts in severely injured limbs.
   f. Diagnosis and management of complications of musculoskeletal trauma.
   g. Pathophysiology of severe musculoskeletal trauma and secondary organ failure.
   h. Psychiatric and psychological implications of severe musculoskeletal trauma for the patient and family members.
   i. Recuperative and rehabilitation techniques and use of physical and occupational therapy designed to return the patient to normal activities and work.
   j. Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of musculoskeletal trauma.
   k. Teaching skills and lecture techniques and materials in orthopaedic traumatology.

2. Clinical components
   a. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
   b. The program must offer supervised training in the operative and other technical skills integral to orthopaedic trauma. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
   c. Clinical experience must include opportunities to observe and to manage patients with a wide variety of problems in orthopaedic trauma, and the breadth of patient experience should include the evaluation and care of individuals of a wide range of ages and both sexes. Generally, care of these patients involves several specialties and a cooperative effort in trauma centers.
   d. The program must emphasize the diagnosis of clinical orthopaedic trauma problems, the mechanism of injury, the treat-
ment modalities available, and the results and complications of such treatment. Fellows must have the opportunity to assume a major role in the continuity of care of patients and have progressive responsibility for patient assessment, preoperative planning, operative experience, postoperative intensive care, other postoperative management, rehabilitation, and other outpatient care of patients.

e. The fellow must keep a record of the diagnosis and procedure for each operation in which he/she is an operating surgeon or first assistant. This must be kept on file and available for review.

C. Fellows Scholarly Activities
1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.
VII. Evaluation

A. Fellow

1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certifying examination should be used as one measure of evaluating program effectiveness.
   3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

ACGME: June 2001 Effective: July 2002
Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Pediatric Orthopaedics (Orthopaedic Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty
   Pediatric Orthopaedics is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods in patients aged 16 years and younger.

B. Duration and scope of education
   Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution
   1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
   2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
   3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
   (1) the addition or deletion of a participating institution;
   (2) a change in the format of the educational program;
   (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. Inpatient, ambulatory care, and laboratory facilities must be available and functioning.
4. The program must be conducted in a setting in which comprehensive surgical, medical, and pediatric consultation services are available.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.
8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must include a didactic program, non-operative experience, and an operative experience emphasizing continuity of care in pediatric orthopaedics trauma (acute and reconstructive), metabolic and genetic conditions, tumors, neuromuscular conditions, spinal conditions, hip conditions, foot and ankle conditions, amputations and prosthetics, hand surgery, athletic injuries, and general pediatric orthopaedics.

1. Didactic components
   The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.

2. Clinical components
   A. The program must offer supervised training in the operative and other technical skills integral to pediatric orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
   B. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
   C. The fellows' clinical experience should include observation and treatment of both in-patients and out-patients with a wide variety of orthopaedic disorders.
   D. Fellows must have the opportunity to assume continuous responsibility for both acutely and chronically ill patients so as to learn the natural history of pediatric orthopaedic disorders as well as the effectiveness of treatment programs and the impact of growth on these disorders.
   E. The program should emphasize normal physiologic mechanisms and the pathogenesis and complications of pediatric orthopaedic disorders.
   F. Utilization of appropriate laboratory procedures and allied medical personnel should be stressed.
   G. The knowledge and skills the program must cover include, but are not limited to:
      1. Prudent and judicious use of diagnostic tests;
      2. Use of data resources and the need for and interpretation of data;
      3. Interpretation of radiologic examination of the musculoskeletal system including vascular studies and the modalities of nuclear medicine (and other advanced techniques) with an appreciation of the risk and expected yield of the procedures;
4. understanding of the role of physical and occupational therapists, and of orthotists and prosthetists in the rehabilitation and ongoing management of pediatric orthopaedic disorders; and
5. performance of pediatric orthopaedic surgical procedures.

C. Fellows Scholarly Activities
1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows’ time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demon
strate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation
   Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

ACGME: June 2001   Effective: July 2002
Editorial Revision: June 2004
Program Requirements for Residency Education in Otolaryngology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Residency programs in otolaryngology-head and neck surgery are designed to provide residents with education in the comprehensive evaluation and medical and surgical management of patients of all ages with diseases and disorders that affect the ears, upper respiratory and upper alimentary systems and related structures, and the head and neck. The educational program should include the core knowledge, skills, and understanding of the basic medical sciences relevant to the head and neck, and the upper respiratory and upper alimentary systems; the communication sciences, including the knowledge of audiology, speech pathology, rehabilitation, and the vestibular system; and the chemical senses, otolaryngic allergy, endocrinology, and neurology as they relate to the head and neck area. The educational program also should include the clinical aspects of the diagnosis, medical and/or surgical therapy, and the prevention of and rehabilitation from diseases, neoplasms, deformities, disorders and/or injuries of the ears, upper respiratory and upper alimentary systems, the face, the jaws, and other head and neck systems; head and neck oncology; and facial plastic and reconstructive surgery.

B. Duration and Scope of Education
1. Residency programs in otolaryngology-head and neck surgery must be of 5 years' duration, with at least 9 months of basic surgical, emergency and critical care, and anesthesia training within the first year, thereafter including at least 51 months of progressive education in the specialty. The final year of the specialty education must be a chief resident experience, and must be spent within institutions approved as part of the program.

2. The otolaryngology program director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in otolaryngology-head and neck surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to:
   a) develop the knowledge and skills needed to assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
   b) demonstrate the ability to care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, and peripheral vascular and thoracic injuries;
   c) demonstrate the ability to care for critically-ill surgical and medical patients in the intensive care unit and emergency room settings;
   d) participate in the pre-, intra-, and post-operative care of surgical patients;
   e) and understand surgical anesthesia in hospital and ambulatory care settings, including anesthetic risks and the management of intra-operative anesthetic complications.

3. In order to meet these goals, the PGY-1 year should include (in no required order):
   a) a minimum of 5 months of structured education in at least 3 of the following: general surgery, thoracic surgery, vascular surgery, pediatric surgery, plastic surgery, surgical oncology.
   b) 1 month of structured education in each of the following 4 clinical areas: emergency medicine, critical care unit (intensive care unit, trauma unit or similar), anesthesiology, neurosurgery.

An additional maximum of 3 months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year may be taken on the clinical services listed in 3 a) or 3 b) below.

4. The program director is also responsible for the design, implementation, and oversight of years PGY-2 through PGY-5, each of which should include:
   a) at least 5 years of rotations on otolaryngology-head and neck surgery and clinical services;
   b) a structured research experience, with instruction in research methods and design that includes outcomes assessment.

The program may further include rotations on related services such as neuroradiology, surgical pathology of the head and neck, audiology and vestibular assessment, speech pathology and rehabilitation, radiation oncology, pulmonary medicine, allergy/immunology, and oral and maxillo-facial surgery.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution must provide sufficient faculty, financial resources, support space, clinical and research facilities, and library materials to meet the educational needs of the residents, and to enable the program to comply with the requirements for accreditation. The governing body of the sponsoring institution must grant the program director sufficient authority, financial support, and access to facilities to organize and supervise the following activities:
   - the selection and evaluation of residents;
   - didactic and clinical instruction, including patient management and scholarly activity;
   - and the recruitment and evaluation of staff. There must, additionally, be sufficient operative time available to ensure adequate surgical experience for residents.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

3. In programs involving 2 or more hospitals, the sponsoring institution must organize the program in such a way to provide residents with a progressive educational experience.
4. Each participating institution must offer significant educational opportunities to the program. Resident education at each participating institution must comply with the Program Requirements for Otolaryngology. Assignments that dilute the education of residents, or that do not provide proper supervision and coordination of educational activities, should not be established or maintained.

5. There must be a qualified otolaryngologist-head and neck surgeon appointed by and responsible to the program director in each geographically separate institution. This individual must be responsible for the education of the residents, and supervise the educational activities of other faculty as they relate to resident education in that institution. The program director at each participating institution must have major clinical responsibilities at that institution.

6. The educational program may not include assignments to any non-approved participating institutions for more that a total of 3 months without prior approval of the Residency Review Committee (RRC).

C. Facilities and Resources
There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff, pertinent library materials and current information technology readily available for clinical care, as well as diagnostic, therapeutic, and research facilities.

1. Within each institution, beds sufficient for the needs of the service must be provided.

2. Residents must have access to outpatient facilities, clinics, and office space for education in the regular preoperative evaluation and postoperative follow-up of cases for which the resident has responsibility.

3. Technologically-current equipment considered necessary for diagnosis and treatment must be available.

4. A patient information system that facilitates both quality patient care and education must be available. It should be maintained to ensure easy and prompt access at all times, and be organized to permit the collection and evaluation of selected material from clinical records for investigative and review purposes.

5. Residents should be provided with adequate office, sleeping, lounge, and food facilities during assigned duty hours. Adequate clerical support services also must be provided.

6. Library

a) Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with institutions located conveniently nearby.

b) Library services should include the electronic retrieval of information from medical databases.

c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b) The program director must be certified in the specialty by the American Board of Otolaryngology, or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

   (1) the addition or deletion of a participating institution;
   (2) a change in the format of the educational program;
   (3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. It is desirable that, in addition to the program director, there be at least two other members of the faculty with qualifications similar to those of the program director.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

The faculty is responsible for ensuring that the structure and content of the residency program reflect an appropriate educational-to-service ratio. The resident should be recognized as a student, and should be provided with sufficient experience in nonoperative management and preoperative, intraoperative, and postoperative care of patients with otolaryngologic disorders. This responsibility must include on-site supervision of the resident in operative, inpatient, outpatient, and emergency cases, as
3. Qualifications of the physician faculty are as follows:
a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Otolaryngology or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Programs may not graduate more residents in any given year than the number of residents approved by the RRC, except in cases where a resident's educational program is extended because the program director has determined the need of additional education to meet minimum requirements for competency. The program director must request approval in writing from the RRC to extend a resident's educational program. Any increase in the number of residents in any year of the program, or in the total number of residents, must receive the prior approval of the RRC. Any such request for change in the approved resident complement must include a strong educational rationale.

2. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC. Violations of these requirements will result in an adverse accreditation action.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. This statement must be distributed to residents and faculty, and reviewed with residents prior to the assignment.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

The program must, further, have a comprehensive, well-organized, and effective curriculum, including the cyclical presentation of core specialty knowledge supplemented by the addition of current information. There must be evidence that the teaching is conducted in a variety of educational settings—such as clinics, classrooms, operating rooms, bedside, and laboratories—employing accepted educational principles.

1. Basic Science

There must be a structured educational experience in basic science. Ordinarily, this should be provided within the participating institutions of the residency program. Any program that provides the requisite basic science experience outside the approved participating institutions must demonstrate that the educational experience provided meets these designated criteria. Faculty must participate in basic science education, resident attendance must
be monitored, education must be evaluated, and content must be integrated into the educational program.

The broad scope of the specialty of otolaryngology-head and neck surgery requires that the program provide basic science, medical, and surgical education in the following areas:

a) Basic sciences, as relevant to the head and neck and upper aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, cell biology, immunology, the communication sciences (including a knowledge of audiology and speech-language pathology and the voice sciences as they relate to laryngology), as well as the chemical senses, endocrinology, and neurology as they relate to the head and neck.

Basic science education should include instruction in anatomy, biochemistry, cell biology, embryology, immunology, molecular genetics, pathology, pharmacology, physiology, and other basic sciences related to the head and neck.

b) Sufficient resources—including space, equipment, personnel—and funding for instruction and study of the basic sciences should be available to permit satisfactory correlation between basic science knowledge and clinical application.

c) Communication sciences as they relate to otology and laryngology, including audiology, speech-language pathology, and voice science.

d) Resident instruction in anatomy should include the study and dissection of cadaver anatomic specimens, including the temporal bone, with appropriate lectures and other formal sessions.

e) Resident instruction in pathology should include formal instruction in correlative pathology in which gross and microscopic pathology relating to the head and neck area are included. The resident should study and discuss with the pathology service tissues removed at operations and autopsy material. It is desirable to have residents assigned to the Department of Pathology.

f) Ethical, socioeconomic, and medico-legal issues that affect the provision of quality and cost-effective care and the utilization of resources within the health care system; the provision of quality and cost-effective otolaryngology care within the context of the health care system; and the use of the resources of that health care system, other medical specialists, information technology, continuing medical education, and the ongoing analysis of clinical outcomes to assure such care.

2. Clinical Conferences

Clinical conferences must be held regularly, and should be attended by all residents and faculty. Grand rounds, mortality and morbidity conferences, tumor conferences, and conferences on other pertinent topics must be included in the educational program. Interdisciplinary conferences are also encouraged.

D. Clinical Components

1. Clinical Experiences

a) Diagnosis and diagnostic methods, including audiologic, vestibular, and vocal function testing; biopsy and fine needle aspiration techniques; and other clinical and laboratory procedures related to the diagnosis of diseases and disorders of the upper aerodigestive tract and the head and neck.

b) Therapeutic and diagnostic imaging; the interpretation of medical imaging techniques relevant to the head and neck, including studies of the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, necks, lungs, and esophagus.

c) Diagnostic evaluation and management of congenital anomalies, otolaryngic allergy, sleep disorders, pain and other conditions affecting the regions and systems mentioned above, and the chemical senses, endocrinology, and neurology as they relate to the head and neck.

d) Management of congenital, degenerative, idiopathic, infectious, inflammatory, toxic, allergic, immunologic, vascular, metabolic, endocrine, neoplastic, foreign body and traumatic states through airway management, resuscitation, local/regional anesthesia, sedation and universal precaution techniques, operative intervention, and postoperative care of the following major categories:

(1) General otolaryngology, including pediatric otolaryngology, rhinology, bronchoesophagology and laryngology;

(2) Head and neck oncologic surgery;

(3) Facial plastic and reconstructive surgery of the head and neck;

(4) Otolaryngology and neurology.

e) Habilitation and rehabilitation techniques and procedures, including respiration, deglutition, chemoreception, balance, speech, as well as auditory measures such as hearing aids and implantable devices.

f) Diagnostic and therapeutic techniques involving endoscopy of the upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy, as well as the associated application of stroboscopes, lasers, mechanical debriders, and computer-assisted guidance devices.

g) Exposure to state-of-the-art advances and emerging technology in Otolaryngology and Head-and-Neck Surgery.

2. Surgical Experience

a) The sponsoring and participating institutions approved for the program must collectively have a sufficient number and variety of adult and pediatric medical and surgical patients who are available for resident education.

b) While not all residents are expected to have operative experience in all surgical specialty procedures, the surgical procedures residents do perform must be sufficient in number and variety to provide education in the entire scope of the specialty. There must be adequate distribution and sufficient complexity within the principal categories of the specialty.

c) Equivalent and adequate distribution of categories and procedures among the residents must generally be demonstrated.

Significantly unequal experience in volume and/or complexity of cases managed by the residents will be considered serious noncompliance with these requirements. In some instances, the quality of care may require that case management be conducted with other specialties (e.g., hypophysectomy, cerebellar pontine tumor).

d) Documentation of each individual resident's operative experience must be provided. The cumulative operative experience of each resident must be reviewed at least semiannually by the program director as part of his or her responsibility for evaluation of the balanced progress of individual residents. The program director is responsible for compiling accurate information regarding the institutional operative records and the individual resident operative reports annually at the end of each academic year, and for submitting these records for review as requested by the RRC.

3. Outpatient Experience

a) There must be a well-organized and well-supervised outpatient service. This service must operate in relation to an inpatient service used in the program. Residents must have the opportunity to see patients, establish provisional diagnoses, and initiate preliminary treatment plans. An opportunity for follow-up care must be provided so that the results of surgical care may be evaluated by the responsible residents. These activities
must be carried out under the supervision of appropriate faculty.

b) If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision. Experience should be provided in the procedures and management of office practice.

c) Residents must have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

The educational program should provide a structured research experience for the residents, sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting. The research experience may be clinical or basic in nature, and should reflect careful advice by and planning with the faculty. Facilities and protected time for research by the residents should also be provided, with guidance and supervision by qualified faculty.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

4. The program director must ensure, direct, and document the implementation of and compliance with appropriate resident policies at all times.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, residents may assist in surgery.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the otolaryngology service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
Program Requirements for Residency Education in Otolaryngology

b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

e) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

5. Graded Responsibility
The responsibility given to residents in patient care should depend upon an individual resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status. The program must provide residents with experience in direct and progressively-responsible patient management, including surgical experience as assistant to the surgeon, as residents advance through the educational program. This education must culminate in sufficient independent responsibility for clinical decision-making to evidence the fact that the graduating resident has developed sound clinical judgment and possesses the ability to formulate and carry out appropriate management plans.

Recognizing the nature of the specialty of Otolaryngology-Head and Neck Surgery, there should be clinical resources, if not an approved training program, in the related fields of ophthalmology, neurological surgery, neurology, pathology, radiology, anesthesiology, internal medicine, pediatrics, and emergency medicine.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c) Assessment should include the use of assessment results, including evaluation by faculty, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

d) Residents who fail to demonstrate appropriate industry, competence, responsibility, learning abilities, or ethics should be successively counseled and, after due process, dismissed if remediation has not occurred.

e) It is essential that residents participate in existing national examinations. The annual Otolaryngology Training Examination (OTE), offered by the American Board of Otolaryngology, is one example of an objective test that may be used by the program. An analysis of the results of these testing programs should guide the faculty in assessing the strengths and weaknesses of individual residents and the program. The program director should also monitor the performance of program graduates on the examinations of the American Board of Otolaryngology.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Otolaryngology should communicate with the office of the board or consult its website (www.aboto.org) regarding the full requirements for certification.

Approved ACGME: February 2004 Effective: July 1, 2005

Program Requirements for Residency Education in Neurotology (Otolaryngology)

Common Program Requirements appear in bold.
Sections of text that are not bolded are subspecialty-specific requirements.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
The neurotology program must be associated with an ACGME-accredited otolaryngology program. Resident experiences in related specialties such as physical medicine and rehabilitation, neurology, neurological surgery, neuroradiology, and neuropathology must be offered by the sponsoring institution.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. The RRC must prospectively approve the addition and deletion of all participating institutions.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

deploying lateral skull base surgery. The program will also permit exposure to new research opportunities and time to explore new research ideas.

B. Duration and Scope of Education
1. The duration of the program is 24 months, all of which must be spent at participating institutions approved by the Residency Review Committee (RRC).
2. Admission to the program is contingent on completion of a residency program in otolaryngology accredited by the Accreditation Council for Graduate Medical Education (ACGME).
3. The program must provide structured clinical opportunities for residents to develop advanced skills in neurotology and lateral skull base surgery, including exposure to intracranial approaches.
4. A sufficient volume and variety of cases must be available to ensure adequate inpatient and outpatient experience for each neurotology resident.
5. Each neurotology resident must prepare documentation of surgical experience as both assistant surgeon and surgeon in middle cranial fossa, posterior cranial fossa, and lateral skull base surgical procedures for the treatment of disorders of the auditory and vestibular system; facial nerve disorders; and congenital inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.
6. The diagnosis and medical, surgical, and rehabilitative management of congenital, traumatic, inflammatory, degenerative, neoplastic, and idiopathic.
7. Audiometric testing including auditory brainstem responses and otocoustic emissions, vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures are required experiences.
III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

These responsibilities include those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, as well as the maintenance of records related to program accreditation.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Otolaryngology and be certified in the subspecialty of neurotology, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing by the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      (1) the addition or deletion of a participating institution; [as further specified by the RRC]
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. There must be at least one neurotology faculty member in addition to the program director.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Otolaryngology or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents in research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.
Because neurotology is multidisciplinary in nature and because interaction with peers from related disciplines contributes to the quality of education, faculty from related disciplines such as audiology, neuro-ophthalmology, neurological surgery, neurology, physical medicine and rehabilitation, psychiatry, and radiology should participate in the program to enhance residents' educational opportunities. These faculty members should have recognized expertise in neurotology.

The program must also be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

Additional educational resources for the program in neurotology are required. These include a temporal bone dissection laboratory; testing facilities for complete auditory and vestibular evaluation that include facilities for intracranial nerve monitoring; other diagnostic, therapeutic, and research facilities deemed appropriate.

Residents must also have ready access to a major medical library, either at the institution where residents are located or through arrangements with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must also be access to an onsite library or to a collection of appropriate texts and journals in each institution participated in the educational program.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

One neurotology resident should be enrolled each year. A program without a resident for more than 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.

A program may not graduate more residents in any given year than are approved by the RRC unless prior approval has been received.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

Lines of responsibility must be clearly delineated between neurotology residents and otolaryngology residents in the areas of training, clinical responsibilities, and deration of training. Such information must be supplied to the RRC at the time of the review and survey.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

   The course of study in neurotology must be comprehensive and well organized, and must provide each resident with opportunities for progressive responsibility in the management of both inpatient and outpatient environments.

   The goals and objectives of the neurotology program must specifically include the following:

   a) The program must include increasing responsibility in both inpatient and outpatient environments. Direct surgical experience with all procedures must be documented. The experience must include neurotology and lateral skull base surgery techniques, with intracranial exposures performed jointly with neurosurgery.

   b) Program faculty must be responsible to the patient and the neurotology resident. In the event that a neurotologist plans an operation in which the dura may be entered, neurological consultation will be obtained to determine the appropriateness and planning of a joint surgical effort by both neurotology and neurosurgery.

   c) The program must define the diagnostic expertise and assure the development of medical and surgical management strategies, including intracranial exposure, as well as the postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.

   d) Because advanced neurotology is multidisciplinary in nature and because interactions with peers from related disciplines contribute to the quality of education, the faculty from related disciplines such as neurology, neurological surgery, audiology, neuro-ophtalmology, neuroradiology, and neuropathology should participate in the program to enhance the educational opportunities for the neurotology residents. Close interaction with physical medicine and neurologic rehabilitation in particular is highly desirable.

   e) In addition to combined educational conferences with the other disciplines listed above, cooperative efforts in the diagnostic area with neurological surgeons, surgical team approaches to operative therapy with neurosurgeons, and combined approaches to rehabilitative efforts with physical medicine and rehabilitation must be emphasized.

   f) The neurotology resident must be provided with experience in the habilitation and rehabilitation of the vertiginous patient and the treatment of intracranial and intratemporal facial nerve disorders.
g) Participation in a multidisciplinary surgical team that manages disorders of the temporal bone, cerebellopontine angle, lateral skull base, and related structures is required. Members of the team should include audiologists, electrophysiologists, head and neck surgeons, neurologists, neuroradiologists, neurological surgeons, neuro-ophtalmologists, neuropathologists, neurologists, and physiatrists.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

The neurotology residents must be provided with the opportunity to develop skills in providing consultation, in communication with colleagues and referring physicians, and in teaching medical students, physicians and other professional personnel.

The academic component should provide education beyond the otolaryngology residency in the basic sciences related to neurotology, including allergy and immunology, audiology and rehabilitative audiology, genetics, neuroanatomy, neurophysiology, neuropathology, neuropharmacology, neuro-ophtalmology, physical medicine and rehabilitation, temporal bone histopathology, and vestibular pathophysiology. The course of study must reflect the following content areas:
1. Neurophysiology, neuropathophysiology, and the diagnosis and therapy of advanced neurotologic disorders, including advanced audiologic and vestibular testing; the evaluation of cranial nerves and related structures; the interpretation of imaging techniques of the temporal bone and lateral skull base; and the electrophysiological monitoring of cranial nerves VII, VIII, X, XI, and XII.
2. Vestibular rehabilitation.
3. Auditory and speech rehabilitation of the hearing-impaired.
4. The management and rehabilitation of extracranial cranial nerve defects and those defined in the definition and description of the specialty.
5. Didactic and laboratory experience that teaches advanced surgical techniques to manage diseases and disorders of the auditory and vestibular systems; the extradural skull base, including the sphenoid bone; the temporal bone. These techniques must include reconstructive repair of deficits in these areas.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

Clinical, basic science, and research conferences and seminars, as well as the review of critical about the subspecialty must be conducted regularly and as scheduled. The neurotology residents must participate in both the planning and conducting conferences. Both the faculty and neurotology residents must attend and participate in multidisciplinary conferences.

The course of study in must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The neurotology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases.

It is highly desirable that the residents prepare and submit at minimum one paper for publication in a peer-reviewed journal. While the specific content will be related to the particular expertise, interest, and capability of the program faculty and institutional resources, the general goal of the research experience should be maintained.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedicai, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
Program Requirements for Residency Education in Neurotology (Otolaryngology)

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

   i. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this
Program Requirements for Residency Education in Pediatric Otolaryngology (Otolaryngology)

I. Introduction

A. Definition of the Subspecialty

Pediatric otolaryngology is a subspecialty within otolaryngology-head and neck surgery defined by both the age of the patient served and the knowledge and skill of the physician providing medical and surgical care. The pediatric otolaryngologist has special expertise in the management of infants and children with complex problems generally referred to tertiary care pediatric institutions with a multidisciplinary team of full-time hospital-based medical specialists. A pediatric otolaryngology educational program will be based in a tertiary care pediatric institution where the care of children can be readily coordinated with other subspecialists, thus allowing sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders in children. A pediatric otolaryngology educational program must provide the following experiences for the pediatric otolaryngology residents: the diagnosis and care of congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear, diseases and disorders of the laryngotraheal complex and the head and neck; expertise in the diagnosis, treatment, and management of childhood disorders of voice, speech, language, and hearing; and a knowledge of genetics. The program should provide opportunities for the pediatric otolaryngologist to function as an advocate for the child and facilitate patient management in the home, school, or institutional setting.

B. Duration and Scope of Education

1. Admission to a pediatric otolaryngology program is contingent on completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in otolaryngology.

2. The duration of a pediatric otolaryngology program is 24 months, all of which must be spent in participating institutions approved by the Residency Review Committee (RRC). The pediatric otolaryngology program must be associated with an ACGME-accredited otolaryngology program.

3. One pediatric otolaryngology resident should be enrolled each year. A program without a resident for 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that the ACGME procedures are followed in this respect.

C. Program Goals and Objectives

The overall goal for residency education is to provide the pediatric otolaryngology resident with diagnostic and surgical skills for the care of ear, nose, throat, head and neck, and bronchoesophageal disorders of children that are uncommon and complex. Specific objectives include:

1. An in-depth study of the embryology, developmental anatomy and physiology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;

2. An understanding of the differences among the medical management of infant, childhood, and adult diseases of the head and neck;

3. Provision for a sufficient number and variety of pediatric otolaryngology surgical procedures in the scope of the specialty with emphasis on those procedures infrequently encountered in the general practice of otolaryngology;

4. An appreciation for the inherent complexities of interacting with children and their families compared with adult patients; and

5. The ability to teach otoscopic and other diagnostic skills to pediatricians and other primary care physicians.

II. Institutional Organization

A. Sponsoring Institution

1. A pediatric otolaryngology educational program must be sponsored by a single sponsoring institution, as stated in the Institutional Requirements. In addition, the program must be based within a pediatric tertiary care institution that provides sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders of children. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.

2. The sponsoring institution must provide sufficient faculty, clinical material, research and other educational resources to meet the needs of the pediatric otolaryngology residents.

3. Service commitments must not compromise the achievement of educational goals and objectives.

B. Participating Institutions

1. If the resources of two or more institutions are used, interinstitutional agreements must be developed by the institutional governing boards, as referenced in the Institutional Requirements.

2. The RRC must approve the addition or deletion of all participating institutions prospectively. Such approval will be based on a
clear educational rationale and the value of the institution to the program.

C. Appointment of Residents
1. The RRC will approve a total number of pediatric otolaryngology residents in the program for each year. The number will be based on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to the program.
2. The program may not graduate more residents in any year than are approved by the RRC unless prior approval has been received.

III. Program Personnel
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
1. Qualifications
   a. There must be a single program director responsible for the program with requisite and documented clinical, educational, and administrative abilities and experience. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located and must be appointed in good standing to the medical staff of an institution participating in the program.
   b. The program director must be certified by the American Board of Otolaryngology and be certified in the subspecialty or possess suitable equivalent qualifications as determined by the RRC for Otolaryngology.
   c. The program director must have administrative responsibility for the pediatric otolaryngology program and should possess the skills of administrator, clinician, teacher, and researcher. The program director must devote sufficient time to the program to ensure continuity of leadership and to fulfill all the responsibilities inherent in meeting the educational goals of the program. The executive secretary should be notified promptly of any change in program leadership.

2. Responsibilities
   a. Development of a sound administrative and organizational framework that includes an effective faculty as an essential element of the program. Continuity of leadership is essential to the program's stability. Frequent changes in leadership or long periods of temporary leadership will be cause for serious concern. The executive secretary should be notified promptly of any change in program leadership.
   b. Maintenance of a record of pediatric otolaryngology operative cases performed by the service and a record of operative experience for each pediatric otolaryngology resident. These records must be reviewed at least semiannually by the program director as a part of his or her responsibility for evaluation of the balanced progress of each individual resident and of the total program. These data must be submitted to the RRC at the time of each program review.
   c. Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of education and for each major rotation or other program assignment. This statement must be distributed to residents and members of the faculty and be readily available for review.
   d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   e. Selection and supervision of faculty and other personnel at each institution participating in the program.
   f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug-or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Preparation of an accurate statistical and narrative description of the program, as requested by the RRC.

B. Faculty
1. There must be one pediatric otolaryngology faculty member in addition to the program director who is certified by the American Board of Otolaryngology with additional appropriate professional qualifications in pediatric otolaryngology or other equivalent qualifications, as determined by the RRC.
2. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all pediatric otolaryngology residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. Because the care of pediatric otolaryngology patients may be multidisciplinary in nature, additional peers from pediatrics and other related pediatric disciplines should participate in the program to enhance the residents' educational opportunities. Examples of related faculty may include anesthesiology; medical genetics; radiology; neonatology; pediatric neurology; audiology; speech, voice, and hearing specialists; plastic surgery; and pathology.
4. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. One measure of this commitment is the extent to which faculty members permit pediatric residents to participate in the management of patients under their care.
5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one pediatric otolaryngology resident should participate in these reviews.
6. The faculty should periodically evaluate the utilization of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of resident supervision.
7. The faculty must demonstrate involvement in scholarly activities, to include
   a. participation in their own continuing education;
   b. participation in regional and national scientific societies;
   c. presentation and publication of scientific studies;
d. active participation in research as it pertains to pediatric otolaryngology;  
e. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and  
f. active participation in clinical discussions, rounds, and conferences to promote a spirit of inquiry and scholarship.

C. Other Program Personnel  
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program  
The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the subspecialty. This objective can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

A. General  
1. The program director is responsible for developing a structured curriculum with written, defined goals and objectives. Clinical, basic science, and research conferences and seminars and journal club activities pertaining to the subspecialty must be conducted regularly. The pediatric otolaryngology resident must participate in planning and conducting the conferences. Both the faculty and the resident must attend and participate in multidisciplinary conferences.
2. The pediatric otolaryngology resident must be provided with opportunities to develop skills in providing consultation, in communicating with colleagues and referring physicians, and in teaching medical students, residents, physicians, and other professional personnel.
3. Lines of responsibility must be clearly defined between pediatric otolaryngology and otolaryngology residents in the areas of education, clinical responsibilities, and duration of education. Such information must be supplied to the RRC at the time of the survey and review.
4. The same resident duty hours and supervision requirements apply to these subspecialty residents as these documented in the Program Requirements for Residency Education in Otolaryngology.

B. Clinical  
1. Outpatient Experiences  
a. There must be adequate outpatient experiences to provide a sufficient number of visits for the evaluation of patients with varied types of disorders to provide the residents with wide experience in diagnosis and outpatient management of patients with otolaryngology disorders. Residents are required to attend a minimum of two clinic sessions per week.

b. Experience in the ambulatory care setting should include evaluation of children with common disorders and experience with the diagnosis and management of children with congenital abnormalities of the head and neck, hearing impairment, inherited disorders and developmental abnormalities, swallowing disorders, and sinus disease.

c. In addition, multispecialty, interdisciplinary team experience should be provided to include, for example, a craniofacial and/or cleft palate team.

2. Inpatient  
a. An adequate inpatient facility must be available to provide a broad range of pediatric consultative experience.

b. Pediatric intensive care facilities must be available for resident experience.

c. There must be a sufficient number and variety of surgical cases to provide the pediatric otolaryngology resident with operative experience in all aspects of pediatric otolaryngology. The surgical case load should include experience in the following areas: laryngobronchoesophagology, head and neck surgery, laryngotracheal surgery, otologic surgery, surgery of the nose and paranasal sinuses, surgery for congenital abnormalities of the head and neck, and surgery for benign and malignant head and neck disorders.

3. Diagnostic  
a. Complete diagnostic facilities for infants and children with otolaryngologic disorders must be available to provide the resident with the opportunity to interpret the results of diagnostic studies.

b. The diagnostic studies for complete audiologic, voice, speech, language, and developmental assessments must be available. In addition, state-of-the-art diagnostic, therapeutic, and laboratory facilities must be provided.

C. Research and Scholarly Activity  
1. Graduate medical education must take place in an environment of inquiry and scholarship in which pediatric otolaryngology residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.

2. The course of study must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The pediatric otolaryngology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases. It is highly desirable that the resident prepare and submit one paper for publication in a peer-reviewed journal.

D. Library  
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to collections of appropriate texts and journals in each institution participating in the educational program.

V. Evaluation  
A. Resident Evaluation  
The program director, with faculty participation, must  
1. evaluate residents in writing at least semiannually regarding the knowledge, skills, and professional growth using appropriate criteria and procedures. The procedures must be confidential and must include observation, assessment, and substantiation of the resident’s acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, and humanistic qualities demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.
Program Requirements for Residency Education in Pediatric Otolaryngology (Otolaryngology)

2. communicate each evaluation to the resident in a timely manner and provide feedback on his or her performance, including appropriate counseling and necessary remedial effort.
3. advance residents to positions of higher responsibility based on evidence of satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a final written evaluation for each resident graduating from the program that includes a review of the resident's performance during the program. This evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record at the institution.
6. maintain the list of all surgical operative procedures performed by the resident during the educational program. These data must be submitted to the program director and kept in a permanent file for review by the RRC at the time of the site visit and review.

B. Faculty Evaluation
All faculty must be evaluated on a regular basis. This evaluation should include teaching ability and commitment to the educational program, clinical knowledge, and scholarly contributions. Residents should participate in this evaluation.

C. Program Evaluation
There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the pediatric otolaryngology residents, and the extent to which the goals of resident education have been met. Confidential written evaluations by residents should be included in this process.

ACGME: June 1995  Effective: June 1995

Program Requirements for Graduate Medical Education in Sleep Medicine (Otolaryngology)

Common Program Requirements appear in bold.
Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:
1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, cardiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education
1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
   a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
      (1) 3 years of internal medicine; or
      (2) 3 years of pediatrics
      (3) 4 years of psychiatry;
      (4) 4 years of neurology; or
      (5) 5 years of otolaryngology.
3. Training must be separated and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
   Cardiology
   Neurology
   Otolaryngology
   Oral Maxillofacial Surgery
   Pediatrics
   Pulmonary Medicine
   Psychiatry
   Psychology, including Neuropsychology

5. Relation of the Subspecialty to Core Programs
   Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience;
   d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources
1. Patient Population
a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.

b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.

2. Facilities

a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.

b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.

3. Institutional Resources

a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.

b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.

c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.

4. Library

a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

b) Library services should include the electronic retrieval of information from medical databases.

c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

(1) the addition or deletion of a participating institution;

(2) a change in the format of the educational program;

(3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.

b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC
actively encourages multidisciplinary cooperation in the training of fellows.
b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
- Cardiology
- Neurology
- Otolaryngology
- Oral Maxillofacial Surgery
- Pediatrics
- Pulmonary Medicine
- Psychiatry
- Psychology including neuropsychology
3. Qualifications of the physician faculty are as follows:
a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
a) Nonphysician faculty must be appropriately qualified in their field.
b) Nonphysician faculty must possess appropriate institutional appointments.
C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.
D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
IV. Fellow Appointments
A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.
C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.
D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.
E. Fellow/Patient Ratio
The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.
V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.
B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
D. ACGME Competencies
The fellowship program must require its fellows to obtain competence in the 6 areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. **Didactic Program**

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
   a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
   b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
   c) Etologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
   d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
   e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring).
   f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies.
   g) Administration and interpretation of psychological tests.
   h) Financing and regulation of sleep medicine.
   i) Medical ethics and its application in sleep medicine.
   j) Legal aspects of sleep medicine.
   k) Research methods in the clinical and basic sciences related to sleep medicine.
   l) Technical skills including:
      (1) Skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
      (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection.
      (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings.

2. **The Curriculum**

   a) Fundamental mechanisms of sleep
   b) Etiopathogenic characterization of sleep disorders
   c) Clinical manifestations of sleep disorders
   d) Diagnostic strategies in sleep disorders
   e) Treatment strategies in sleep disorders
   f) Epidemiological issues
   g) Airway anatomy

3. **Seminars and Conferences**

   a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
   b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
      (1) Basic neurological sleep mechanisms
      (2) Chronobiological mechanisms
      (3) Respiratory physiology during sleep and pathophysiology
      (4) Cardiovascular physiology during sleep and pathophysiology
      (5) Endocrine physiology during sleep and pathophysiology
      (6) Gastrointestinal physiology during sleep and pathophysiology
      (7) Ontogeny of sleep
      (8) Sleep across the life span
      (9) Operation of polysomnographic monitoring equipment
      (10) Polysomnographic troubleshooting
      (11) Ambulatory monitoring methodology
      (12) Polysomnogram interpretation
      (13) SIDs and related respiratory distress
      (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
      (15) Evaluation of patients presenting with excessive sleepiness
      (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
      (17) Evaluation of patients presenting with parasomnias
      (18) Biological rhythm disorders
      (19) Pediatric and neonatal sleep medicine
      (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
      (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
      (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
      (23) Treatment approaches for parasomnias
      (24) Treatment of circadian rhythm disorders
      (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. **Clinical Components**

1. **Clinical Skills**

   Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:

   a) Interviewing
   b) Clear and accurate history taking
   c) Performing competent physical, neurological, and mental status examinations
   d) Recording of findings completely and systematically
   e) Relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
   f) Formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
   g) Diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
   h) Formulating appropriate treatment plans and making appropriate referrals
Program Requirements for Graduate Medical Education in Sleep Medicine (Otolaryngology)

2. Clinical Training

a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:

(1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders

(2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.

(3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.

(4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies.

(5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

b) Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.

(1) Clinical experiences that provide for basic and advanced training and education, as well as professional development

(2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations.

(3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders.

(4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.

(5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.

(6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.

(7) Supervised experience in teaching sleep medicine to students in the health professions.

(8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up
to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b) When fellows are called into the hospital from home, the hours fellows spend in house are counted toward the 80-hour limit.

   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program
IX. Certification
Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

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Graduate Medical Education Directory 2005-2006

Program Requirements for Graduate Medical Education in Pathology (Anatomic and Clinical)

Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

As other residency programs facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs in internal medicine, family practice, obstetrics and gynecology, general surgery, pediatrics, and radiology are considered to be most complementary to pathology education. Requests for exceptions to this requirement will be considered on a case-by-case basis.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

a) Identify the faculty who will assume both educational and supervisory responsibilities for residents;

b) Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

c) Specify the duration and content of the educational experience; and

d) State the policies and procedures that will govern resident education during the assignment.

3. Resident assignments away from the sponsoring institution should not prevent regular resident participation in rounds or conferences, either at the sponsoring institution or in equivalent conferences at participating institutions.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, including at least 5 years of participation as an active faculty member in an accredited pathology residency.

b) The program director must be certified in anatomic pathology, clinical pathology, or anatomic pathology and clinical pathology by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

(1) the addition or deletion of a participating institution;

(2) a change in the format of the educational program;

(3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
   Additional necessary professional, technical, and clerical personnel must be provided to support the program.
   1. The laboratories providing patient-care services must be accredited by the appropriate organizations and must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
   2. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

D. Resources
   The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, classrooms, meeting rooms, computer and statistical consultation services) are available.
   1. Office and laboratory space must be provided for the residents for both patient-care work and participation in scholarly activities.
   2. The patient material of the department must be indexed in such a way as to permit appropriate retrieval.
   3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The services provided by the library should include the electronic retrieval of information from medical databases.
   4. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
   5. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.

IV. Resident Appointments

A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
   The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.
   Programs must maintain a number of residents sufficient to promote an intellectually-stimulating educational environment. There should be at least two residents enrolled in each year of a program. A lesser number is cause for concern by the RRC.

C. Resident Transfers
   To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design
   1. Format
      The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
   2. Goals and Objectives
      The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.
   1. Didactic Components
      a) Education in anatomic pathology must include autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histotechnology, neuropathology, ultrastructural pathology, cytogenticity, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available.
      b) Education in clinical pathology must include microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenticity, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available.
      c) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient care consultation.
   2. Clinical Components
      Residents must also participate in pathology conferences, rounds, teaching, and scholarly activity, and gain experience in the management and direction of a pathology laboratory (including quality assurance, safety, regulations, and the use of hospital and laboratory information systems).
   d) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means; in any case, all
rotations and other assignments must conform to the educational goals and objectives of the program.

e) Seminars, Conferences, and Rounds

(1) There must be regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences and clinical correlation conferences.

(2) Clinical correlation conferences (e.g., a pediatric mortality conference) should be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.

(3) There must be departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.

(4) Residents must participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, infectious disease service rounds should be attended during an assignment in microbiology.

f) Consultation

(1) Both faculty and residents must be regularly involved in consultative activity.

(2) Patient-care consultations should be both intra- and interdepartmental.

g) Resident Teaching

(1) Residents should participate in the education of medical students and other trainees.

(2) The effectiveness of residents as teachers should be monitored and evaluated by the program director and teaching staff.

2. Clinical Components

a) The volume and variety of material available in the program for anatomic pathology education must be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and should develop the necessary professional and technical skills to perform the functions of an anatomic pathologist. This experience must emphasize the role of the pathologist as a consultant for effective patient care decisions.

b) While the quality of an educational program is not based upon the volume of teaching material alone, programs should have a sufficient volume and variety of material available for educational purposes to ensure that all residents:

(1) perform at least 50 autopsies during the program. Each resident must be the primary prosector of 40 autopsies. Further, programs must ensure that residents participate fully in all aspects (including gross and microscopic examinations) of the autopsies they count toward this standard. It is highly desirable that this experience include forensic and stillborn autopsies.

(2) examine and sign out at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions.

(3) examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens.

(4) perform at least 300 operating room consultations (frozen sections) during the program.

c) The volume and variety of material available in the program for training in clinical pathology should be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and develop the necessary professional and technical skills to perform the functions of a clinical pathologist. This experience must emphasize the role of the pathologist as a consultant for effective patient care decisions.

d) The number and variety of tests performed in the laboratories utilized in the program should be sufficient to give residents experience in the range of tests typically available in a general hospital. Further, resident experience should be augmented through the use of seminar and course materials and laboratory indexes of unusual cases.

e) While the quality of an educational program is not based upon the volume of teaching material alone, programs should have a laboratory workload that will ensure that all residents gain experience with the full spectrum of clinical pathology procedures.

f) Residents must be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussion of matters related to management of the Department.

g) There must be periods of time when decision making in the laboratory is the direct responsibility of residents, under appropriate supervision.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.

2. Resident involvement in research may be related to methods development, clinical or basic research, or literature surveys, but in all cases the program should provide an environment that promotes research or scholarly activity by residents.

D. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement that involves investigation and evaluation of their diagnostic and consultative practices, appraisal and assimilation of scientific evidence, and improvements in their patient care practices.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide pathology services that are of optimal value.
VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

   The faculty must evaluate in a timely manner the residents who they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
Program Requirements for Graduate Medical Education in Blood Banking/Transfusion Medicine (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Blood banking/transfusion medicine is the practice of laboratory and clinical medicine concerned with all aspects of blood transfusion, including the scientific basis of transfusion, selection and recruitment of blood donors, utilization and quality control, preparation of blood components, pretransfusion testing, transfusion of blood components, adverse effects of blood transfusion, autoimmunity, transplantation, histocompatibility, therapeutic apheresis and phlebotomy, blood substitutes, medicolegal considerations of transfusion, management aspects of blood services, including regulatory issues, and the history of blood transfusion. Blood banking/transfusion medicine requires a strong foundation in clinical pathology as well as clinical medicine.

B. Duration and Scope of Education

1. Graduate medical education programs in blood banking/transfusion medicine must provide an organized educational experience for qualified physicians seeking to acquire additional competence in blood banking/transfusion medicine.

2. Programs will be accredited to offer 1 year of organized education in all aspects of blood banking/transfusion medicine.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. Each blood banking/transfusion medicine program should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited residency in anatomic and/or clinical pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

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   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.
III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member with certification in blood banking/transfusion medicine.
   c) The program director must be appointed in good standing, privileged in blood banking/transfusion medicine, and based at the primary teaching site.
   d) The director must have completed at least 3 years of active participation as a specialist in blood banking/transfusion medicine following completion of training.
   e) The director must be licensed to practice medicine in the state, and supervise adequately all fellows in the program.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

2. The laboratories and clinical services involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution’s medical staff.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. The program must have a sufficient number and variety of patients to offer training in the widest range of blood banking/transfusion medicine. There must be a mechanism for the retrieval and review of cases. There must be effective mechanisms to facilitate clinical correlation with laboratory findings.
3. There must be adequate offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions, laboratories, and clinical services participating in the program must be appropriately accredited and/or licensed.

E. Library
1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments
A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of clinical pathology, or be certified by a member board of the American Board of Medical Specialties.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
1. Didactic Components
   a. There must be sufficient opportunity for the fellow to develop comprehensive knowledge of the technical aspects of blood banking and immunohematology. There must be an opportunity to acquire knowledge and skills in new technologies as they become available.
   b. Lectures, tutorials, seminars, and conferences must be regularly scheduled and held, with active participation of clinical services. The fellows must have the opportunity to attend regional or national meetings.
   c. Instruction should include studies illustrating usual and unusual cases.
2. Clinical Components
   Clinical aspects of transfusion medicine must be emphasized throughout the program. Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion and have opportunity to develop competence in providing services to patients and other physicians.

C. Fellows Scholarly Activities
   Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
   The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.
1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
3. Practice-based learning and improvement
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.
4. Interpersonal and communication skills
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.
5. Professionalism
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment
   Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for pa-
tient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
The program director must provide a final evaluation for each fellow who completes the program. This evaluation must
Program Requirements for Graduate Medical Education in Chemical Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction
A. Definition and scope of the specialty
Chemical Pathology is the practice of pathology devoted primarily to the use of biochemical and molecular techniques in the laboratory diagnosis and management of human disease. Chemical Pathologists should be capable of advising clinicians on the selection and interpretation of clinical chemistry tests, and be capable of managing and directing a clinical chemistry laboratory.

B. Programs will be accredited to offer one year of graduate medical education in chemical pathology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology.

II. Institutions
A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. The sponsoring institution should also sponsor an ACGME-accredited program in Anatomic and Clinical Pathology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational envi-
4. Responsibilities of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member with certification in chemical pathology.

c) The program director must be appointed in good standing and based at the primary teaching site.

d) The program director must ensure the implementation of appropriate continuity of leadership.

e) Have at least 3 years active participation as a specialist in chemical pathology following completion of training.

f) The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located.

g) The program director must be allowed to supervise faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

4. Responsibilities of the program director are as follows:

a) The program director must prepare and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
   1. The addition or deletion of a participating institution;
   2. A change in the format of the educational program;
   3. A change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

   a) Nonphysician faculty must be appropriately qualified in their field.

   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Sponsoring institutions must provide the necessary clinical material to support experience at a sufficient level for the trainee to acquire the competency of a specialist in chemical pathology.

3. Program laboratories must have sufficient office and work space for both laboratory personnel and program trainees.

4. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of chemical pathology.

5. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

A. Library services should include the electronic retrieval of information from medical databases.

b) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

2. Fellows must have completed at least two years of training in an ACGME-accredited pathology residency, which must include at
least 18 months of clinical pathology, prior to admission to the program.

**B. Number of Fellows**
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

**C. Fellow Transfers**
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

**D. Appointment of Fellows and Other Students**
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

**V. Program Curriculum**

**A. Program Design**
1. **Format**
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. **Goals and Objectives**
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

**B. Specialty Curriculum**
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. **Didactic components**
The educational program must be designed to provide fellows a broad education in chemical pathology through didactic instruction and practical experience.

2. **Clinical components**
   a. Programs must provide instruction and give trainees the opportunity to gain experience in clinical laboratory consultation and interpretation of data in the areas of Electrolytes and Acid-Base, Protein Markers, Lipids, Renal Function, Hepatic Function, Gastro-Intestinal Function, Cardiac Function, Therapeutic Drug Monitoring & Toxicology, Autoimmune Disease, Endocrinology, and Metabolic Diseases. The program must also provide structured instruction and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems.
   b. The analytical repertoire of the laboratory must be distributed satisfactorily within the various categories and subdivisions of chemical pathology to provide experience at a sufficient level for the fellow to acquire the competency of a specialist in chemical pathology.
   c. Clinical training in relation to chemical pathology, including the use and interpretation of chemical analyses in clinical diagnosis and management, must be an integral part of the training program.
   d. The program must provide opportunities for fellows to develop knowledge and skills relating to analytical chemical pathology, both basic and applied.

**C. Fellows Scholarly Activities**
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

**D. ACGME Competencies**
The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. **Patient care**
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. **Medical knowledge**
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. **Practice-based learning and improvement**
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. **Interpersonal and communication skills**
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients’ families.

5. **Professionalism**
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. **Systems-based practice**
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

**VI. Fellow Duty Hours and the Working Environment**
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

**A. Supervision of Fellows**
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both in-patient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows’ competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow’s performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow’s permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly
activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

ACGME. September 2003 Effective: July 2004
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Program Requirements for Graduate Medical Education in Cytopathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction
A. Definition and scope of the specialty
Cytopathology is the practice of pathology concerned with the study and diagnosis of human disease manifested in cells. Diagnostic cytopathology requires a strong foundation in anatomic pathology.

B. Duration and Scope of Education
1. Graduate medical education programs in cytopathology must provide an organized educational experience for qualified physicians seeking to acquire the competence of a cytopathologist.
2. Programs will be accredited to offer 1 year of organized education in all current aspects of cytopathology, including laboratory procedures, laboratory management, quality assurance, self-assessment, diagnostic and patient care decision making, and the scientific basis of cytopathology.

II. Institutions
A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A cytopathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) Identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) Specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) Specify the duration and content of the educational experience; and
   d) State the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one
faculty member certified by the American Board of Pathology in cytopathology

c) The program director must be appointed in good standing and based at the primary teaching site.

d) The director must have at least 3 years active participation as a cytopathologist following completion of training.

e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

(1) the addition or deletion of a participating institution;

(2) a change in the format of the educational program; and

(3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. The program must provide access to a large volume and variety of cytopathology material that includes gynecologic, non-gynecologic and FNA samples. The material and files must be organized to permit appropriate retrieval. There must be mechanisms to facilitate correlation with other diagnostic studies.

3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.

4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

2. Prior to enrolment in a cytopathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of anatomic pathology or 18 months of clinical pathology.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources
for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
   1. Didactic components
      Educational opportunities to support training must be available. These should include, but not be limited to:
      a. Regularly scheduled lectures, seminars, and conferences with clinical services.
      b. Study sets of usual and unusual cases.
   2. Clinical components
      a. There must be ample opportunity for fellows to develop knowledge and skills in the techniques of screening, specimen collection, cytopreparation (including thin layer preparation), management, quality assurance, and informatics. The fellow should understand the application of additional diagnostic adjuncts such as flow cytometric analysis, in situ hybridization, hormone receptor assessment, cyogenetic testing, and other new immunological and molecular techniques as they become applicable to the study of cells; the performance of these techniques, however, is not an on-site requirement.
      b. Diagnosis, pathogenesis, clinical correlation, consultative skills, and prognostic significance must be emphasized throughout the program.
      c. Fellows must be instructed and involved in correlating cytologic and histopathologic specimens.
      d. Adequate material and exposure must be available for all types of cytologic specimens, including gynecologic, non-gynecologic, and aspirate material.
   e. Fellows must learn to perform fine needle aspirations (FNA) on living patients and provide rapid evaluation of these specimens. It is the responsibility of the program director to ensure that fellows perform an adequate number of fine needle aspirations procedures to develop competence in the performance of this procedure. These should include FNAs of the thyroid gland, head and neck, breast, and other superficial soft tissue masses. Fellows must maintain a log of the procedures they perform.

C. Fellows Scholarly Activities
   Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
   The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.
   1. Patient care
      Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
   2. Medical knowledge
      Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
   3. Practice-based learning and improvement
      Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.
   4. Interpersonal and communication skills
      Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.
   5. Professionalism
      Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
   6. Systems-based practice
      Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
   1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An IAC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly ac-
Program Requirements for Graduate Medical Education in Dermatopathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

1. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues by histological, histochemical, immunological, ultrastructural, molecular, microbiological, and other related techniques.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

B. Participating Institutions

1. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the...
3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b) The program director must be certified in Dermatopathology by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

d) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

e) The director must have at least 5 years of experience (following fellowship) in the practice of dermatopathology.

f) The director must have had experience as a teacher and/or administrator in a dermatopathology or related program.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the institutional requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

(1) the addition or deletion of a participating institution;
(2) a change in the format of the educational program;
(3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications in dermatopathology to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the presentation or publication of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

2. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. There must be ample case material and supporting facilities to meet the training requirements in dermatopathology, dermatology, and pathology. Each dermatopathology fellow should examine at least 5,000 dermatopathology specimens (i.e., inhouse or referred specimens in the institution's accessions file for which reports are generated.)
3. There must be adequate equipment, laboratory space, office facilities, meeting rooms, classrooms, and research space to support service, teaching, and educational responsibilities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
5. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows appointed to an ACGME-accredited dermatopathology fellowship must have completed an ACGME-accredited residency in Anatomic Pathology (AP-S), Anatomic Pathology/ Clinical Pathology (AP/CP-4), or Dermatology.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components
   a. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.
   b. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational resources (e.g., the internet, etc.).

2. Clinical Components
   a. Fellows must actively participate in the review and diagnosis of current dermatopathological specimens on a daily basis.
   b. The program must include didactic instruction and practical experience in the diagnosis of skin disorders by direct inspection, and by histological techniques (including frozen sections and interpretation of Mohs micrographic frozen sections), histochemical, immunological, molecular, microbiological, and other related techniques.
   c. Dermatopathology fellows must be given clearly defined assignments and increasing responsibility as they progress through the program.
   d. The program must provide a sufficient volume and variety of dermatopathology specimens (at least 5,000 new acquisitions per fellow per year) and other educational material for the fellow to acquire the qualifications of a consultant in dermatopathology.
   e. The program must provide the fellow with the experience required to set up and to operate a dermatopathology laboratory and to supervise and train laboratory personnel.
   f. All dermatopathology fellows should participate in patient examination appropriate to dermatopathology. Fellows who are pathologists must participate in the examination of at least 1,000 dermatology patients.
   g. Dermatopathology fellows who are dermatologists must have exposure to surgical pathology. This experience should emphasize contemporary diagnostic techniques and require attendance at surgical pathology conferences, and the review of slide sets of diseases relevant to dermatopathology. Participation in autopsies appropriate to dermatopathology is desirable.

C. Fellows Scholarly Activities
1. Each program must provide an opportunity for fellows to participate in dermatopathologic research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows should have the opportunity to become involved in the teaching of dermatopathology.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided
Program Requirements for Graduate Medical Education in Dermatopathology (Pathology)

with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly
activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Dermatology or the American Board of Pathology should communicate with their respective boards regarding the full requirements for certification.
ACGME: February 2002 Effective: July 2002
Editorial Revision: March 2004

Program Requirements for Graduate Medical Education in Forensic Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction
A. Definition and scope of the specialty
Forensic pathology is the application of the principles of medicine and pathology to the study of sudden, unexpected, suspicious, and violent death in order to determine the mechanisms, cause and manner of death.

B. Duration and scope of education
The educational program in forensic pathology shall be for a period of 1 year.

II. Institutions
A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A forensic pathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in Forensic Pathology.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The director must have at least 3 years active participation as a forensic pathologist following completion of training.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      1) the addition or deletion of a participating institution
      2) a change in the format of the educational program
      3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
   a. The teaching staff must include at least two forensic pathologists (including the program director.)
   b. Programs that offer training for two or more residents must have a senior staff of qualified forensic pathologists that numbers at least one more than the number of fellowship positions.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Approximately 500 medicolegal autopsies should be conducted in an approved program each year. Of these, 100 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury.
3. The institution or office should conduct approximately 300 additional autopsies for each additional fellowship position requested.
4. Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriologic, biochemical, toxicology, firearms, trace evidence, physical anthropology, odontology, and other scientific studies as may be needed to insure complete postmortem investigation. When such support services are not housed at the medicolegal facility, they should be available and accessible to the fellow at suitable laboratories.

E. Library
1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments
A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Prior to enrollment in a forensic pathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of anatomic pathology or 18 months of anatomic pathology.
B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

2. The program must provide a wide variety of case types for examination by the fellow.

3. A fellow should perform at least 200 and not more than 300 autopsies in a year of approved training. At least 200 of the cases must be complete autopsies that include active participation in:
   a. Review of medical history and circumstances of death
   b. External examination of the body
   c. Gross dissection
   d. Review of microscopic and laboratory findings
   e. Preparation of written descriptions of the gross and microscopic findings
   f. Development of an opinion regarding the cause of death
   g. Review of the autopsy report with a member of the teaching staff

4. All fellows should have experience in scene investigations, including examination of the body before it has been disturbed.

5. The fellow should have responsibility for the performance of autopsies on cases that are likely to result in criminal prosecution or civil litigation, and it is highly desirable for fellows to have opportunities to participate in the legal follow-up of cases if such occurs during the course of their year of training.

6. It is highly desirable for fellows to accompany staff pathologists when they testify in court and give depositions.

7. During the year of approved training, the fellow must have a period of approximately 4 to 8 weeks devoted exclusively to laboratory experience in toxicology, physical anthropology, and components of the crime laboratory such as firearms, serology, and trace evidence.

8. Fellows should receive training in making decisions about acceptance of cases, performing or not performing an autopsy, issues pertaining to tissue and organ donations, and determination of manner of death.

9. Fellows should keep a log of their experience, to include autopsies, external examinations, crime scene visits, and opportunities to observe or provide court testimony.

10. Fellows must have the opportunity to assume increasing responsibility as they progress through the program.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The program must ensure that fellows obtain competence in the six areas listed below to the level expected of a new practitioner.

1. **Patient care**
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. **Medical knowledge**
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. **Practice-based learning and improvement**
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. **Interpersonal and communication skills**
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teamwork with other health care providers, patients, and patients' families.

5. **Professionalism**
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. **Systems-based practice**
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.
A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-nights limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
   d) Assessment should include the periodic review of the log of fellow experience in autopsies, external examinations, crime scene visits, and the observation and/or provision of court testimony.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice com-
Program Requirements for Graduate Medical Education in Hematology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction
A. Definition and scope of the subspecialty
Hematology is the practice of pathology concerned with the study and diagnosis of human diseases involving the hematopoietic tissues and cells. Hematology requires a strong foundation in pathology.

B. Duration and scope of education
1. Graduate medical education programs in hematology must provide an organized educational program for qualified physicians seeking to acquire additional competence in hematology, and should be associated with an active program in both adult and pediatric hematology.
2. Programs will be accredited to offer 1 year of organized training in all current aspects of hematology, including laboratory procedures, laboratory management, database management, quality assurance, self-assessment, clinical consultation, and the scientific basis of hematology.

II. Institutions
A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. A hematology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is ac-
countable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in hematology.
   c) The program director must be appointed in good standing with the Institutional Requirements.
   d) The director must have at least 3 years active participation as a hematology pathologist following completion of training.
   e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis), and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. The program must have access to the number and variety of qualified laboratory space and equipment that may be needed to support education in hematology. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.
3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library
1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed at least two years of training in an ACGME-accredited pathology residency, or be certified in another specialty by a member board of the American Board of Medical Specialties.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students
The appointment of fellows from other programs, residents, or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
   1. Didactic components
      a. Lectures, tutorials, seminars, rounds, and conferences with clinical services must be regularly scheduled and held.

b. Instruction should include the use of study sets of usual and unusual cases, performance of tests under supervision, and interpretation of results with generation of narrative reports.

2. Clinical Components
   a. There must be ample opportunity for the fellows to develop knowledge and skills in the techniques of specimen collection and preparation for routine hematologic testing, bone marrow aspiration, biopsy and interpretation, lymph node interpretation, coagulation testing, flow cytometry, and the applications of advanced technology, including in situ hybridization, immunocytochemistry, cytogenetics, and molecular studies (including FISH, Southern Blot, PCR, etc.), to hematologic problems. Adult and pediatric diagnostic material must be available. Fellows must maintain a log of their procedures.
   b. Diagnosis, pathogenesis, clinical correlation, and prognostic significance of hematologic disease must be emphasized throughout the program.
   c. Fellows must be given increasing responsibilities for services to patients and other physicians as they progress through the program. Fellows must be provided with clearly defined graduated responsibilities and delegated authority.
   d. Fellows must be instructed in methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease.

C. Fellows Scholarly Activities
   Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
   The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teamwork with other health care providers, patients, and patients' families.

5. Professionalism
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.
VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

Program Requirements for Graduate Medical Education in Medical Microbiology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Medical Microbiology is a subspecialty of pathology concerned primarily with the laboratory diagnosis, treatment, and control of infectious diseases. Practitioners of medical microbiology should be qualified to provide medical, scientific, and administrative direction of a diagnostic microbiology laboratory; consultations as a physician regarding the pathologic/microbiologic diagnosis of infectious diseases; and clinical consultations on the selection and interpretation of medical microbiology tests. In addition to these activities, medical microbiologists may be expected to direct the infection control program of a healthcare organization, and to participate on or direct an antibiotic formulary committee (to optimize the wise use of antimicrobial agents and minimize the emergence of resistance toward these compounds). Training encompasses the pathophysiology of infectious diseases, the epidemiology of the spread of infectious microbes, and the use of antimicrobial agents based on sound pharmacokinetic/pharmacodynamic principles.

Physicians trained in Medical Microbiology should be qualified to:

1. Provide medical, scientific, and administrative direction to a diagnostic microbiology laboratory.
2. Interpret and correlate the clinical status of a patient with the results of Medical Microbiology testing, including the implications of both negative and positive test results.
3. Provide medical advice on the diagnosis, treatment, and control of infectious diseases.
4. Perform and interpret all relevant forms of microscopy (e.g., light, fluorescence, and electron microscopy) for the morphologic diagnosis of infectious diseases in clinical materials (e.g., direct microscopy of stained smears, cytopathic preparations, and tissue sections).
5. Use immunological and molecular methods to aid in the detection and identification of microorganisms and their virulence factors.
6. Independently evaluate and solve problem situations identified by the medical and laboratory staff relating to medical microbiology, infectious diseases, and epidemiology.
7. Assess/recognize the public health implications of specific microorganisms, and means for their control.
8. Participate in decisions that affect communicable disease prevention and epidemiology.
10. Participate in the training of others in Medical Microbiology.
11. Participate in institution-wide financial decisions relating to the diagnosis, management, treatment, and control of infectious diseases.

B. Duration and Scope of Education
Programs will be accredited to offer one year of graduate medical education in medical microbiology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical spe-
cially and completion of an ACGME-accredited fellowship in infectious diseases.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. The sponsoring institution should also sponsor ACGME-accredited residency in anatomic and clinical pathology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in medical microbiology.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The director must have at least 3 years active participation as a medical microbiologist following completion of training.
   e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved fellow complement for those specialties that approve fellow complement.
   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in re-
search such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
   Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
   1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
   2. Sponsoring institutions must provide the necessary clinical material and analytical capability in medical microbiology to support experience at a sufficient level for the trainee to acquire the competency of a specialist in medical microbiology.
   3. Medical microbiology fellows must have access to reference laboratories for training in specialized procedures not available in laboratories in the sponsoring institution.
   4. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of medical microbiology, epidemiology, and infectious diseases.

E. Library
   1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   2. Library services should include the electronic retrieval of information from medical databases.
   3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellowship Appointments

A. Eligibility Criteria
   1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
   2. Completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical specialty and completion of an ACGME-accredited fellowship in infectious diseases is a prerequisite.

B. Number of Fellows
   The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
   To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design
   1. Format
      The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
   2. Goals and Objectives
      The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
   1. Didactic Components
      a. Programs must provide instruction and give trainees the opportunity to gain experience and competence in the interpretation of laboratory data as part of patient care decision making and patient care consultation. The program must also provide structured instruction and experience in the administration, management, and direction of a medical microbiology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital information systems. All trainees must also participate in medical microbiology conferences, journal clubs and rounds, teaching, and scholarly activity.
      b. The program should provide regular administrative meetings, seminars, and conferences in medical microbiology, in pathology, and in the clinical and epidemiologic aspects of infectious diseases.
      c. Instruction should include, but not be limited to, training in medical bacteriology, mycobacteriology, mycology, virology, parasitology, immunology, molecular testing related to infectious diseases, public health microbiology (including epidemiologic typing as related to infection control), and antimicrobial testing.
   2. Clinical Components
      a. The training program must provide opportunities for fellows to develop knowledge and skills related to the selection, collection and transport of specimens, processing of specimens, direct microscopic examination of clinical materials, examination of cultures, identification of microorganisms by all appropriate methodologies (including morphologic, immunologic, and molecular techniques), supplemented with stock cultures of infrequently encountered and medically important microorganisms, microscopic slides, photographs and seminar material.
b. In depth knowledge of specimen collection, transport and processing, microscopic examination of specimens, histopathologic and clinical correlation of microbiologic data, activity and pharmacokinetics of antimicrobial agents, principles and interpretation of antimicrobial susceptibility testing and antimicrobial assays are important educational objectives.

c. Fellows must develop knowledge and skills relating to principles of disinfection and sterilization, hospital infection control, infection control committee functions and responsibilities, microbiologic safety, quality control, workload accounting, budgeting, personnel supervision, and epidemiology as related to hospital and public health issues.

d. Educational experiences should include opportunities to observe patients of all ages with a wide variety of infectious diseases through interaction with physicians from other clinical services.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective exchange and teaming with other health care providers, patients, and patients’ families.

5. Professionalism
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows’ time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
VII. Evaluation

A. Fellow

1. Formative Evaluation
The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 2003 Effective: July 2004
Editorial Revision: June 2004
Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty
Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of those disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.

B. Duration and Scope of Education
Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.
3. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in by the American Board of Medical Genetics (in clinical Medical Genetics) or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC and certification in Molecular Genetic Pathology or possess qualifications judged to be acceptable by the Residency Review Committees.
   c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Pathology)

(3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in by the American Board of Medical Genetics or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP fellows a broad exposure to consultation regarding medical genetic testing for congenital and acquired diseases without diluting the educational experience of fellows in affiliated Pathology and Medical Genetics residencies.
3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
4. Fellows must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.
5. Fellows must have ready on-site access to appropriate texts and journals in each institution participating in the program.

IV. Fellow Appointments
A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. MGP fellows should have completed training in an ACGME accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
2. Programs should be structured so that fellows are involved in MGP throughout the year. The program must include didactic instruction and practical experience with the molecular biology
and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, in vitro synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct fellows in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct fellows in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, fellows should be instructed in tissue typing/identity testing and the principles of linkage analysis. The program should instruct fellows in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.

3. Fellows must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the fellows' involvement in establishing the primary diagnosis and the transmittal of this information. A "case" is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counselling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.

4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the fellow to acquire the qualifications of a consultant in MGP. The fellow must be instructed to create and must keep a logbook of each accession in which they are involved.

5. Fellows must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.

6. The program must provide the fellow with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.

7. MGP fellows who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP fellows who are medical geneticists must have exposure to autopsy and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.

8. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and fellows must attend and actively participate in these sessions on a regular basis.

9. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the use of methods that produce an accurate assessment of fellows’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows’ competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of ac-
Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction
A. Neuropathology is the branch of medicine dealing with morphological and other aspects of disease of the nervous system.
B. The educational program must be 2 years in length and provide a structured educational experience in all current aspects of the discipline, including basic science, laboratory management, and patient care consultation.

II. Institutions
A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A neuropathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.
3. Institutions sponsoring a neuropathology training program should have additional accredited residency training programs which include neurology, neurosurgery, and neuroradiology.
B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources
A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in neuropathology.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The director must have at least 3 years active participation as a neuropathologist following completion of training.
   e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.

ACGME: June 2001 Effective: June 2001
Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Neuropathology (Pathology)
Program Requirements for Graduate Medical Education in Neuropathology (Pathology)

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

1. The addition or deletion of a participating institution;
2. A change in the format of the educational program;
3. A change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Appropriate laboratory space, facilities, and personnel should be available for the conduct of special neuropathologic procedures, including but not limited to ultrastructural, histochemical, immunopathologic, and molecular-biologic techniques.

3. Indexes of usual and unusual cases, course and seminar materials, microscopic slide collections augmented by photographs, and museum specimens sufficient for the study of conditions and diseases not frequently encountered in routine necropsy and surgical specimens should be readily available to the program for educational purposes.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills,
and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components
   a. Fellows should regularly participate in basic neuroscience activities, teaching conferences in neuropathology, and joint conferences with the pathology department and clinical services involved in the diagnosis and management of neurological disorders.
   b. Programs must be designed to teach neuropathology fellows to integrate neuropathologic information into medical consultations with clinicians in the diagnosis and management of patients.
   c. Fellows should be provided with exposure to neuro-oncology and neurogenetics.

2. Clinical components
   a. Fellows must actively participate in the evaluation of a comprehensive body of pathological lesions of the central nervous system, peripheral nervous system, and neuromuscular systems.
   b. Each fellow should have the opportunity to develop competence in morphologic assessment of diseases of muscle and peripheral nerves, including morphometric analysis and teased nerve fiber preparations, and to study neoplasms and related lesions of peripheral nerves and the sympathetic and parasympathetic nervous systems.
   c. The program must assure that each fellow has the opportunity to perform at least 300 necropsies that include examination of the nervous system (these may include brains seen in consultation, brains from complete autopsies, or brain only autopsies).
   d. The program must assure that each fellow has the opportunity to examine at least 300 neurosurgical specimens (including consultations) from the brain, spinal cord, pituitary gland, and eyes (including neoplastic, degenerative, infectious, and immune disorders of significance in the treatment and management of pediatric and adult patients).
   e. The program must assure that each fellow has the opportunity to perform at least 50 intraoperative neurosurgical consultations.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiologic-
C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semianual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Graduate Medical Education in Pediatric Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Pediatric pathology is that practice of pathology concerned with the study and diagnosis of human disease manifested in the embryo, fetus, infant, child, and adolescent.

B. Duration and Scope of Education
1. Graduate medical education programs in pediatric pathology must provide an organized educational experience for qualified physicians seeking to acquire advanced competence in the diagnosis of childhood diseases.
2. Programs will be accredited to offer 1 year of organized education in pediatric pathology, which must include formal education in diagnostic pediatric pathology and placental and fetal pathology as well as management and quality assessment issues germane to the pediatric laboratory environment.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A pediatric pathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.
3. To facilitate peer interchange and augment the breadth of the educational experiences, institutions providing programs in pediatric pathology must be affiliated with accredited specialty training programs in pediatrics, obstetrics, surgery, and radiology.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) Identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) Specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) Specify the duration and content of the educational experience;
   d) State the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in pediatric pathology.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The director must have at least 3 years active participation as a pediatric pathologist following completion of training.
   e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
   1. the addition or deletion of a participating institution;
   2. a change in the format of the educational program;
   3. a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

   b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical care, research, and teaching conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.

   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. The program must have access to an adequate volume and variety of pediatric pathology material. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.

3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.

4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

2. Fellows should have completed at least two years of training in an ACGME-accredited pathology residency prior to appointment to a pediatric pathology program.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components
a. The educational experiences may be provided through separate, exclusive rotations or by rotations that combine more than one area or by other means.

b. Lectures, tutorials, seminars, and conferences with clinical services, including pediatric surgery, pediatric hematology, pediatric oncology, medical microbiology, medical genetics, pediatric radiology, obstetrics, and pediatrics, must be regularly scheduled and held.

c. Instruction should include the use of study sets of usual and unusual cases and other educational materials.

2. Clinical Components
a. The education in pediatric pathology must include general and systemic aspects of autopsy and surgical pathology (including embryo-fetal, perinatal, and placental pathology as well as pediatric aspects of dermatopathology, gynecological and obstetrical pathology, forensic pathology, and neuropathology), immunopathologic and histochemical techniques, cytopathology, ultrastructural pathology, cytogenetics, molecular biologic techniques including diagnostic techniques for metabolic diseases, and other advanced diagnostic techniques as they relate to pediatric pathology.

b. While the quality of an educational program is not based on the volume of teaching material alone, programs must have sufficient volume and variety of materials available for educational purposes to ensure the opportunity for:

(1) The participation in at least 40 pediatric autopsies per fellow during the program. This experience must include general pediatric, metabolic, forensic, perinatal, and stillborn autopsies. It is highly desirable that this experience also include embryo-fetal autopsies.

(2) Examination of at least 2000 pediatric surgical pathology specimens per fellow during the program. This material must be from an adequate mix of cases, including obstetric-related materials (placentas and abortions) and cytology.

(3) The performance of at least 50 intraoperative consultations (frozen sections, smears) per fellow during the program.

c. The number and variety of laboratory tests utilized in the program should be sufficient to give each fellow experience in the range of laboratory examinations typically available and useful in the diagnosis and following of both common and unusual pediatric diagnostic problems, including metabolic, prenatal, genetic, neoplastic, and other diseases of the pediatric population.

d. Programs must provide instruction and experience in the major aspects of a hospital laboratory as it relates to diagnosis in pediatric pathology, including fellow participation in interpretation of laboratory data as part of pediatric patient-care consultation, conferences, rounds, laboratory management, quality assurance, data processing, teaching, and scholarly activity.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
   Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment
Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 8 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effec-
Program Requirements for Residency Education in Pediatrics

I. Introduction

A. Scope of Training

Programs must provide residents with a broad exposure to the health care of children and substantial experience in the management of diverse pathologic conditions. This must include experience in child health supervision and those conditions commonly encountered in primary care practice. It must also include experience with a wide range of acute and chronic medical conditions of pediatrics in both the inpatient and ambulatory settings.

Preventive health care, ethical issues, and discussions of the cost of diagnostic tests, procedures, and therapies should be a part of all rotations.

Throughout the 3 years of training, emphasis must be placed on enhancement of residents’ competence in the medical interview, physical examination, and communication and interpersonal skills.

B. Duration and Levels of Training

Programs must provide a progressive educational experience with increasing patient care responsibility over a 3-year period. The first year (PL-I) should include an introduction to the basic experiences on which the rest of the training will be based. During the last 24 months of training the program must require at least 5 months of supervising the activities of more junior residents within the approved educational settings. The supervisory responsibilities must involve both inpatient and outpatient experience.

C. Goal of the Residency

The goal of residency training in pediatrics is to provide educational experiences that prepare residents to be competent general pediatricians able to provide comprehensive, coordinated care to a broad range of pediatric patients. The residents’ educational experiences must emphasize the competencies and skills needed to practice general pediatrics of high quality in the community. In addition, residents must become sufficiently familiar with the fields of subspecialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.

Residents must be given the opportunity to function with other members of the health care team in both inpatient and ambulatory settings to become proficient as leaders in the organization and management of patient care.

II. Institutional Organization

A. Sponsoring Institution

There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

B. Participating Institutions

1. Single or Multiple institutions

An accredited program may be independent or may occur in two or more institutions that develop formal agreements and joint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. When affiliated institutions are utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents, the determination of all rotations, and the assignment of both residents and members of the teaching staff, the affiliated institution may be proposed as integrated. Ordinarily one hospital may not be an integrated part of more than one pediatric residency.
The Residency Review Committee (RCC) must approve the designation of a participating hospital as integrated. In making its determination the RCC will consider the proximity of the hospital to the primary teaching site and the duration of rotations planned. Normally, at least 3 months of required experience should occur at a hospital that is designated as integrated. A significant increase in the time spent at an integrated hospital should receive prior approval from the RCC. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated.

2. Agreements with Participating Institutions
When a residency program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the residency program in pediatrics and must be current at the time of the site visit. Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must be submitted with the program information forms at the time of each evaluation by the RCC.

C. Appointment of Residents
The development of a satisfactory program requires careful selection of applicants for appointment to the residency. When appointing residents, the program director must adhere to the criteria for resident eligibility that are specified in the Institutional Requirements. To determine the appropriate level of training for a resident who is transferring from another ACME-accredited pediatrics program, the program director must receive written verification of the previous educational experiences in a pediatric residency and a statement regarding the performance evaluation of the transferring resident prior to accepting that resident into the program. The program director is also required to provide verification of training, if requested to do so, for any residents who may leave the program prior to completion of training.

III. Faculty Qualifications and Responsibilities
The chief of pediatrics/department chair must have overall responsibility for all educational programs that are carried on within the Department of Pediatrics, including those in the subspecialties. All program descriptions submitted to the RCC from this department must bear this person's signature, in addition to that of the program director, indicating that the chief/chair has reviewed and approved the materials submitted.

The program director and teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program. The RCC must be notified immediately in writing of a change in leadership of the program. Continuity of leadership over a period of years is important for the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern.

1. Qualifications
   a. Experience/Ability: The director of the residency program must have demonstrated ability as a clinician, medical educator, and administrator and have an understanding of, and commitment to, general pediatric education.
   b. Licensure: The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Board Certification: The director must be currently certified by the American Board of Pediatrics or must possess appropriate educational qualifications. The adequacy of alternate qualifications will be determined by the RCC.
   d. Medical Staff Appointment: The director must hold an appointment in good standing to the medical staff of an institution participating in the residency.

2. Responsibilities
The program director must devote sufficient time to the residency program to provide continuity of leadership and to fulfill the administrative and teaching responsibilities inherent in achieving the educational goals of the program.

The responsibilities of the director include the following:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment, and distribution of the statement to residents and members of the teaching staff.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of residents.
   e. Regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   g. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Training situations that consistently produce undesirable stress on residents must be evaluated and modified. The director should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
   h. Program directors are required to provide accurate and complete statistical and narrative information as requested by the RCC for these evaluations.
   i. Notification of the RCC of major changes in the program.

B. Faculty
The teaching staff must have sufficient background and expertise to ensure that the educational goals, objectives, and/or curricular content can be met. They must be actively involved in the establishment of educational goals and objectives for the resident experiences in which they participate and in the evaluation of both the residents and the program.

1. Sufficient Numbers and Diversity
   There must be a sufficient number of pediatric teaching staff who function as general pediatrician and subspecialist role models for the residents and who contribute adequate time to the program to meet the educational needs of the residents.

   Within the primary hospital and/or integrated participating hospitals there must be teaching staff with expertise in the area of general pediatrics who will serve as teachers, researchers, and role models for general pediatrics. Hospital-based as well as community-based general pediatricians should participate actively in the program as leaders of formal teaching sessions, as outpatient
Program Requirements for Residency Education in Pediatrics

There must be an appropriately equipped and staffed emergency facility for the care of pediatric patients. The program must also have an intensive care facility that is appropriately equipped and staffed for the care of a sufficient number of seriously ill pediatric patients to provide adequate experience for the number of residents in the program.

B. Medical Library
Residents must have ready access to a major medical library, either at the institution where they are located or through arrangement with convenient nearby institutions. These library services should include the electronic retrieval of information from medical databases. There must also be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

C. Patient Population
Programs must provide residents with patient care experience in both inpatient and outpatient settings. A sufficient number, variety, and complexity of patients, ranging in age from infancy through young adulthood, must be present. A deficient or excessive patient load may jeopardize the accreditation status of the program.

V. Educational Program
The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

• Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
• Medical Knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
• Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
• Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
• Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
• Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

A. Curriculum, Goals, and Objectives
Each program must describe a core curriculum that complies with the RRC's requirements and is participated in by all residents. Programs that utilize multiple hospitals or that offer more than one track must provide evidence of a unified educational experience for each resident. Where multiple tracks exist within one program, each track must comply with the requirements, and residents in all tracks must have a minimum of 18 months of training in common. The provisions of the Institutional Requirements also must be met for accreditation.

Written goals and objectives and a method of evaluation must exist for each curricular component. The residency curriculum must be a structured educational experience that reflects an
appropriate balance between clinical and didactic elements. The curriculum should be competency-based and focus on skill attainment and skill maintenance. It should emphasize attitudes and skills necessary for lifelong learning.

1. Resident Assignments

Assignments to affiliated institutions must be designed to fulfill the educational goals and objectives of the program and must not be made primarily to meet service needs.

While no limit is placed on the duration of rotations to institutions that are integrated with the primary hospital's pediatric program (although the duration must have RRC approval), rotations to participating institutions that are not integrated with the primary hospital may not exceed a total of 9 months during the 3 years of training. No more than 3 months of these outside rotations may be in institutions that do not have their own pediatric residencies.

Rotations to other programs should enrich but not replace core experiences. When residents rotate to an institution that has its own accredited pediatric residency, the rotating residents must be fully absorbed into the prevailing pattern of instruction and patient care at the same level as the pediatric residents of that affiliated institution.

Residency programs that offer training to residents from other pediatric residencies must provide instruction and experience equivalent to that given to their own residents. They should enter into agreement with other programs only if they are prepared to absorb those residents into the prevailing pattern of education and patient care.

2. Approval of Changes

The program design or format must be approved by the RRC as part of the regular review process. Major changes in the content or format of a program that are proposed between regular reviews and/or the addition or deletion of a participating institution that provides 6 months or more of training require RRC approval before implementation. The RRC may determine that a site visit is required before a decision is made on such proposals.

B. General Pediatrics

In keeping with the commitment to general pediatrics, a minimum of 50% of clinical training should be devoted to ambulatory experiences. This may include all assignments in the continuity practice, emergency and acute care, and community-based experiences, as well as the ambulatory portion of normal/term newborn, subspecialty, behavior/development, and adolescent experiences.

1. Inpatient Experience

General inpatient pediatrics must constitute at least 5 months of a resident’s overall experience, exclusive of intensive care rotations. It must be structured to provide the resident with a concentrated exposure and continuity of involvement to ensure a primary role in patient care. The inpatient care experience must be designed to develop resident competency in managing patients with diverse illnesses of such complexity and severity as to require in-hospital care but not care in a critical care unit. This can be achieved most effectively through block rotations. An experience that is integrated with other educational activities will be considered acceptable if the program can demonstrate that the educational goals and objectives are met and that the primary role of the resident in the ongoing care of patients is ensured.

The experience must be structured to enable residents to develop
a. an understanding of which patients require in-hospital care and why, including medical, psychosocial, and environmental considerations;

h. skills in determining which patients can be managed in a general inpatient setting and which require higher levels of care and expertise in a critical care unit;

c. skills and competence in the evaluation, diagnosis, management, and appropriate disposition of pediatric patients in the hospital setting;

d. skills in working with an organized inpatient health care team, including nursing, child life therapy, social services, physical therapy, occupational therapy, and discharge planning; and

e. skills in the appropriate utilization of consultants and selection of studies in the care of pediatric patients in the hospital setting.

The program must ensure that each resident has the opportunity for independent evaluation and development of a differential diagnosis, planning diagnostic studies, formulating and implementing therapeutic options, and planning for discharge of patients under their care. It is not an appropriate educational experience if the above are all accomplished by attending physicians without the pediatric inpatient resident’s involvement.

The resident must be given progressive responsibility under close faculty supervision within a team that fosters peer and supervisory interchange. The availability of consultative resources appropriate to the patient base must be ensured, while allowing the resident to participate in the full spectrum of patient care from admission through discharge.

Regularly scheduled teaching/attending rounds that include all patients for whom the resident is responsible must be conducted by qualified teachers who are immediately available for consultation and who are supported by consultants in subspecialty areas appropriate to the patient population. Rounds should be targeted to the knowledge and skills required of a general pediatrician in an inpatient setting and should emphasize the appropriate utilization of subspecialist colleagues. The correlation of basic pathophysiology principles with the disease process should be stressed. Rounds that focus on the educational objectives of inpatient care must be held at least three times per week and may not be replaced by rounds that are primarily work-oriented.

The patient load for residents at all levels of training should allow time for close and effective management and detailed study of patients; yet should challenge the resident with diverse and complex problems at increasing levels of responsibility. A first-year resident should be responsible for approximately six to ten inpatients, depending on the average length of stay and the nature and severity of the illness. Second- and third-year residents may be involved in the care of more patients in a supervisory capacity, but this number should not exceed 30 in most situations.

The patient population available for resident education on the inpatient service must be of sufficient number, age distribution, and variety of complex and diverse pathology to assure the residents of adequate experience with infants, children, and adolescents who have acute and chronic illnesses, as well as with those with life-threatening conditions. Although there is increasing emphasis on outpatient care for a broad spectrum of pediatric illness, resident experience that is limited to the ambulatory setting will not be considered adequate for patient groups that require inpatient care as part of their ongoing treatment.

The comprehensive curriculum should include but not be limited to the following core content and should emphasize the pathophysiological correlates of the clinical situations:

a. Interviewing techniques with specific emphasis on behavioral, psychosocial, environmental, and family unit correlates of disease
2. Emergency and Acute Illness Experience (See also Section V.G.2, paragraph 7)

The experience in emergency and acute illness must constitute a minimum of 4 months. Two of these months should be in emergency medicine; at least 1 of these months must be a block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic and is the access point for seriously injured and acutely ill pediatric patients in the service area. This may be either a pediatric emergency department or, if patients are available in sufficient numbers, in another setting where acutely ill pediatric patients are seen. This experience may be as a block rotation, but integration into other longitudinal experiences is acceptable if the required duration and the educational goals and objectives can be met and appropriate supervision ensured.

The remaining required experience may be in the emergency department or, if patients are available in sufficient numbers, in another setting where acutely ill pediatric patients are seen. Optional sites may include walk-in clinics, acute care centers, and/or community-based primary care practice settings. Preferably, this experience would be as a block rotation, but integration into other longitudinal experiences is acceptable if the required duration and the educational goals and objectives can be met and appropriate supervision ensured.

The experience must be designed to develop resident competence in managing unselected and unscheduled patients with acute illness and injury of varying degrees of severity, from very minor to life-threatening.

Specific objectives of this experience must include but not be limited to development skills in the following:

a. Evaluation and care of patients with acute illnesses or injuries of varying degrees of severity
b. Resuscitation, stabilization, and triage of patients after initial evaluation
c. Interaction with other professionals involved in emergency care in the emergency department, including the trauma team; emergency physicians; specialists in surgery, anesthesia, radiology, and relevant pediatric and surgical subspecialties; dentists; and others as appropriate
d. Participation with the emergency medical system in the provision of prehospital care for acutely ill or injured patients, including access to appropriate transport systems and triage

The program director must ensure that the pediatric residents have first-contact evaluation of pediatric patients and continuous on-site supervision. It is not a sufficient educational experience if the pediatric resident functions only on a consultative basis or deals only with a preselected patient population. Residents in these settings must have on-site supervision by members of the pediatric teaching staff or by other attending staff who have extensive experience in and knowledge of the care of acute pediatric illnesses and injuries.

The resident should have the opportunity to work on a multidisciplinary clinical team to learn the role of the general pediatrician in such a setting. A system for patient outcome feedback to the resident should be established. The resident’s performance must be evaluated on a regular basis by staff directly involved in the acute and emergency care experience, and appropriate feedback must be provided to the resident and to the program director.

Although they may be called on to care for some adult patients to ensure adequate volume and diversity, the pediatric residents’ major responsibility must be for an appropriate range of pediatric patients. Programs that share the emergency and acute illness patient base with other training programs, such as emergency medicine, pediatric emergency medicine, and family practice, must document that a sufficient and appropriately diverse pediatric patient population is available to the pediatric residency program.

The comprehensive experience for all residents should include but not be limited to the following disorders and should emphasize the pathophysiologic correlates of the clinical situations:

a. Acute major and minor medical problems such as respiratory infection, respiratory failure, cardiopulmonary arrest (including sudden infant death syndrome, or SIDS), dehydration, coma, seizures, diabetic ketoacidosis, asthma, skin disorders, pyelonephritis, sepsis, shock, fever, and childhood exanthems
b. Acute major and minor surgical problems such as appendicitis, bowel obstruction, burns, foreign body inhalation and ingestion, abscess drainage, and head trauma
c. Poisonings and ingestions
d. Physical and sexual abuse
e. Minor trauma (including splinting, casting, and suturing)
f. Major trauma (including active participation with the trauma team)
g. Participation in prehospital management and transport
h. Acute psychiatric, behavioral, and psychosocial problems
i. Admission or discharge planning, including communication with the personal physician

3. Continuity Experience

The program must provide adequate continuity experience for all residents to allow them the opportunity to develop an understanding of and appreciation for the longitudinal nature of general pediatric care, including aspects of physical and emotional growth and development, health promotion/disease prevention, management of chronic and acute medical conditions, family and environmental impacts, and practice management. Residents must assume responsibility for the continuing care of a group of patients throughout their training. Inherent in the principle of continuity of care is that patients are seen on a regular and continuing basis, rather than on a single occasion. Isolated block experiences will not satisfy this requirement.

The continuity of care experience must include participation in a setting that is structured and designed to emulate the prac-
tice of general pediatrics and that is conducive to efficient processing and management of patients. This setting may be an office-based practice, an institutional-based continuity clinic, or a community-based center. Ideally, residents should participate in the care of their patients through hospitalization, assess them during acute illnesses, and be available to facilitate other services, such as school-related evaluations and specialty referrals.

Residents must devote at least ½ day per week to their continuity experience throughout the 3 years, and an additional ½ day session per week is suggested. This experience must receive priority over other responsibilities, and may be interrupted only for vacations and outside rotations located at too great a distance to allow residents to return. The periods of interruption may not exceed 2 months in any 1 year or 3 consecutive months at any time.

The program must ensure that residents are exposed to a continuity patient population sufficient in number and of adequate variety to meet the educational objectives. It must include well patients as well as those with complex and chronic problems. Patients initially managed in the normal newborn nursery, emergency department, inpatient service, intensive care unit (pediatric and neonatal), subspecialty clinics, and other sites may be enrolled in the residents' panels. Guidelines for numbers of continuity panel patients seen per half-day experience are three to six patients per resident in the PL-1 year, four to eight patients in the PL-2 year, and five to ten patients in the PL-3 year. Acceptable minimum numbers for each resident's patient panel are approximately 60 patients for each PL-1 resident and approximately 100 patients for each PL-2 and PL-3 resident.

The curriculum should emphasize the generalist approach to common office-based pediatric issues including anticipatory guidance from birth through young adulthood, developmental and behavioral issues, and immunization practices and health promotion, as well as the care of children with chronic conditions. The resident must learn to serve as the coordinator of comprehensive primary care for children with complex and multiple health-related problems and to function as part of a health care team. Subspecialty consultants and allied health personnel must be available to residents in the care of their continuity patients.

The number of teaching staff in the continuity clinic must be sufficient to ensure an appropriate educational experience for all residents present. Teaching staff who serve as attendings in the continuity clinic must have expertise in the area of general pediatrics and be able to function as role models in general pediatrics. They must be actively involved in direct patient care to maintain their expertise and credibility. These and other competing responsibilities, however, must not compromise their availability for supervision and consultation with the residents.

Record maintenance must be designed to allow verification of the adequacy of each resident's experience.

4. Normal/Term Newborn Experience

There must be the equivalent of at least 1 month in the care of normal/term newborns. This may not be part of a neonatal intensive care unit (NICU) rotation but it may be combined with another experience over a longer period of time if an equivalent duration is demonstrated and the educational goals of both experiences can be met. Preferably, this rotation should take place in the first year of training to provide an experience on which more advanced training will be based, and it should be supervised primarily by general pediatric faculty. This experience should include longitudinal follow-up of selected infants discharged from the nursery. The experience should also include at least the following:

a. Recognition and appropriate intervention for high-risk infants
b. Distinguishing well from ill infants
c. Performance of physical examination on newborn infants, which includes assessment of gestational age and the appropriateness of intraventricular growth
d. Identification of common anomalies, birth defects, and syndromes, including counseling the parents
e. Provision of routine newborn care
f. Recognition and treatment of common physiologic deviations in the newborn
g. Identification and management of infants of mothers with substance abuse and/or sexually transmitted diseases (STDs) or other infections
h. Routine newborn screening and appropriate follow-up of infants with positive test results
i. Preventive measures including immunization schedules and safety issues, such as counseling parents on the importance of infant safety seats and knowledge of normal infant nutrition, including breast feeding, as well as knowledge of normal newborn growth and development
j. Discharge planning

5. Community Experiences

There must be structured educational experiences that prepare residents for the role of advocate for the health of children within the community. These should include both didactic and experiential components that may be integrated into other parts of the curriculum, e.g., continuity, adolescent behavior/development, or they may be designed as distinct longitudinal or block rotations.

Residents must be supervised by pediatricians and other health professionals experienced in the relevant content areas. The curriculum should include but not be limited to the following subjects:

a. Community-oriented care with focus on the health needs of all children within a community, particularly underserved populations
b. The multicultural dimensions of health care
c. Environmental toxicants and their effect on child health
d. The role of the pediatrician within school and day care settings
e. The role of the pediatrician in the legislative process
f. The role of the pediatrician in disease and injury prevention
g. The role of the pediatrician in the regional emergency medical system for children

These experiences should utilize settings within the community, such as

a. community-based primary care practice settings;
b. community health resources and organizations, including governmental and voluntary agencies, e.g., local and state public health departments, services for children with disabilities, Head Start;
c. schools and day-care settings, including elementary school through college;
d. home-care services for children with special health care needs; and
e. facilities for incarcerated youth.

C. Subspecialty Education

Education in the various subspecialties of pediatrics must be a vital part of the training of general pediatricians. Although it is not possible for each resident to rotate through every subspecialty, it is required that all residents be exposed to the specialized knowledge and methods of the major pediatric subspecialties through longitudinal experiences on the general inpatient and intensive care services and in outpatient settings. Residents should be taught when
Program Requirements for Residency Education in Pediatrics

1. Intensive Care Experience (NICU and PICU)
   a. Recognition and management of isolated and multiorgan system failure and assessment of its reversibility
   b. Understanding of the variations in organ system dysfunction by age of patient
   c. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients
   d. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions
   e. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units
   f. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital
   g. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings
   h. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting
   i. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions
   j. Resuscitation and care of newborns in the delivery room
   k. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury

2. Adolescent Medicine
   a. Recognition and management of isolated and multiorgan system failure and assessment of its reversibility
   b. Understanding of the variations in organ system dysfunction by age of patient
   c. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients
   d. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions
   e. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units
   f. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital
   g. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings
   h. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting
   i. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions
   j. Resuscitation and care of newborns in the delivery room
   k. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury

   The intensive care experiences must provide the opportunity for residents to deal with the special needs of critically ill patients and their families. Intensive care experience must be for a minimum of 4 and a maximum of 6 months and must include at least 3 block months of neonatal intensive care (Level II or III) and 1 block month of pediatric intensive care. Night and weekend responsibilities in the NICU, when the residents are on other rotations, will be included in the allowable maximum period of intensive care experience, with 200 hours being considered the equivalent of 1 month.

   Programs with 1 month of PICU and 4 block months of neonatal intensive care experience may allow an additional 200 hours of night and weekend responsibilities while the residents are on other rotations. Programs with 3 block months may have 400 hours of additional call. Programs with 5 block months may have no additional NICU call.

   To provide additional experience for those who may need it for future practice, 1 additional elective block month in the NICU may be allowed for individual residents after completion of the required NICU experience in the program. As is the case with any block month, it may include call.

   The curricula in neonatal and pediatric intensive care must be structured to familiarize the resident with the special multidisciplinary and multiorgan implications of fluid, electrolyte, and metabolic disorders; trauma, nutrition, and cardiorespiratory management; infection control; and recognition and management of congenital anomalies in pediatric patients. It also must be designed to teach the following:

   a. Understanding of the variations in organ system dysfunction by age of patient
   b. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients
   c. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions
   d. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units
   e. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital
   f. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings
   g. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting
   h. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions
   i. Resuscitation and care of newborns in the delivery room
   j. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury

3. Developmental/Behavioral Pediatrics
   a. Understanding of the variations in organ system dysfunction by age of patient
   b. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients
   c. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions
   d. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units
   e. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital
   f. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings
   g. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting
   h. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions
   i. Resuscitation and care of newborns in the delivery room
   j. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury

   The program must provide all residents with experience in adolescent medicine that will enable them to recognize normal and abnormal growth and development in adolescent patients. This experience must be supervised by faculty having training and/or experience in adolescent medicine.

   The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in the area of adolescent medicine. The program must also provide the resident with an integrated experience that incorporates adolescent issues into ambulatory and inpatient experiences throughout the 3 years, e.g., inpatient unit, community settings, continuity clinic, or subspecialty rotations.

   It must include instruction and experience in at least the following:

   a. Normal pubertal growth and development and the associated physiologic and anatomic changes
   b. Health promotion, disease prevention, and anticipatory guidance of adolescents
   c. Common adolescent health problems, including chronic illness, sports-related issues, motor vehicle safety, and the effects of violence in conflict resolution
   d. Interviewing the adolescent patient with attention to confidentiality, consent, and cultural background
   e. Psychosocial issues, such as peer and family relations, depression, eating disorders, substance abuse, suicide, and school performance
   f. Male and female reproductive health, including sexuality, pregnancy, contraception, and STDs

   The program must provide all residents with an adequate experience in developmental/behavioral pediatrics to ensure that the resident recognizes normal and abnormal behavior and understands child development from infancy through young adulthood. The program must educate the residents in the intrinsic and extrinsic factors that influence behavior to enable them to differentiate behavior that can and should be managed by the general pediatrician from behavior that warrants referral to other specialists. Clinical and didactic components of behavioral, psychosocial, and developmental pediatrics should be integrated.
into the general educational program and into each patient encounter, when possible.

The experience must be supervised by faculty with training and/or experience in the developmental/behavioral aspects of pediatrics.

The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in developmental/behavioral pediatrics. The program also must provide an integrated experience that incorporates developmental/behavioral issues into ambulatory and inpatient experiences throughout the 3 years, e.g., inpatient unit, community setting, continuity clinic, and subspecialty rotations. The program must include formal instruction in at least the following components to enable the residents to develop appropriate skills:

a. Normal and abnormal child behavior and development, including cognitive, language, motor, social, and emotional components
b. Family structure, adoption, and foster care
c. Interviewing parents and children
d. Psychosocial and developmental screening techniques
e. Behavioral counseling and referral
f. Management strategies for children with developmental disabilities or special needs
g. Needs of children at risk, e.g., those in poverty, from fragmented families, or victims of child abuse/neglect
h. Impact of chronic diseases, terminal conditions, and death on patients and their families

4. Additional Required Subspecialty Experience

Excluding the adolescent medicine, developmental/behavioral pediatrics, and intensive care experiences, the time committed by any resident to subspecialty rotations must be a minimum of 6 months. During the 3 years of training no more than 3 block months, or its equivalent, may be spent by a resident in any one of the subspecialties in the lists below. Subspecialty research electives that involve no clinical activities need not be included in the calculation of a resident’s subspecialty months.

The program must require that each resident complete a minimum of four different 1-month block rotations taken from the following list of pediatric subspecialties:

**Allergy/Immunology**

**Dermatology**

**Cardiology**

**Nephrology**

**Endocrinology/Metabolism**

**Neurology**

At least two of the four subspecialty rotations must be taken at the primary teaching site and/or integrated hospitals. Two of these subspecialties may be combined over a 2-month block if the outpatient and inpatient experiences of the two disciplines can be successfully integrated.

Additional subspecialty experiences needed to comply with the minimum requirements may be scheduled either as block assignments or as part of rotations in the outpatient department or inpatient services. The daytime equivalent of a block month is 140 hours. These may be selected from the list above or from the following list:

**Child Psychiatry**

**Dermatology**

**Ophthalmology**

**Orthopaedics & Sports Medicine**

Two subspecialty areas from this second list may be combined over a 1- or 2-month period to provide a more effective educational experience.

**D. Additional Curricular Requirements**

Departmental conferences, seminars, teaching rounds, and other structured educational experiences must be conducted on a regular basis sufficiently often to fulfill educational goals. Reasonable requirements for resident attendance should be established, and resident and staff attendance should be monitored and documented. In addition to providing instruction in topics relevant to general pediatrics and to the subspecialty disciplines, there must be a structured curriculum in each of the following areas:

1. Medical ethics, including but not limited to the ethical principles of medical practice and the ethical aspects of
   a. the relationship of the physician to patients, e.g., initiating and discontinuing the treatment relationship, confidentiality, consent, and issues of life-sustaining treatments
   b. the relationship of the physician to other physicians and to society, e.g., the impaired physician, peer review, conflicts of interest, resource allocation, institutional ethics committees, and ethical issues in research
2. Quality assessment, quality improvement, risk management, and cost effectiveness in medicine
3. Health care organization, financing, and practice management, with instruction in
   a. the organization and financing of health care services for children at the local, state, and national levels, including an understanding of the role of the pediatrician in the legislative process
   b. the organization and financing of office practice, including personnel and business management, scheduling, billing and coding procedures, and maintenance of an appropriate patient record system.
4. Medical information sciences, emphasizing the skills necessary to prepare the resident for continued self-learning and including instruction in
   a. basic computer skills, techniques for electronic retrieval of the medical literature, and the use of electronic information networks
   b. the critical evaluation of the medical literature, study design, and the applicability of clinical studies to patient care
   c. clinical decision theory and its application to clinical practice.

**E. Development of Procedural Skills**

The program must teach residents, in both hospital and ambulatory settings, those procedural skills appropriate for a general pediatrician. These educational experiences should be graduated so that residents build and maintain skills throughout the training program.

1. Each program must provide sufficient training in and monitor resident development of at least the following skills:
   a. Basic and advanced life support
   b. Endotracheal intubation
   c. Placement of intraosseous and intravenous lines
   d. Arterial puncture
   e. Venipuncture
   f. Umbilical artery and vein catheter placement
   g. Lumbar puncture
   h. Bladder catheterization
   i. Thoracentesis
   j. Chest tube placement
   k. Gynecologic evaluation of prepubertal and postpubertal females
   l. Wound care and suturing of lacerations
   m. Subcutaneous, intradermal, and intramuscular injections
   n. Developmental screening test.

Each program must have a formal system for documenting resident experience and for monitoring resident compliance with the
documentation process. Documentation of skills, e.g., procedure logs, must be maintained by the program in the resident files. Supervision and documentation of skills must be by faculty or others with documented competence in the procedures. Residents should be informed about the procedures they are expected to learn and must receive feedback on their proficiency as part of the evaluation process.

2. In addition, programs should provide exposure to the following procedures or skills:
   a. Circumcision
   b. Conscious sedation
   c. Tymanometry and audiometry interpretation
   d. Vision screening
   e. Hearing screening
   f. Simple removal of foreign bodies, e.g., from ears or nose
   g. Inhalation medications
   h. Inclusion and drainage of superficial abscesses
   i. Suprapubic tap
   j. Reduction and splinting of simple dislocations
   k. Pain medicine

All residents should maintain certification in pediatric advanced life support (PALS) and neonatal advanced cardiac life support or in equivalent lifesaving systems.

F. Elective Experiences

Electives are intended to enrich the educational experience of residents in conformity with their needs, interests, and/or future professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director.

G. Resident Policies

1. Supervision of Residents

The supervision of residents must be accomplished through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

Residents must be supervised by teaching staff in a way that will allow them to assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each resident must be determined by the teaching staff.

2. Duty Hours and Conditions of Work

Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting in or outside the primary hospital, to ensure that the quality of patient care and the educational experience, as outlined in the agreement between the institution and the residents, is not compromised. Formal written policies on outside professional activities must be provided to the residents and should be available to the RRC, if requested.

Clinical duties must not be so pressing or consuming that they preclude ample time for educational activities, other important phases of the training program, or personal needs.

It is equally important that the residents have a keen sense of personal responsibility for patient care. Residents should be taught that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. The resident should not be relieved of duty until the proper care and welfare of the patients have been ensured by the presence of a suitable professional replacement.

On-call duty should occur with a monthly average of every third to fourth night for inpatient rotations requiring call. Call may be less frequent for outpatient or elective rotations. The call expected in in-house or phone. There should also be a resident backup call schedule or alternate plan to provide coverage in the event that the assigned resident is unable to fulfill the assignment.

Call-free rotations should not occur on regular inpatient services where such a schedule would compromise the concept of continuity of care and interfere with the educational experience, e.g., teaching rounds. Call-free rotations should not exceed 4 months during the 3 years of training.

The purposes of night call are to provide patient care, assume clinical responsibility, and provide supervision and guidance. Call-free experiences may not exceed 1 month and should not occur more than once per calendar year. Call-free experiences must not dilute the educational experience for the resident.

3. Resident Complement/Peer Interchange

Because peer interchange is a very important component of the learning process, each program is expected to recruit and retain a sufficient number of qualified residents to fulfill the need for peer interaction among those training in pediatrics. The number of residents from other specialties or programs who rotate on the pediatric service must not dilute the experience and peer interaction of the pediatric residents.

There must be a sufficient number of residents at each level to provide appropriate peer interaction including frequent and meaningful discussion during all phases of the training program, e.g., neonatal, outpatient, inpatient, and emergency services.

Residents at more than one level of training must interact in the care of inpatients. To achieve this, a program should offer a minimum total of 12 resident positions, i.e., four at each level, exclusive of subspecialty residents. Except for periods of transition, the same number of positions should be offered in each of the 3 years of training. The RRC will consider the presence of residents from combined pediatrics programs, e.g., medicine/pediatrics or pediatrics/emergency medicine, when it evaluates the adequacy of the resident complement and of peer interaction. An inability to recruit the required number of residents and/or a high rate of resident attrition from a program over a period of years will be a cause of concern to the RRC.

H. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, which should include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals;
3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;
4. Provision of guidance and technical support for residents involved in research, e.g., research design, statistical analysis; and
5. Provision of support for resident participation in scholarly activities.

There should be evidence of clinical investigation and research that is designed to provide an environment of inquiry and scholarship in which the residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. This must include
1. a journal club and research conferences in which members of the teaching faculty participate and
2. opportunity to participate in scholarly activities, which may include clinical investigation and/or basic research.

VI. Evaluation
The program director is responsible for developing and implementing formal mechanisms for evaluation, as described below.

A. Evaluation of Residents
The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:
1. use of dependable measures to assess residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
2. mechanisms for providing regular and timely performance feedback to residents
3. a process involving use of assessment results to achieve progressive improvements in residents’ competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

The program must have formal mechanisms for monitoring and documenting each resident’s acquisition of fundamental knowledge and clinical skills and his or her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic evaluation of each resident must be maintained and must be available for review by the site visitor. Evaluations must include noncognitive areas such as interpersonal and communication skills, attitudes, and professional behavior, as well as moral and ethical characteristics.

Program directors are required to keep accurate documentation of the general and subspecialty experience of each resident in the program and to submit this information to the RRC if it is requested. The exact nature of the general and subspecialty experiences of residents at other institutions and evaluation of their performance must be documented in the residents’ files.

It is essential that residents participate in existing national examinations. The annual In-Training Examination of the American Board of Pediatrics is one example of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the faculty to identify the cognitive strengths and weaknesses of individual residents and weaknesses in the teaching program and to develop remedial activity, if warranted.

The program director and faculty are responsible for provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident’s evaluation. These must include, at a minimum, the assessment of the resident’s competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

B. Evaluation of Faculty
Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents participate in this evaluation in a confidential manner.

C. Evaluation of the Program
The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program’s effectiveness in achieving them, and the needs of the residents. At least one resident representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be addressed.

The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.

The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

This evaluation should include an assessment of the balance between the educational and service components of the residency. In addition, the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision of the residents should be evaluated. Written evaluation by residents should be utilized in the process.

As part of the evaluation of the effectiveness of the program, the director must monitor the performance by the program’s graduates on the certifying examination of the American Board of Pediatrics. Information gained from the results should be used to improve the program.

VII. Board Certification
One measure of the quality of a residency program is the performance of its graduates on the certifying examinations of the American Board of Pediatrics. In its evaluation of residency programs, the RRC will take into consideration the information provided by the American Board of Pediatrics regarding resident performance on the certifying examinations during the most recent 3 to 5 years.
Program Requirements for Residency Education in the Subspecialties of Pediatrics

I. Introduction

In addition to complying with the requirements in this document, each program must comply with the program requirements for the respective subspecialty, which may exceed the minimum requirements set forth here.

An accredited pediatric subspecialty program must exist in conjunction with and be an integral part of a core pediatric residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Interaction of the subspecialty residents and faculty with the residents in the core pediatrics residency program is required. [Note: Those in accredited subspecialty programs are called residents or subspecialty residents. The term fellow is not used.] Lines of responsibility for the pediatric residents and the subspecialty residents must be clearly defined. The presence of the subspecialty program should not adversely affect the education of the pediatric residents.

II. Institutional Organization

A. Sponsoring Organization

The pediatric subspecialty program must be sponsored by the same institution that sponsors the related core pediatrics program.

B. Single or Multiple Institutions

An accredited program may occur in one or more institutions. If training occurs in more than one institution, there must be formal agreements that describe joint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. An institution that provides 6 months or more of the inpatient and/or outpatient training requires approval by the Residency Review Committee (RRC).

When a program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the subspecialty residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the subspecialty program and must be current, no more than 5 years old, at the time of the site visit.

Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must accompany an application for initial accreditation. At the time of subsequent reviews these documents need not be submitted but must be available for review by the site visitor.

C. Appointment of Subspecialty Residents

Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency or other training judged suitable by the program director. [Note: Candidates who do not meet this criterion must be advised by the program director to consult the American Board of Pediatrics or other appropriate board regarding their eligibility for subspecialty certification.]

To determine the appropriate level of training for a subspecialty resident transferring from another ACGME-accredited pediatric subspecialty program, the program director must receive from the director of that program written verification of the subspecialty resident's educational experiences in the subspecialty and a statement regarding his/her performance.

III. Duration and Scope of Training

A. Length of Training

Unless specified otherwise in the program requirements for a subspecialty, pediatric subspecialty programs must provide 2 years of training. [Note: If a third year is offered, it must be described when the program is reviewed by the RRC. Those residents who plan to seek certification by the subboard should consult the American Board of Pediatrics regarding the criteria for eligibility, including length of training, with the exception of sports medicine, which is 1 year.]

B. Scope of Training

Each subspecialty program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and provides subspecialty residents adequate training in the diagnosis and management of these subspecialty patients. This must include progressive clinical, technical, and consultative experiences that will enable the subspecialty resident to develop expertise as a consultant in the subspecialty.

The subspecialty program also must develop in its subspecialty residents a commitment to lifelong learning and must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions. Progressive acquisition of skill in investigative efforts related to the subspecialty is essential.

The program must provide the subspecialty residents with instruction and opportunities to ensure effective interaction with patients, their patients' families, professional associates, and others in carrying out their responsibilities as physicians in the specialty. They must be taught how to create and sustain a therapeutic relationship with patients and how to work effectively as members or leaders of patient care teams or other groups in which they participate as researcher, educator, health advocate, or manager.

IV. Program Personnel

The program director and the teaching staff are responsible for the general administration of a program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director based at the primary teaching site who is fully committed to the program and devotes sufficient time to ensure achievement of the educational goals and objectives. The RRC must be promptly notified in writing of a change in the leadership of the program.
1. Qualifications
The director must:
   a. document possession of the requisite clinical, educational, investigatory, and administrative abilities and experience.
   b. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. be currently certified by the relevant subboard of the American Board of Pediatrics or possess appropriate educational qualifications judged by the RRC to be acceptable.
   d. have an appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of the subspecialty residents at each level of training and for each major rotation or other program assignment, and distribution of this statement to subspecialty residents and members of the teaching staff. It should be readily available for review.
   b. Selection of subspecialty residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of subspecialty residents through explicit written guidelines describing supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Subspecialty residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and subspecialty resident complaints or grievances.
   f. Monitoring subspecialty resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services related to subspecialty residents. Training situations that consistently produce undesirable stress on subspecialty residents must be evaluated and modified.
   g. Monitoring and documenting the procedural skills of the subspecialty residents.
3. Teaching Staff
   There must be sufficient numbers of teaching staff who devote adequate time to the educational program to enable it to meet its goals and objectives. In addition to the subspecialty program director, there must at least one other member of the teaching staff who is qualified in the subspecialty. In some of the subspecialties, two or more additional subspecialists are required. Specific details are included in the requirements for each pediatric subspecialty.
   If the program is conducted at more than one institution, a member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
   Appropriate teaching and consultant faculty in the full range of pediatric subspecialties and in other related disciplines also must be available. The other related disciplines should include medical genetics, child neurology, child and adolescent psychiatry, as well as pediatric surgery and surgical subspecialties as appropriate to the subspecialty. An anesthesiologist, pathologist, and a radiologist who have significant experience with pediatric problems and who interact regularly with the subspecialty residents are essential.
   All of the members of the physician teaching staff should be currently certified by the appropriate member board of ABMS. Pediatric subspecialists should be certified in their subspecialty by the American Board of Pediatrics. Where this is not the case, evidence of appropriate educational qualifications must be provided. The RRC will determine the acceptability of such qualifications.
   All members of the teaching staff must demonstrate a strong interest in the education of subspecialty residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. They must devote adequate time to each of these endeavors.
4. Other Professional Personnel
   Programs must have access to the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program appropriate to the subspecialty. The professional personnel should include nutritionists, social workers, respiratory therapists, pharmacists, subspecialty nurses, physical and occupational therapists, child life therapists, and speech therapists with pediatric focus and experience, as appropriate to the subspecialty.
5. Facilities and Resources
   The sponsoring institution is responsible for ensuring that the subspecialty program has adequate facilities and resources to achieve the educational objectives.
   a. Inpatient and Outpatient Facilities
      Adequate inpatient and outpatient facilities, as specified in the requirements for each subspecialty, must be available. These must be of sufficient size and be appropriately staffed and equipped to meet the educational needs of the subspecialty program.
   b. Support Services
      Support services must include clinical laboratories, intensive care, nutrition, occupational and physical therapy, pathology, pharmacology, mental health, diagnostic imaging, respiratory therapy, and social services.
   c. Patient Population
      Patients should range in age from newborn through young adulthood, as appropriate. Adequate numbers of pediatric subspecialty inpatients and outpatients, both new and follow-up, must be available to provide a broad experience for the subspecialty residents.
      The program must maintain an appropriate balance among the number and variety of patients, the number of preceptors, and the number of subspecialty residents in the program.
   d. Library Facilities and Computer Access
      Subspecialty residents must have access to an on-site library or collection of appropriate texts and journals in each participating institution or must have access to electronic databases and other data processing applications.
   e. Resources for Research and Scholarly Activities
      There must be adequate resources for scholarly activity, research, and critical analysis. These must include adequate laboratory space, equipment, financial support, and computer services.
6. Educational Program
   The subspecialty program must provide advanced training to allow the subspecialty residents to acquire expertise as a consultant in...
subspecialty. The formal curriculum must be reflected in the goals and objectives.

A subspecialty program must provide an environment in which high standards of professionalism and a commitment to continued improvement are evident. The values of professionalism must be fostered in the subspecialty residents throughout their training. These values include placing the needs of one's patients ahead of one's self-interest, being responsive to the needs of society, continuing a commitment to scholarship and to high standards of related research, and enhancing the ability of all colleagues in the medical profession to discharge their responsibilities optimally.

A. Program Design
The program design and structure must be approved by the RRC as part of the regular review process.

B. Clinical Skills
A subspecialty program must offer supervised training to ensure the acquisition of the necessary clinical skills used in the subspecialty and the development of sound judgment and decision-making skills that affect patient treatment and management. Residents must regularly participate in clinical quality improvement activities.

Subspecialty residents must be provided with adequate and appropriate faculty supervision in accord with their level of experience and expertise.

C. Diagnostic Tests and Procedures
The program must offer supervised experience in interpreting the results of laboratory tests and diagnostic procedures for use in patient care. Instruction and experience must be sufficient for the subspecialty residents to acquire the necessary procedural skills and develop an understanding of their indications, risks, and limitations. Each resident's experience in such procedures must be documented by the program director.

D. Curriculum
There must be a formally structured educational program in the clinical and basic sciences related to the subspecialty that utilizes lectures, seminars, and practical experience. Subspecialty conferences must be regularly scheduled and should involve active participation by the subspecialty resident in the planning and implementation of these meetings.

The curriculum should involve basic and fundamental disciplines related to each subspecialty and should include the following, as appropriate: anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism.

This curriculum should include the pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as instruction in the scientific, ethical, and legal implications of confidentiality and of informed consent.

There should be instruction in the ways in which sociocultural factors affect patients and their families.

Bioethics, biostatistics, epidemiology and population medicine, outcome analysis, and the economics of health care must also be included in the formal curriculum. The latter must involve training and education in current health care management issues, such as cost-effective patient care, practice management, quality improvement, and clinical outcomes.

E. Teaching Experience
Subspecialty residents must be given the opportunity to teach and to assume some departmental administrative responsibilities.

Subspecialty residents should develop an understanding of the appropriate role of the pediatric generalist in subspecialty care and participate in the residency and continuing education activities. They must participate actively in conferences, lectures, and clinical experiences for general pediatric residents and other trainees.

These teaching experiences should include oral presentations and correlation of basic biomedical knowledge with the clinical aspects of the subspecialty. The program should provide instruction in curriculum design and in the development of teaching material for the subspecialty residents.

F. Subspecialty Resident Policies
The program director must establish an environment that is optimal for both subspecialty resident education and patient care, including the responsibility for continuity of care, while ensuring that undue stress and fatigue among subspecialty residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that subspecialty residents are not subjected to excessively difficult or prolonged working hours. Subspecialty residents' work schedules must be designed so that they have at least 1 day out of 7, averaged monthly, free of program responsibilities. They should be on call in the hospital no more often than every third night. Call from home may not be so frequent as to infringe on a reasonable amount of personal time.

During in-house call subspecialty residents must be provided with adequate sleeping, shower and lavatory, lounge, and food facilities. Adequate backup must be available so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the subspecialty resident does not spend an inordinate amount of time in noneducational activities that should be discharged properly by other personnel.

G. Research and Scholarly Activity
Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. As part of the academic environment of each accredited subspecialty program, an active research component, involving both faculty and subspecialty residents, is required. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program director and the teaching staff. Recent productivity by the program faculty and by the subspecialty residents will be assessed.

Participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship must be demonstrated.

1. Faculty Research/Scholarly Activity
The teaching staff must provide evidence of a commitment to and productivity in research in the pediatric subspecialty area. This research must be ongoing in clinical and/or basic aspects of the pediatric subspecialty field. The RRC will consider the following as indicative of the commitment of the teaching staff to research:

a. Projects funded by agencies requiring peer review
b. Publications in peer-reviewed journals
c. Presentations at national, regional, or international scientific meetings
d. Research protocols approved by the local Institutional Review Board and implemented.

2. Research Program for Subspecialty Residents
Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the
development of research skills, completion of research projects and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty.

VII. Evaluation

There must be formal mechanisms for the assessment of subspecialty resident performance, faculty performance, and program objectives. The same evaluation mechanisms used in the related pediatrics residency program must be adapted for and implemented in all of the pediatric subspecialty programs that function with it. These must be in compliance with the specific guidelines provided below.

A. Evaluation of Subspecialty Residents

The program must have formal mechanisms by which the knowledge, skills, and professional growth of the subspecialty residents are evaluated at least semiannually. This assessment must specify how the acquisition of requisite skills for subspecialty competence is accomplished.

A written record of these evaluations must be maintained, must be formally reviewed with the subspecialty resident at least semiannually, and must be accessible to authorized personnel. Subspecialty residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarly and professional growth.

The program director, in consultation with the teaching staff, must provide a written final evaluation for each subspecialty resident who completes the program. This evaluation must include a review of the subspecialty resident's performance during the final period of training. Verification that the subspecialty resident has demonstrated sufficient professional ability and acquisition of appropriate clinical and procedural skills to practice competently and independently in the pediatric subspecialty should be provided. This final evaluation should be part of the subspecialty resident's permanent record that is to be maintained by the institution.

B. Evaluation of Faculty

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation must include assessment of their teaching ability and commitment to teaching, their clinical knowledge, and their active participation in scholarly activity. There must be a formal mechanism by which residents in both the core and subspecialty programs participate confidentially in these evaluations. Faculty should receive formal feedback from these evaluations.

C. Evaluation of the Program

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. They should periodically evaluate the use of the resources available to the program. Written evaluations by subspecialty residents should be used in this process. Specifically, the contribution of the participating institutions, the financial and administrative support of the program, the volume and variety of patients available for educational purposes, the performance of the teaching staff, and the quality of supervision of subspecialty residents should be considered in the evaluation. Information gained from these evaluations should be used to implement improvements in the program.

Annual review and evaluation of the program in relation to the educational goals, the quality of the curriculum, the needs of the subspecialty residents, and the clinical and research responsibilities of the faculty must be documented. At least one subspecialty resident representative should participate in the periodic and annual reviews.

VIII. Evaluation by the RRC

Each subspecialty program will be evaluated by the RRC at regular intervals, usually in conjunction with a review of the related core pediatrics program. During the interval between regular reviews, approval of the RRC should be obtained before implementation of major changes in the program.

The program director is responsible for submitting complete and accurate information on the program to the RRC. Upon review of this information, the RRC will judge the degree of compliance with the published standards.

One measure of the quality of a training program is the performance of its graduates on the certifying examination of the subboard. In its evaluation of these programs, the RRC will take into consideration the information provided by the American Board of Pediatrics. A program will be judged deficient if, for the most recent 5- to 10-year period, fewer than 75% of those completing the program take the certifying examination. A subspecialty program director will be expected to supply this information at the time of each RRC review.

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Program Requirements for Residency Education in Adolescent Medicine

Introduction

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in adolescent medicine also must comply with the following requirements.

I. Scope and Duration of Training

Programs in adolescent medicine must provide training in and include an appropriate balance among clinical, didactic, and research activities. They must provide education in the broad and diverse knowledge base of this multidisciplinary field that focuses on the unique physical, psychological, and social characteristics of adolescents, their health-care problems and needs.

Adolescence links childhood with the adult years, covering the period from the start of puberty to early adulthood, programs in adolescent medicine must, therefore, integrate the relevant areas of pediatrics and the pediatric subspecialties with family practice, general internal medicine, psychiatry, obstetrics/gynecology, sports medicine, dermatology, and surgery and with related fields such as clinical pharmacology/toxicology, law, psychology, social work, education, nutrition, juvenile justice, sociology, and public health.
II. Faculty
Appropriate physician and nonphysician faculty in numbers sufficient for the size of the program must be available to provide ongoing teaching and supervision of the subspecialty residents. In addition to the program director, there must be at least one other physician who possesses appropriate qualifications in adolescent medicine, as described in the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

In addition to the full range of pediatric subspecialists, consultant faculty in the following areas must be available to the program:

A. Child/adolescent psychiatry
B. Child neurology
C. Obstetrics/gynecology
D. General surgery
E. Orthopedic surgery
F. Sports medicine
G. Dermatology

In addition, personnel from the following categories should be available:

A. Psychology
B. Social work
C. Public and private school systems
D. Education
E. Public health
F. Chemical dependency
G. Nutrition
H. Clinical pharmacology

III. Facilities/Training Sites
The facilities and settings used by the program must be adequate for the program to accomplish the educational goals, and must include access to the following:

A. An inpatient medical service
B. An outpatient service
C. Clinical consultation
D. Additional clinical settings should include a school-based clinic, a summer camp, a crisis center, juvenile justice facilities, a college health program and a community health center, psychiatric, drug and alcohol facilities, and a family plan program.

IV. Curriculum

A. Core Knowledge Areas

The program must provide adequate instruction and clinical experience for all of the adolescent medicine residents to enable them to gain sufficient knowledge of and skill in the following:

1. Physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders
2. Organ-specific conditions frequently encountered during the teenage years
3. The effects of adolescence on preexisting conditions
4. Mental illnesses of adolescence (including psychopharmacology and psychophysologic disorders)
5. Family dynamics, conflicts, and problems
6. Adolescent parenthood
7. Disorders of cognition, learning, attention, and education
8. Social and emotional development of the adolescent, including cultural/ethnic diversity
9. Chronic handicapping conditions
10. Disorders of the endocrine system and metabolism
11. Sexuality, including sexual identity, development, and sexual health problems
12. Sexually transmitted diseases (prevention and treatment)
13. Reproductive health issues of males and females (e.g., menstrual disorders, gynecomastia, contraception, pregnancy, fertility)
14. Nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations
15. Health promotion, disease prevention, screening, and immunizations
16. Infectious diseases, including epidemiology, microbiology, and treatment
17. Pharmacology and toxicity
18. Substance abuse, including alcohol and tobacco
19. Eating disorders, e.g., obesity, anorexia nervosa, and bulimia
20. Social/environmental morbidities including physical and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence
21. Juvenile justice
22. Sports medicine
23. Legal and ethical issues including advocacy
24. Interviewing/short-term counseling skills for teens and their parents
25. Public health issues including demographics, social epidemiology, population-based interventions, and adolescent health promotion
26. Financing adolescent health care in public, private, and academic managed care environments

B. Clinical and Continuity Experience

The program must provide on-site clinical supervision of the subspecialty residents in a manner that allows them to assume graded responsibility for both the provision of clinical services and the supervision of other learners during the years of training.

The subspecialty resident must be given the opportunity to assume continuing responsibility for both acute and chronic health problems of adolescents in both inpatient and outpatient settings and to provide direct and consultative care to adolescents of various ages and socioeconomic and racial backgrounds in a variety of hospital and community settings. It is essential that the adolescent medicine resident have an outpatient continuity experience to include at least ½ day per week in an adolescent medicine setting.

C. Didactic Sessions

Conferences must emphasize the core knowledge and skill areas enumerated above. In addition, clinical conferences must include discussion of the basic clinical sciences. Health education, current health-care legislation, biomedical ethics, and preventive measures should also be addressed. Faculty must be available to provide instruction in interdisciplinary patient management and case conferences.

D. Administrative Instruction

Adolescent medicine residents must be exposed to formal sessions on the organization and leadership of, and membership in, a comprehensive health-care team. This must include utilization of the services of all relevant health-care professionals, including those in social services, nursing, education, mental health, and community resources.

The subspecialty resident must be provided with instruction and experience in the administrative aspects of an adolescent health-care program, e.g., knowledge of staffing needs, program management, continuous quality improvement, the organization and financing of health-care services, preparation of grant proposals, and planning for program development in a variety of settings.

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Program Requirements for Residency Education in Developmental-Behavioral Pediatrics (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in developmental-behavioral pediatrics also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Duration and Scope of Training

Developmental-behavioral pediatrics is the specialty within pediatrics that focuses on (1) understanding the complex developmental processes of infants, children, adolescents, young adults, and their families in the context of their families and communities; (2) understanding the biological, psychological, and social influences on development in the emotional, social, motor, language, and cognitive domains; (3) mechanisms for primary and secondary prevention of disorders in behavior and development; and (4) identification and treatment of disorders of behavior and development throughout childhood and adolescence.

An accredited program in developmental-behavioral pediatrics must be 3 years in duration. A progressive educational experience is required, which must include responsibility for patient care, the development of clinical proficiency, involvement in community or community-based activities, and the development of skills in teaching, program development, research, and child advocacy. Subspecialty residents must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

The goal of education in this subspecialty is to understand and foster optimal cognitive, social, and emotional functioning of the patients and their families. This can be achieved only through close collaboration with several medical and nonmedical disciplines that address a similarly broad goal through their own unique and complementary perspectives.

II. Faculty

The program director and the teaching staff are responsible for the general administration of the program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director

(See general requirements that pertain to all pediatric subspecialties for general description, qualifications, and responsibilities of the Program Director)

B. Developmental-Behavioral Specialists

In addition to the program director, there must be at least one other physician faculty member who is board certified or appropriately qualified in the subspecialty of developmental-behavioral pediatrics. Additional subspecialty faculty may be required, depending on the number of subspecialty residents appointed to the program. These subspecialists in developmental-behavioral pediatrics must devote sufficient time to the program to meet its administrative and educational needs and to ensure continuity of teaching.

C. Core-related Disciplines

Additional physician and nonphysician faculty from appropriate disciplines must be available in numbers sufficient to provide ongoing teaching and supervision of the subspecialty residents in the full breadth of this subspecialty. In addition to the full range of pediatric subspecialists, consultant faculty from child and adolescent psychiatry, child neurology, pediatric physical medicine and rehabilitation and/or neurodevelopmental disabilities, and psychology (developmental, clinical, educational, or pediatric) must be available to the program. Formal linkages should be established to ensure their participation in instruction and clinical supervision.

D. Other Related Disciplines

Programs must have access to the additional professional and technical personnel needed to support the clinical and educational conduct of the program.

1. Clinicians from these related disciplines must be available to the program: occupational therapy, physical therapy, social work, and speech and language pathology.

2. Personnel from the following disciplines should be available to the program: audiology, nutrition, pharmacology, education, nursing, and public health.

III. Facilities and Resources

The facilities must be adequate for the program to accomplish its educational goals. In addition to the facilities and resources that are required for all pediatric subspecialty programs, there must be A. outpatient facilities for developmental-behavioral clinical services. These must include clinical services for children from infancy through adolescence with or at risk for developmental delays and disabilities, behavioral difficulties, learning problems, and chronic physical health conditions. These facilities should provide a patient base with the conditions described under Core Knowledge; B. collaboration with general pediatrics services to provide opportunities for consultation and teaching; and C. established linkages with selected community-based facilities that serve children and families, such as child care programs; early intervention programs; schools; and community agencies that serve children who have visual impairments, hearing impairments, or serious developmental, physical, and/or emotional disabilities.

IV. Educational Program

The program must provide instruction, research opportunities, and clinical experience in developmental-behavioral pediatrics to enable all subspecialty residents to diagnose and treat patients with developmental-behavioral disorders. The program must include a formal educational program with activities pertaining to the knowledge and skills required in the clinical care of patients, as well as instruction and experience in teaching, in program development and administration, and in child advocacy, all of which must occur with appropriate supervision.

A. Core Knowledge

The education of a developmental-behavioral specialist must include an understanding of theories of the process of normal development from infancy through young adulthood, in addition to a structured curriculum that includes the following:

1. Biological mechanisms of behavior and development, e.g., development and functional organization of the central nervous system, neurophysiology, genetics, and biological risk factors

2. Family and social/cultural factors that contribute to children's development and family functioning
3. Variations in temperament and adaptive styles
4. Adaptations to general health problems and their treatments, e.g., acute illnesses, chronic illnesses, physical disabilities, hospitalization
5. Developmental and behavioral aspects of a wide variety of childhood conditions, e.g., perinatal conditions, chromosomal/genetic disorders, metabolic, neurologic, sensory, endocrine, and cardiac disorders
6. Cognitive disabilities
7. Language and learning disorders
8. Motor disabilities, e.g., cerebral palsy, myelodysplasia, dysgraphies
9. Autistic spectrum disorders, e.g., autism, Asperger’s syndrome
10. Attention disorders
11. Externalizing conditions, e.g., aggressive behavior, conduct disorder, oppositional defiant disorder
12. Internalizing behaviors, e.g., anxiety, mood, and obsessive disorders, suicidal behavior
13. Substance use/abuse, e.g., tobacco, alcohol, illicit drugs
14. Child abuse and neglect, e.g., physical, sexual, factitious
15. Somatoform conditions
16. Sleep problems
17. Feeding/eating difficulties, e.g., obesity, failure to thrive, anorexia, bulimia
18. Elimination problems, e.g., encopresis, enuresis
19. Variations and difficulties in sexual development, e.g., sexual orientation, gender identity, deviation
20. Atypical behaviors, e.g., tic disorders, self-injurious behavior, repetitive behaviors
21. Complementary and alternative therapies

B. Clinical
The clinical training must be under the supervision of developmental-behavioral pediatricians. Clinical training must include participation in interdisciplinary activities involving physicians of various disciplines, various nonmedical professionals, and families.

The three major areas of patient care activity that must be emphasized are patient assessment, patient management, and consultation, as outlined below.

1. Assessment skills
Acquiring appropriate skills for competency in patient assessment is of prime importance and must include the following for children from infancy through adolescence:
a. Developmental screening and surveillance techniques
b. Behavioral screening and surveillance techniques
c. Interviewing and assessment of family history and functioning
d. Neurodevelopmental assessment
e. Assessment of behavioral adjustment and temperament
f. Psychiatric interviewing and diagnosis
g. Understanding of the major diagnostic classification schemas: DC 0-3, DSM-IV, DSM-PC [Note: Various systems of classification have been developed to describe systematically the range of disorders of behavior and development that are encountered regularly by professionals who care for children and adolescents. The Diagnostic Statistical Manual, fourth edition (DSM-IV) was developed by the American Psychiatric Association. The American Academy of Pediatrics, in collaboration with several collaborating professional organizations, created the DSM for Primary Care, Child and Adolescent Version (DSM-PC) to emphasize the contextual nature and the process of development of many of the disorders seen in the course of pediatric care. The DC 0-3 system was developed to focus attention on the critical development of infants in the first 3 years of life.]

In developing competence in patient assessment, the subspecialty residents must learn the importance of understanding and integrating evaluations by other disciplines. The subspecialty residents must gain understanding of the scope and range of evaluations performed by all disciplines listed in Sections II.C and II.D.1 above.

2. Patient management
The program must provide training for the subspecialty residents to develop competence in providing anticipatory guidance, consultation and referral, individual and family counseling, behavioral treatment methods, developmental interventions, and psychopharmacotherapy. They must also become familiar with the therapeutic modalities used by the other disciplines listed in Sections II.C and II.D.1, to be able to recommend them and/or apply them in their clinical activities. They must also be familiar with the early intervention and educational systems. Finally, they should be familiar with complementary and alternative therapies for developmental and behavioral disorders.

The program must enable subspecialty residents to provide longitudinal care to children and families of diverse ethnic, racial, and socioeconomic status groups. Subspecialty residents should follow a sufficient number of children to appreciate the range of psychosocial impacts and stresses on children and families and the effectiveness of therapeutic programs.

In addition to required skills in management of all conditions referred to above (IVA), the development of skills in one or more of the following is desirable: pain medicine, biofeedback and hypnosis, and psycho-educational group involving parents and children.

3. Consultation and referral
The curriculum must include instruction and experience in providing consultation to primary care providers, pediatric subspecialists, schools, and other community organizations. Included as well must be the development of skills for multidisciplinary collaboration with both physician and other professional colleagues, including the process of making referrals to appropriate specialists (physicians and nonphysicians).

C. Policy and Leadership Skills
The subspecialty residents must acquire adequate knowledge of, and have experience with, health care systems, community resources, support services, and the structure and administration of educational programs for children with and without special educational needs. Program faculty must provide instruction in legislative processes (local, state, and national), health care policy, child advocacy organizations, and the legal and judicial systems for children and families.

V. Research
(See general requirements that pertain to all pediatric subspecialties)

VI. Evaluation
(See general requirements that pertain to all pediatric subspecialties for evaluation of residents, including evaluation of core competencies, faculty, and the program)

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Program Requirements for Residency Education in Neonatal-Perinatal Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training
The purpose of an accredited program in neonatal-perinatal medicine is to provide residents with the background to understand the physiology and altered structure and function of the fetus and the neonate and to diagnose and manage problems of the neonate.

To ensure an appropriate educational environment, an accredited program in neonatal-perinatal medicine must be affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in obstetrics and gynecology, within the same geographic location, that has board-certified maternal-fetal medicine specialists.

The program must emphasize the fundamentals of clinical diagnosis and management of problems seen in the continuum of development from the prenatal through the intrapartum and neonatal periods, including longitudinal follow-up.

II. Faculty

A. Neonatologists
In order to ensure appropriate education and to provide adequate supervision, four hospital-based neonatologists devoting full-time to the program.

B. Other Physician Teaching and Consultant Faculty
In addition to having the full range of pediatric subspecialists available for teaching and consultation, each program must have:
1. a pediatric cardiologist
2. a pediatric surgeon
3. a cardiovascular surgeon skilled in pediatric cardiovascular surgery as a consultant and teacher
4. a pediatrician skilled in infectious diseases
5. a pediatrician skilled in neurodevelopment
6. a neurosurgeon skilled in pediatric neurosurgery as a consultant and teacher
7. an obstetrician skilled in maternal-fetal medicine
8. an ophthalmologist skilled in pediatric ophthalmologic disease and treatment
9. a pediatric orthopaedic surgeon
10. a pediatric otorhinolaryngologist
11. a pediatric urologist
Consultant faculty from other related disciplines also must be available.

C. Other Professional Personnel
The following program staff are essential: respiratory therapists skilled in the care of the neonate, an ultrasonographer well versed in perinatal ultrasonic techniques, and an echocardiographic technician skilled in neonatal echocardiography.

The nursing staff must be sufficient to meet appropriate standards of care. This implies leadership by nurses skilled in neonatal and obstetrical intensive care. Medical social workers qualified in maternal-child health also must be available.

III. Facilities/Resources
A specially designed neonatal intensive care unit must be located in the primary teaching site. Facilities and equipment in that unit must meet the generally accepted standards of modern intensive care units and laboratories, and must be available on a 24-hour-a-day basis.

These must include but are not limited to the following:
1. Microchemical laboratory
2. Blood gas laboratory
3. Perinatal diagnostic laboratory
4. Radiology and ultrasound imaging facilities
5. Diagnostic bacteriology and virology laboratory
6. Hematology laboratory
7. Blood bank
8. Electrocardiographic and electroencephalographic laboratories
9. Computed tomography and/or magnetic resonance imaging facilities
10. Echocardiography capability
11. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:
1. Clinical toxicology laboratory
2. Nuclear medicine facilities
3. Cytogenetics laboratory

IV. Educational Program
Programs must provide experience and instruction that is adequate to enable the neonatal-perinatal residents to develop special competence in the management of critically ill neonates. In addition to the general principles of critical care this should include but not be limited to techniques of neonatal resuscitation, venous and arterial access, endotracheal intubation, preparation for transport, ventilatory support, continuous monitoring, temperature control, and nutritional support.

The program also must provide instruction in the psychosocial implications of disorders of the fetus, neonate, and young infant, as well as in the family dynamics surrounding the birth and care of a sick neonate. The subspecialty residents also should be involved in a regional program that involves outreach education, patient consultation, and transport of ill neonates.

Each resident must be taught to identify the high-risk pregnancy and must become familiar with the methods used to evaluate fetal well-being and maturation. Each resident must become familiar with factors that may compromise the fetus during the intrapartum period and recognize the signs of fetal distress. In addition, each resident must participate in the longitudinal follow-up of high-risk neonates.

A. Patient Population
The program must provide the patient care experiences necessary for the subspecialty residents to acquire skill in delivery room stabilization and resuscitation of critically ill neonates. To accomplish this, there must be a sufficient number and variety of high-risk obstetrical patients to ensure that the residents become knowledgeable in identifying high-risk pregnancies and evaluating fetal well-being and maturation.

Also, an adequate number of critically ill neonates with a variety of disorders must be available.

Each resident must participate in the care of a sufficient number of neonates who require ventilatory assistance to become skilled in their management. Similarly, each resident should participate in the care of an adequate number of neonatal patients who require major surgery, including cardiac surgery, to become skilled in the diagnosis and management of these neonates.
Program Requirements for Residency Education in Neonatal-Perinatal Medicine (Pediatrics)

Program Requirements for Residency Education in Pediatric Cardiology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. The specialty requirements may exceed the common requirements.

I. Duration and Scope of Training
An accredited program in pediatric cardiology must be 3 years in duration. The purpose of a training program is to provide the pediatric cardiology residents with the foundation for understanding normal and abnormal cardiovascular conditions, with a focus on the pathophysiologic basis of cardiovascular disease, and to prepare them to provide optimal care and consultation for pediatric patients with cardiovascular disease.

An accredited program must include properly balanced, well-organized, and progressive responsibility for the care and study of patients on inpatient services, in intensive care units, and in ambulatory centers.

B. Outpatient Experience
A sufficient number of discharged infants must be available in a continuity clinic to assure appropriate outpatient experience for each subspecialty resident. These experiences should enable residents to become skilled in the longitudinal follow-up, evaluation, and management of such patients and to become aware of the socioeconomic impact and the psychosocial stress that such infants may place on a family.

C. Neonatal Data Base
A neonatal database of all patient admissions, diagnoses, and outcomes must be available for resident education. Experience in tabulating and evaluating institutional and regional fetal and neonatal morbidity and mortality data should be provided. There also should be instruction and experience in techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases, for which the presence of a statistician is desirable. This experience should be closely related to the evaluations of various modalities of therapy used in these disorders.

D. Curriculum
The program must include instruction in related basic sciences. Seminars, conferences, and courses must be offered in the basic disciplines related to pregnancy, the fetus, and the neonate. This should include maternal physiological, biochemical, and pharmacological influences on the fetus; fetal physiology; fetal development; placental function (placental circulation, gas exchange, growth); physiological and biochemical adaptation to birth; cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate; psychology of pregnancy and maternal-infant interaction; breast feeding and lactation; growth and nutrition; and genetics.

Residents should participate in regularly scheduled multidisciplinary conferences, such as sessions that review perinatal mortality, morbidity, and patient care, as well as in case conferences and current literature and research conferences.

ACGME: September 1999 Effective: July 2000

II. Faculty

A. Pediatric Cardiologists
There must be at least four pediatric cardiologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of cardiology residents. They must be certified in pediatric cardiology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty
Appropriate pediatric intensive care personnel must be available for the special and constant care needed by patients in the PICU. Residents also must be provided access to scientists who are actively engaged in cardiovascular research.

Staff from other disciplines, including cardiovascular radiology, cardiothoracic surgery, adult cardiology, anesthesiology, pathology, and genetics, should be readily available.

Special staff expertise should be available in electrophysiology, exercise physiology, invasive and interventional cardiac catheterization procedures, preventive cardiology, and echo cardiology, including transesophageal, Doppler, and fetal ultrasonography.

Residents should be taught to work with and utilize the special skills of pediatric cardiovascular nurses, intensive care nurses, catheterization laboratory technicians, operating room personnel, social workers, and psychologists.

III. Facilities and Resources
It is preferable that all facilities be within the primary institution. Where a special facility is shared by several local institutions in the interest of cost and efficiency, the program director may arrange for a resident to rotate to that facility.

A. Inpatient Service/Outpatient Services
Facilities should include space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric faculty and residents.

An active inpatient pediatric cardiology service is essential to the educational program. It should provide all the diagnostic and treatment services characteristic of a comprehensive children's facility.

There must be an intensive care unit in each center in which patients with heart disease are cared for under the supervision of the training program staff and are available to the residents. In these units there must be preoperative and postoperative patients with heart disease, as well as appropriate personnel and equipment to allow provision of the special and constant care needed by these patients.

B. Cardiac Data Base
Clinical data, including inpatients, outpatients, and patients undergoing catheterization and/or surgery, should be cross-indexed to allow rapid evaluation and analysis of the assembled information, including age, diagnosis, and outcome morbidity and mortality.

C. Support Facilities
The following facilities must be available:
1. Diagnostic imaging facilities and nuclear cardiology
2. Diagnostic and interventional cardiac catheterization laboratory facilities
3. A graphics laboratory with facilities for recording the standard electrocardiogram and 2-D and Doppler echocardiograms
4. Laboratories to perform routine analyses of blood and urine to determine blood gas values, to perform blood chemistry and blood clotting studies, and to cross-match blood
5. An operating room designed for pediatric patients who require cardiopulmonary extracorporeal circulation and equipped with
appropriate monitoring devices, defibrillators, and cardiac pacing devices.

6. A blood bank closely affiliated with the center that is equipped to meet the demands of cardiac surgery.

7. Access to a clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation.

IV. Educational Program

A. Clinical Experience

1. Patient Population

The experience must encompass age groups from the fetus and newborn through young adulthood, and must include exposure to adults with heart disease, particularly congenital and rheumatic disease. The resident must be exposed to pathologic conditions ranging from mild to those requiring extensive or continued intensive care. There must be both pre- and post-surgical and medical experience with a broad spectrum of congenital and acquired heart disease and in chronic, acute, and emergency situations.

Patients admitted to the inpatient service should be under the direct or indirect supervision of the subspecialty program staff and must be available to the residents.

An accredited program must have an annual patient population, including patients less than 1 year of age, that is sufficient in number to enable each resident to become skilled in the following techniques.

Training in history taking and physical examination must be the cornerstone of the training program. This must include family history that is a critical aspect of the evaluation of pediatric patients with suspected cardiovascular disease. Programs must include training in at least the following fundamental skills:

a. Noninvasive techniques

The program must provide education in clinical diagnosis with special emphasis on roentgenology, electrocardiography, echocardiography, exercise testing, ambulatory electrocardiography, and magnetic resonance imaging. Each resident must perform and interpret a minimum of 300 pediatric echocardiography studies.

The program also must provide sufficient experience for residents to acquire skill in the interpretation of electrocardiograms, ambulatory ECG monitoring studies, and exercise stress testing with ECG monitoring.

b. Invasive techniques

Experience and instruction must be provided in the techniques and understanding of the indications for and limitations of diagnostic cardiac catheterization, selective angiocardiography, electrophysiologic testing, therapeutic catheterizations, and pacemaker implantation. During the 3 years of training each subspecialty resident must participate in a minimum of 100 catheterizations and 10 pediatric intracardiac electrophysiologic studies.

c. Resuscitation techniques

Experience and instruction in the techniques, indications, and interpretation of pericardiocentesis, thoracocentesis, cardiopulmonary resuscitation, mechanical ventilation cardiovascular, and temporary pacing are required.

d. Technical and other skills

The residents must be taught the use of relevant electronic equipment, recording devices, and other equipment necessary to perform cardiac catheterization, echocardiography, ambulatory ECG monitoring, and electrophysiologic studies. In addition, the program must instruct the residents in the fundamentals of radiation safety.

2. Preoperative and Postoperative Care

Participation in the care of preoperative and postoperative care of patients having both closed and open cardiac surgery, in close cooperation with the cardiothoracic surgical staff, is required. Residents must have sufficient exposure to or instruction in current surgical techniques, mechanical ventilation, methods of cardiopulmonary bypass, and hypothermia to develop adequate understanding of these surgical techniques. The resident should be instructed in the management of postoperative patients and postoperative complications, both immediate and delayed. Opportunity for long-term follow-up observations of both preoperative and postoperative patients must be provided.

Residents should participate in consultations or conferences in which the medical and surgical staffs evaluate the results of surgery and the patient's cardiac status before discharge from the hospital.

3. Pediatric Cardiology Clinic

There must be a regularly scheduled pediatric cardiology clinic that is supervised by one or more members of the cardiology staff. Time and space in this clinic must be available for residents to provide continuity and follow-up care for all patients under their care.

4. Other Clinical Experiences

The program must provide instruction and clinical experience with rheumatic heart disease, collagen vascular diseases, infective endocarditis, Kawasaki disease, and other infectious and metabolic conditions. Instruction should also include clinical experience in assessing the genetic basis of heart disease. Residents should be instructed in the etiologic and risk factors in hypertensive and atherosclerotic heart disease, including hyperlipidemic states, and should gain experience in the prevention, diagnosis, and management of patients with these cardiovascular problems.

B. Curriculum

The program should offer courses, seminars, workshops, or laboratory experience to provide appropriate background in basic and fundamental disciplines related to the heart and cardiovascular system.

The resident must receive instruction in cardiovascular pathology, including examination of specimens demonstrating the various types of congenital cardiovascular anomalies. Conferences involving current pathological material must be held regularly and must be closely correlated with clinical experience.

There must be instruction in embryology and anatomy of the normal heart and vascular system and potential deviations from normal. Normal and abnormal cardiovascular and cardiopulmonary physiology and metabolism should be taught, as well as fundamentals of cardiovascular pharmacology, including mechanisms of drug action, therapeutic indications, and side effects.

Conferences must be held on clinical diagnosis and therapy on a regular basis, including quality assurance evaluation, cardiovascular research, and clinical morphologic correlations.

Multidisciplinary conferences should include physiology, pharmacology, neonatology, cardiovascular radiology, cardiothoracic surgery, and adult cardiology.

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Program Requirements for Residency Education in Pediatric Critical Care Medicine (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. These specialty requirements may exceed the common requirements.

If there is more than one ACGME program in critical care medicine in the institution, there should be an institutional policy governing the educational resources committed to these programs and ensuring cooperation of all involved disciplines.

I. Scope of Training

The purpose of an accredited program in pediatric critical care medicine is to provide subspecialty residents with an understanding of the pathophysiology of acute, life-threatening disease and injury. To achieve this, the program must emphasize the fundamentals of clinical diagnosis, patient assessment, and clinical management.

The program must provide the subspecialty residents with the opportunity to augment their knowledge of advanced multisystem life support as well as their leadership skills in patient care, teaching, and research in the subspecialty.

These programs must be organized and conducted in a manner that ensures optimum patient care while providing residents with the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators familiar with and capable of administering a critical care unit.

II. Faculty

A. Pediatric Critical Care Medicine Specialists

To ensure the educational and research quality of the program, and to provide adequate supervision of residents, there must be at least four members of the teaching staff who have knowledge of and experience in the care of acute pediatric illness and injuries. Two of these must be certified in pediatric critical care medicine or have equivalent qualifications in pediatric critical care medicine.

B. Other Physician Teaching and Consultant Faculty

An accredited program also is required to have consultants in each of the following:

1. Pediatric cardiology
2. Pediatric pulmonary
3. Neonatology
4. Pediatric gastroenterology
5. Pediatric infectious diseases
6. Pediatric nephrology
7. Pediatric neurology
8. Pediatric hematology/oncology
9. Pediatric surgery
10. Pediatric cardiovascular surgery

C. Other Professional Personnel

The following other personnel are essential contributors to a program in that they enhance the subspecialty resident's understanding of the multidisciplinary nature of pediatric intensive care: respiratory therapy staff, critical care nursing staff, social workers and support staff, pediatric nutritionist, pediatric pharmacist, physical and occupational therapist, child life therapist, and speech therapist.

The presence of a bioengineer, statistician and/or epidemiologist, and an ethicist is highly desirable.

III. Facilities/Resources

At the primary teaching site there must be a specially designed pediatric critical care unit in which the program is based. Facilities and equipment in and related to that unit must meet the generally accepted standards of modern intensive care units (ICUs) and must be available on a 24-hour-a-day basis. These must include but are not limited to the following:

1. Microchemistry laboratory
2. Blood gas laboratory
3. Hematology laboratory
4. Diagnostic bacteriology and virology laboratories
5. Blood bank
6. Facilities for special radiographic imaging, including computerized axial tomography, radionuclide scanning, angiography, magnetic resonance imaging, and ultrasonography
7. Cardiac catheterization facility
8. Pulmonary function testing laboratory
9. Capabilities for portable use, including radiology and echocardiography
10. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:

1. Clinical toxicology laboratory
2. Nuclear medicine facilities

IV. Educational Program

A. Clinical Experience

The subspecialty residents must have the opportunity to acquire the knowledge and skills required to diagnose and manage patients with acute life-threatening problems. This must include but not be limited to the development of special competence in such areas as cardiopulmonary resuscitation; stabilization for transport; trauma; triage; ventilatory, circulatory, and neurologic support; management of renal and hepatic failure; poisoning, and complicated hematologic, infectious, and immune problems; continuous monitoring; and nutritional support.

Though clinical training in pediatric critical care medicine must include direct patient care responsibilities, a graduated experience also must enable the subspecialty resident to assume supervisory and teaching roles.

B. Patient Population

An adequate number and variety of pediatric ICU patients must be available to enable the subspecialty resident to develop competence in the management of such patients, including those requiring preoperative and postoperative care. In the case of a patient on the surgical service, the pediatric critical care resident should collaborate with the surgeon managing the care of the patient.

To meet the educational objectives of an accredited program, the average daily census in the ICU should be at least six patients per pediatric critical care resident assigned to the service.

The pediatric patients available to the residents should include patients with solid organ transplantations, at least 50 cases per year of patients who have sustained severe trauma, at least 100 cases per year of patients who have undergone cardiovascular surgery, and at least 150 cases per year of patients who have major neurologic or neurosurgical problems.

The number of patients requiring mechanical ventilation must be sufficient to provide each resident with adequate opportunity to become skilled in their management.

C. Procedural Experience

The patients must be sufficiently ill and the cases sufficiently complex that adequate opportunities exist for residents to become pro-
efficient in critical care procedures. These include but are not limited to peripheral arterial and venous catheterization, central venous catheterization, endotracheal intubation, thoracostomy tube placement, and sedation of conscious patients. Furthermore, there should be sufficient exposure to the use of pulmonary artery catheters and intracranial monitoring to ensure understanding of their uses and limitations. The program director must monitor and document the development of clinical competence in the performance of necessary procedural skills.

D. Curriculum
The curriculum should include instruction in collation and critical interpretation of patient care data. Interpretation of laboratory studies essential to the care of the critically ill pediatric patient also must be included. The program must teach pharmacologic principles and provide opportunity for the subspecialty residents to apply them to the critically ill patient. Instruction in biomedical instrumentation must be offered to familiarize the resident with current and developing technology.

Subspecialty residents must participate in regularly scheduled multidisciplinary conferences such as morbidity and mortality review and case conferences.

E. Other Critical Care Unit Experiences
Some of the residents’ clinical experience may take place in other critical care settings, for example, with anesthesiologists, in a medical ICU, in a burn unit, in a neonatal ICU, and/or in a surgical ICU. Electives in these units may be included in the clinical experience, but they should not replace time in the pediatric ICU. The time spent in these other critical care settings should be no more than 4 months.

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Program Requirements for Residency Education in Pediatric Emergency Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics or Emergency Medicine, programs in pediatric emergency medicine must comply with the following requirements.

I. Introduction
The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training
A training period of 2 years is required for all subspecialty residents. [Note: For those planning to seek certification from the American Board of Pediatrics, 3 years of training is required.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum
The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists, who have training and experience in the care of children and adolescents, and other specialists must be available.

Specially specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident’s training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident’s training.
The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular, congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/genitourinary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, e.g., appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracotomy or administration of antibiotics, before arriving at a definitive diagnosis.

The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences

There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff

There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a pediatric residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured.

The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population

A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only care givers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients. In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities

There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must meet the generally accepted standards of a modern emergency department and be available within the institution on a 24-hour-a-day basis.

The institution should have comprehensive radiologic and laboratory support systems and readily available operative suites and intensive care unit beds.
VIII. Board Certification
Residents seeking certification in the subspecialty of pediatric emergency medicine should consult their primary specialty board, i.e., the American Board of Pediatrics or the American Board of Emergency Medicine, regarding the criteria for eligibility for certification in this subspecialty.
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Program Requirements for Residency Education in Pediatric Endocrinology (Pediatrics)
Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. The specialty requirements may exceed the common requirements.

I. Scope of Training
The purpose of the program must be to provide the residents with the background to diagnose and manage endocrine diseases and to understand the physiology of hormonal regulation in infancy, childhood, adolescence, and young adulthood.

The program must emphasize fundamentals of clinical diagnosis, with special emphasis on history taking, physical examination, and interpretation of pertinent laboratory data.

II. Faculty
A. Pediatric Endocrinology Specialists
A program must have at least two qualified pediatric endocrinologists, inclusive of the program director, and must ensure access to the full range of pediatric subspecialists.

B. Other Physician Teaching and Consultant Faculty
In addition, appropriate consultant faculty and staff must be available in related disciplines, including surgery, obstetrics/gynecology, internal medicine, child and adolescent psychiatry, nephrology, neurology, neurosurgery, radiology, nuclear medicine, ophthalmology, urology, genetics, and diabetes education.

III. Facilities/Resources
A. Outpatient and Inpatient
Facilities should include space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty.

B. Laboratory/Support Services
Modern facilities and services, including inpatient, ambulatory care, and laboratory resources, must be available and functioning. Specifically, there must be a complete chemistry laboratory; facilities for radioimmunoassay and karyotyping; nuclear, ultrasonic, and radiologic imaging services that can conduct studies for all types of endocrine disease; a dietary service; endocrine surgical services; and a pathology laboratory for the interpretations of surgical and cytologic specimens, including immunohistologic studies. In addition, there should be a close working relationship with dietary and/or nutrition services.

IV. Educational Program
A. Clinical and Continuity Experience
An adequate number of patients with endocrine disorders, including diabetes, who range in age from newborn through young adulthood, must be available to the training program.

The program must provide a sufficiently diversified and complex endocrine outpatient experience and adequate experience with inpatient management. In particular, the pediatric endocrinology residents must have continuing responsibility for care of patients with diabetes mellitus and other chronic endocrine disorders.

Residents must learn through patient care about normal and abnormal hormonal regulation. The interaction of endocrine pathology and psychosocial problems must be addressed.

The clinical experience must include but not be limited to the following:
1. Short stature, including constitutional delay
2. Disorders of anterior pituitary hormone physiology, including growth hormone deficiency
3. Disorders of posterior pituitary hormone physiology, including diabetes insipidus
4. Disorders of hypothalamic hormonal regulation
5. Disorders of thyroid hormone physiology
6. Diagnosis and management of endocrine neoplasia
7. Disorders of the adrenal gland physiology
8. Disorders of androgen and estrogen metabolism, including adolescent reproductive endocrinology
9. Disorders of sexual differentiation and development
10. Disorders of calcium, phosphorus, and vitamin D metabolism
11. Disorders of parathyroid gland physiology
12. Disorders of fluid and electrolyte balance
13. Disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia
14. Disorders of nutrition, including eating disorders

B. Laboratory Experience
The residents must be instructed in the proper use of laboratory techniques for measurement of hormones in body fluids. They must be taught to recognize the limitations and pitfalls of interpretation of laboratory results. All residents should be instructed in proper interpretation of endocrine stimulation and suppression tests, including the normal variations that occur in laboratory results at different ages and times of day. Residents should be provided with a background that will enable them to utilize current diagnostic procedures of endocrinology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine.

C. Curriculum
The training program must include instruction in related clinical and basic sciences. These include endocrine physiology, pathology, and biochemistry; embryology of endocrine and related systems with emphasis on sexual differentiation; genetics, including laboratory methods, cytogenetics, and enzymology; and aspects of immunology pertinent to understanding endocrine disease and the use of immunoassays.

In addition, regular conferences reviewing patient management must be scheduled and attendance required of the subspecialty residents.
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Program Requirements for Residency Education in Pediatric Gastroenterology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Introduction
The principal goal of a training program should be the development of competent subspecialists. The program must provide the resident in gastroenterology with the background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, including those that are life-threatening, and to conduct research in this specialized field. The resident must be guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

II. Duration and Scope of Training
An accredited program in pediatric gastroenterology must provide 3 years of progressive educational experience that includes the development of procedural skills, responsibility for patient care, and participation in research.

III. Faculty
There must be at least three pediatric gastroenterologists on the teaching staff, in addition, consultant and collaborative faculty in the following related pediatric disciplines must be readily available to the program: neonatology, hematology, immunology, genetics, and infectious disease.

IV. Facilities and Resources
The following must be available to the program:

A. Space in an ambulatory setting for optimal evaluation and care of outpatients.
B. An inpatient area staffed by pediatric residents and faculty with a full array of pediatric and related services, including pediatric surgery and child and adolescent psychiatry and/or psychology.
C. Full support services, including nuclear medicine, physical/occupational therapy, social services, pathology, nutrition, and feeding therapy.
D. Pediatric intensive care unit.
E. Neonatal intensive care unit.
F. Access to a gastrointestinal function laboratory capable of measuring intestinal absorptive function, esophageal function, pancreatic function, and nutritional parameters in pediatric patients, plus a laboratory that can either perform or access specialized serological, parasitological, immunological, metabolic, and toxicological studies applicable to gastrointestinal and hepatobiliary disorders.
G. Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments as well as equipment for measuring gastrointestinal motility. The staff must be skilled in the care of pediatric patients. There must be appropriate equipment for patients ranging in age from the neonate to the young adult.

V. Educational Program
The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families.

A. Breadth of Experience
To develop the residents' competence in clinical diagnosis, medical management of patients, and the correlation of pathophysiology with clinical disorders, the program must emphasize developmental gastrointestinal physiology in infants, children, adolescents, and young adults.

There must be training in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal and hepatobiliary diseases and nutritional disorders.

Residents must have experience in a variety of diagnostic tests and therapeutic procedures, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and pancreatic function. The program must stress the role of the subspecialist as a consultant and promote skills necessary to communicate effectively with the referring physician. In recognition of the importance of outpatient medicine to the practice of pediatric gastroenterology and nutrition, all trainees must spend at least 1/3 day per week for the entire period of training in an ambulatory care clinic in which both new and established patients are seen.

B. Clinical Experience
1. Patient population
The patient population available to the program must have sufficiently varied and complex diseases and be of a volume sufficient to ensure that the residents have the opportunity to become clinically competent in the management of common as well as uncommon gastrointestinal, hepatobiliary, and pancreatic diseases and nutritional disorders in patients ranging from infancy through young adulthood.

Residents must have ongoing responsibility for the continuing care of patients with chronic gastrointestinal problems and must have sufficient opportunities to provide consultation on a wide variety of patients to become familiar with the gastrointestinal manifestations of a broad spectrum of pediatric illnesses.

This clinical experience must involve the management of patients with gastrointestinal and nutritional diseases and disorders, including but not limited to those listed below in VB.2 as well as familiarity with the principles of evaluation and follow-up care of patients requiring liver transplantation and those with small bowel disease.

2. Diseases/Disorders
   a. Growth failure and malnutrition including an understanding of nutritional assessment and parenteral and enteral nutrition support
   b. Malabsorption (celiac disease, cystic fibrosis, pancreatic insufficiency, etc.)
   c. Gastrointestinal allergy
   d. Peptic ulcer disease
   e. Jaundice
   f. Hepatobiliary disease
   g. Digestive tract anomalies
   h. Chronic inflammatory bowel disease
   i. Functional bowel disorders
   j. Other gastrointestinal disorders, such as gastrointestinal infections; gastrointestinal problems in the immune-compromised host, including graft versus-host (GVH) disease; motility disorders; infectious and metabolic liver diseases; and pancreatitis
Program Requirements for Residency Education in Pediatric Hematology/Oncology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training
An accredited program in pediatric hematology/oncology must provide the educational environment for the subspecialty resident to develop an understanding of the pathophysiology of pediatric hematooncologic disorders and competence in the clinical diagnosis and management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for appropriate assessment of these disorders.

The program must emphasize the fundamentals of clinical diagnosis, with special emphasis on history taking and physical examination, and must provide sufficient clinical experience with both inpatients and outpatients who have hematologic and oncologic disorders to allow residents to develop skill in diagnosing and managing both common and unusual problems.

II. Faculty
A. Pediatric Hematology/Oncology Specialists
At least four pediatric hemato-oncologists must be based at the primary teaching site and must devote sufficient time to the program to ensure adequate teaching and to provide critical evaluation of the progress and competence of the subspecialty residents.

B. Other Physician Teaching and Consultant Faculty
In addition to the full range of pediatric subspecialists, appropriate consultants must be available in related disciplines, including radiation oncology, gynecology, neuro-oncology, pain control, and physical medicine and rehabilitation.

III. Facilities/Resources
A. Outpatient and Inpatient
Space in an ambulatory setting must be provided for optimal evaluation and care of patients, including facilities for outpatient chemotherapy and transfusions. An inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty also must be present.

B. Laboratories
The program also must have access to specialized laboratories capable of assaying red-blood-cell enzymes, identifying unusual hemoglobins, performing human lymphocyte antigen typing, immunophenotyping leukemic blast cells, performing flow cytometry, performing cytogenetic analysis, and identifying complex congenital and/or acquired hematologic abnormalities.

The principal teaching institution also should have available the diagnostic services of radiology, including full-body magnetic resonance imaging, nuclear medicine, computerized tomography, sonography, angiography, clinical chemistry, microbiology, immunology, and cytogenetics.

IV. Educational Program
A. Patient Population
Adequate numbers of patients with hematologic and oncologic disorders, ranging in age from newborn through young adult, must be available to the training program. Each subspecialty resident must have continuing responsibility for the care of patients with malignant disease and chronic hematologic problems.

An accredited program should have at least 60 patients with newly diagnosed oncologic disease each year. A program having fewer such patients must specifically demonstrate that it is able to provide the breadth of experience required for the number of subspecialty residents in the program.
To become familiar with the hematologic manifestations of a broad spectrum of pediatric illnesses, each subspecialty resident must provide consultation for a sufficient variety of patients. A program without a sizable population of patients with nononcologic hematologic disorders, such as one based in a cancer center, must demonstrate how residents will gain exposure to sickle cell disease, hemophilia, and other acute and chronic hematologic problems.

B. Clinical Experience
The clinical experience must involve patients who have a broad variety of hematologic-oncologic problems that should include but not be limited to the following categories:

1. Hematologic disorders of the newborn
2. Hemoglobinopathies, including the thalassemia syndromes
3. Inherited and acquired disorders of the red blood cell membrane and of red blood cell metabolism
4. Autoimmune disorders including hemolytic anemia
5. Nutritional anemia
6. Inherited and acquired disorders of white blood cells
7. Hemophilia, von Willebrand's disease, and other inherited and acquired coagulopathies
8. Platelet disorders, including idiopathic thrombocytopenic purpura (ITP) and acquired and inherited platelet function defects
9. Congenital and acquired thrombotic disorders
10. Congenital and acquired immunodeficiencies
11. Leukemias, both acute and chronic
12. Lymphomas
13. Solid tumors of organs, soft tissue, bone, and central nervous system
14. Bone marrow failure
15. Transfusion medicine and use of blood products
16. Management of the patient undergoing long-term transfusion therapy
17. Bone marrow reconstitution including use of allogeneic peripheral blood stem cells and umbilical cord blood
18. Graft-versus-host disease

The subspecialty residents must become familiar with all aspects of chemotherapy as well as the pertinent aspects of surgical therapy and radiotherapy in managing patients with malignant diseases. They also must be taught the diagnosis, management of complications, and treatment of infections in the compromised host and indications and procedures for transfusion of blood components, including apheresis, plateletpheresis, and stem cell harvest and infusion. The program also should instruct the subspecialty residents in the methods of physiologic support of the cancer patient, including parenteral nutrition, control of nausea, and management of pain.

The pediatric oncology component of the program must include education in the staging and classification of tumors, the application of multimodal therapy, the epidemiology and etiology of childhood cancer, how to make appropriate observations, and how to keep accurate patient data. The experience should include learning to function as a member of a multidisciplinary team serving patients with cancer and chronic hematologic disorders.

The subspecialty resident should participate in the activities of the tumor board and in the provision of comprehensive care to the child with cancer and should have experience in support of the patient, family, and staff in dealing with terminal illness. Residents should be guided in the development of skills in communication and counseling, including the recognition and management of psychosocial problems in pediatric patients.

C. Laboratory Experience and Diagnostic Procedures
Appropriate educational experiences in the laboratories, including blood bank and tissue pathology, should be included. There must be instruction in the proper use of laboratory techniques for diagnosis, with recognition of the limitations of the various methods and the pitfalls in interpretation of laboratory results. This should include the normal variations in laboratory data that occur at different ages and the influence of medications, toxins, and systemic disease on hematologic values.

Subspecialty residents must be provided with a background that will enable them to utilize the current diagnostic procedures of hematology and oncology. These include (a) the performance and interpretation of bone marrow aspiration and biopsy, (b) lumbar puncture with evaluation of cerebrospinal fluid, (c) microscopic interpretation of peripheral blood films, and (d) interpretation of all hematologic laboratory diagnostic tests.

D. Curriculum
The training program should provide instruction in the related basic sciences, including the structure and function of hemoglobin and iron metabolism, the phagocytic system, splenic function, cell kinetics, immunology, coagulation, genetics, the principles of radiation therapy, the characteristics of malignant cells, tissue typing, blood groups, pharmacology of chemotherapeutic agents, molecular biology, microbiology and anti-infective agents in the compromised host, and nutrition.

Within the research conferences and clinical experiences, the residents must be exposed to the concept of multi-institutional collaborative research as exemplified by the pediatric oncology cooperative groups.

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Program Requirements for Residency Education in Pediatric Infectious Diseases (Pediatrics)

I. Introduction
In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric infectious diseases also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

II. Scope of Training
A period of 3 years of progressive educational experience is required to provide subspecialty residents with the background and experience that will enable them to provide optimal care and consultation to pediatric patients with infectious diseases. To achieve this, the clinical and technical training must include properly balanced, well-organized, and progressive teaching, research, and consultative experiences. The educational program also must encompass basic concepts in immunology, epidemiology, clinical pharmacology, and infection control as they relate to patient care and training in the prevention of infectious diseases.

III. Faculty
A. Pediatric Infectious Diseases
Supervision of subspecialty residents must be provided by members of the teaching staff who are skilled in medical education and re-
search, as well as in care of patients, and can devote adequate time to these endeavors. The supervising faculty must include teaching staff who are active and competent in pediatric infectious diseases and who are available to ensure productive and patient care as appropriate. There must be at least two pediatric infectious diseases teaching staff to ensure adequate time for administrative, clinical, and research activities involved in the education of subspecialty residents. Clinical supervision must be on a 24-hour-a-day, 7-day-a-week basis.

B. Other Physician Teaching and Consultant Faculty
Consultant faculty in related disciplines must also be available at the institution where the training occurs, including:
1. allergy-immunology
2. dermatology
3. microbiology
Consultants in clinical and laboratory aspects of mycology, virology, parasitology, and clinical pharmacology also should be available.

IV. Facilities/Resources
Facilities and resources available to the program for the required clinical experiences must include at least the following:

A. Outpatient and Inpatient Facilities
The following facilities must be available at the primary teaching site:
1. An ambulatory facility for appropriate evaluation and care of patients from the newborn period to early adulthood.
2. An inpatient facility with full pediatric (including adolescent) and related services that are staffed by pediatric residents and faculty and that includes:
   a. facilities for isolation of patients with infectious diseases;
   b. pediatric and neonatal intensive care units; and
   c. support services including radiology, hematology, nuclear medicine, and pathology.

B. Laboratories
There must be access to clinical microbiology laboratories that include techniques for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids.

C. Other
There must be an infection control program with a physician leader who has knowledge of epidemiology of pediatric infectious diseases, written protocols for prevention of infection and its spread, an active surveillance system, and an interventional plan for outbreak control.

V. Educational Program

A. Patient Population
An adequate number and variety of patients with infectious diseases, ranging in age from newborn through young adulthood, must be available to the educational program and to each subspecialty resident. This patient population must include inpatients, outpatients, and patients with chronic diseases.

The program must ensure that each subspecialty resident provides consultation for an appropriate variety of patients in order to become familiar with the manifestations of a broad spectrum of infectious diseases. Such experiences must encompass longitudinal care, which provides the opportunity for observation of the course of illness and the benefits and risks of therapy.

The clinical population must include but not be limited to patients with the following conditions:

1. Primary immunodeficiency
2. Prematurity, low-birth-weight infants
3. HIV disease
4. Immunosuppression secondary to malignancies and to chemotherapeutic or immunosuppressive agents
5. Postoperative patients

B. Clinical Experience
Clinical experience in the application and interpretation of diagnostic tests and indications, risks, and interpretation of the results of therapeutic procedures must be provided for all subspecialty residents in the program. This must involve experience with outpatients and inpatients having infectious diseases such as:

1. Upper respiratory tract infections
2. Lower respiratory tract infections
3. Central nervous system infections
4. Urinary tract infections
5. Cardiovascular infections
6. Bone and joint infections
7. Skin/soft tissue/muscle infections
8. Gastrointestinal tract/extra-abdominal infections
9. Hepatic/biliary infections
10. Ocular infections
11. Reproductive tract infections
12. Sexually transmitted diseases
13. Foreign body and catheter-related infections
14. HIV infection
15. Nosocomial infections
16. Surgical and traumatic wound infections
17. Congenital infections

C. Curriculum
The program must have a well-developed, formally structured curriculum that is designed to:

1. provide subspecialty residents with the information and experience necessary to diagnose and manage pediatric patients with a wide variety of acute and chronic infectious diseases, including disorders of host defense;
2. prepare the subspecialty resident to understand and manage the principles of disease control, prevention of nosocomial infections, emerging pathogens, immunization programs, and/or vaccine-preventable diseases;
3. teach basic epidemiologic and biostatistical methods and their application to clinical research and patient care;
4. teach the subspecialty resident the functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories;
5. prepare the subspecialty residents to conduct research in the broad area of pediatric infectious diseases; and
6. ensure acquisition of appropriate teaching skills that can be used in the area of pediatric infectious diseases.

The educational program must include training in:

1. the appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions;
2. microbiological and immunologic factors that determine the outcome of the interaction between host and microbe;
3. microbiology laboratory techniques, including culture techniques, rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens;
4. the effects of underlying disease states and immunosuppressive therapies on host response to infectious agents;
5. mechanisms of protection against infection, e.g., active or passive immunization and immunomodulating agents;
Program Requirements for Residency Education in Pediatric Nephrology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following specialty requirements. The specialty requirements may exceed the common requirements.

I. Scope of Training

The purpose of the training program must be to provide the subspecialty resident with the capability and experience to diagnose and manage renal diseases and to understand the physiology of fluid and electrolyte and acid-base regulation.

The training program must be designed to develop the physician’s competence in clinical diagnosis, pathophysiology, and medical treatment of disorders of the kidneys; urologic abnormalities; hypertension; and disorders of body fluid physiology in newborns, infants, children, adolescents, and young adults. This experience should include the therapy of acute renal failure and end stage renal disease, including hemodialysis, continuous hemofiltration, peritoneal dialysis, and renal transplantation. Training and experience in selection, performance, and evaluation of procedures, including the renal biopsy, that are necessary for morphologic and physiologic assessment of renal disease must be included.

There should also be training in the evaluation of psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family and in counseling both acutely and chronically ill patients and their families.

The resident also should be provided with instruction and experience in the operational aspects of a pediatric nephrology service, including the dialysis facility. Knowledge of the staffing needs, unit management, preparation of grant proposals, quality improvement programs, appropriate communications with the referring physicians, and planning for program development should be acquired during training.

II. Faculty

A program must have at least two qualified pediatric nephrologists and ensure access to the full range of pediatric subspecialists. In addition, appropriate consultative faculty and staff must be available in related disciplines, including, but not limited to, pediatric urology, pediatric surgery, pathology, radiology, immunology, psychiatry, and organ transplantation.

III. Facilities/Resources

Inpatient, ambulatory care, and laboratory facilities that are necessary to accomplish the overall educational program must be available and functioning. Specifically, there must be facilities for renal replacement therapy and renal biopsy. The following must also be available: a radiology service that can provide modern renal-related procedures, a diagnostic radionuclide laboratory, biochemistry and serologic laboratories; a nutrition support service; and relevant social and psychological services. Surgery, urology, psychiatry, pathology, and radiologic services must be available.

IV. Educational Program

A. Patient Population

The primary teaching site must have at least 5 pediatric kidney transplants per year or have a formal written agreement with another institution that ensures nephrology residents will have adequate experience with renal transplantation.

The training program should be of sufficient size to ensure adequate exposure of residents to patients with acute renal failure and a chronic dialysis patient population, including patients that utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

The training program must afford the residents the opportunity to care for patients with renal and other disorders in the intensive care unit setting.

Adequate numbers of patients with a wide variety and complexity of renal disorders must be available for the training program. It is important that the residents have continuing responsibility for the care of outpatients throughout their training.

B. Clinical Experience

The residents must have formal instruction, clinical experience, or opportunities to acquire expertise in the prevention, evaluation, and management of the following:

1. Perinatal and neonatal conditions, including genetic disorders and congenital anomalies of the genitourinary tract
2. Hypertension
3. Acute renal failure
4. Chronic renal failure
5. New and stage renal disease
6. Urinary tract infections
7. Renal transplantation
8. Neoplasms of the kidney
9. Fluid and electrolyte and acid base disorders
10. Acute and chronic glomerular diseases
11. Renal tubular disorders
12. Nephrolithiasis
13. Voiding dysfunction and urologic disorders
14. Renal dysplasia and cystic disease of the kidney
15. Inherited renal disorders

Special Experiences

In addition, residents must have experience in the following:

1. Evaluation and selection of transplant candidates
2. Preoperative evaluation and preparation of transplant recipients
Program Requirements for Residency Education in Pediatric Pulmonology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training
The purpose of an accredited program is to provide the resident with the background to diagnose and manage pediatric patients with acute and chronic respiratory disorders, including those that are life-threatening, and to prepare the resident to conduct research in this field. The program should emphasize normal pulmonary physiology in pediatric patients and correlation of pathophysiology with clinical disorders. It must require research and provide opportunity for the development of teaching skills on the part of the residents. This educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of patients and their families.

The training program must be designed to develop the subspecialty resident’s competence in the clinical diagnosis, pathophysiology, and medical treatment of respiratory disorders in pediatric patients. There must be training in the selection, performance, and evaluation of procedures necessary for morphologic and physiologic assessment of pulmonary diseases.

II. Faculty/Personnel
A. Pediatric Pulmonology Specialists
There must be at least two qualified pediatric pulmonologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of pulmonology residents. These staff must be certified in pediatric pulmonology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty
In addition to having the full range of pediatric subspecialists, the program must have consultant faculty in related disciplines at the institution where the training takes place. These must include faculty with special expertise in the following areas:
- Pediatric surgery and cardiothoracic surgery
- Allergy/immunology
- Pediatric otolaryngology
- Pediatric radiology
- Pediatric anesthesiology
- Pediatric pathology

In addition, consultants should be available in the following areas:
- Genetics
- Pediatric neurology
- Developmental and behavioral pediatrics
- Pediatric psychiatry

C. Other Professional Personnel
The following other professional staff are essential contributors to a program in that they enhance the subspecialty resident’s understanding of the multidisciplinary nature of pediatric pulmonology: pediatric respiratory therapy staff, pulmonology nursing staff, social workers and support staff, pediatric nutritionist and registered dietitian, pediatric pharmacist, physical and occupational therapist, child life therapist, and speech therapist.

III. Facilities/Resources
An accredited program must have adequate facilities to support the educational activities.

A. Inpatient and Outpatient
There must be an inpatient area with full pediatric and related services, including a pediatric intensive care unit and neonatal intensive care unit, staffed by pediatric residents and faculty. The inpatient unit also must be capable of meeting the specific needs of young adults with cystic fibrosis, including a transition to adult pulmonologists where appropriate.

Adequate space in an ambulatory setting must be available for optimal evaluation and care of patients.

B. Laboratory and Support Services
Full support services, including radiology, laboratory, nuclear medicine, and pathology, must be available at the primary teaching site. At this site there also must be a pediatric pulmonary function laboratory capable of measuring lung volumes, including body plethysmography, flows, gas exchange, bronchoprovocation studies, and polysomnography.

A suite in which flexible bronchoscopy examinations in pediatric age patients can be performed must be present at the primary site or available through affiliation with another institution.

C. Research Resources
Adequate resources for research and/or clinical studies, including statistical consultation, laboratory space, and computer services, must be available.
Program Requirements for Residency Education in Pediatric Pulmonology (Pediatrics)

IV. Educational Program

A. Patient Population
An adequate number and variety of patients with pulmonary disorders who range in age from newborn through young adulthood must be available. The patient population must be sufficiently varied and frequently encountered so as to ensure that the pediatric pulmonology resident has the opportunity to become clinically competent in its management.

B. Clinical and Continuity Experience
There should be sufficient opportunity for the subspecialty residents to provide consultation on a variety of patients to enable them to become familiar with the pulmonary manifestations of a broad spectrum of pediatric illnesses. It is particularly important that they have continuing responsibility for the care of patients with chronic pulmonary problems.

The clinical experience must include but not be limited to the following categories:
1. Asthma and allergic disorders affecting the pulmonary system
2. Bronchopulmonary dysplasia
3. Cystic fibrosis
4. Lower respiratory tract infections
5. Newborn respiratory diseases
6. Pulmonary intensive care
7. Sleep disordered breathing, such as apnea
8. Airway appliances and chronic ventilatory assistance
9. Aspiration syndromes
10. Anomalies of the respiratory system, including upper airway obstruction
11. Chronic suppurative lung disease
12. Respiratory infections in the immunocompromised host
13. Other diseases such as pulmonary hypertension, interstitial lung disease, hemosiderosis, carbon monoxide poisoning, and acute lung injuries

C. Diagnostic Tests and Procedures
Clinical experience in the interpretation of a variety of diagnostic tests and the performance of therapeutic procedures must be part of the training, including tests of pulmonary function and evaluation of respiration during sleep. The subspecialty resident must have the opportunity to become proficient in bronchoscopy, thoracentesis, and techniques of chest physiotherapy and pulmonary rehabilitation. Training must include consultative experience in pulmonary intensive care and must provide the opportunity for the subspecialty residents to develop an understanding of how a patient's critical respiratory problems affect other critical organ systems.

D. Curriculum
The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide an appropriate experience for residents in the basic and fundamental disciplines related to the lung, including allergy and immunology, and immunopulmonology. Training must be provided in the evaluation of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and his or her family.

The program also must provide opportunities for and instruct the subspecialty residents in the development of competence in counseling chronically ill patients and their families. Health education and preventive measures related to pulmonary disease also should be emphasized.

E. Teaching and Administrative Experience
The subspecialty resident must be provided with instruction and experience in operational aspects of a pediatric pulmonology facility, including staffing needs, unit management, and planning for program development.

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Program Requirements for Residency Education in Pediatric Rheumatology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric rheumatology must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Introduction
The purpose of a program in pediatric rheumatology is to provide subspecialty residents in pediatric rheumatology with the background to diagnose and manage patients with acute and chronic rheumatic and musculoskeletal diseases, including those that are life-threatening, and to help them develop investigative skills related to this specialized field.

II. Duration and Scope of Training
An accredited program in pediatric rheumatology must provide 3 years of training to allow sufficient time for the subspecialty residents to develop expertise in the long-term continuity of care that is required for the patients and to understand the natural history of the diseases. Continuity of care for a panel of patients throughout the 3 years is required.

III. Faculty

A. Pediatric Rheumatologists
There must be at least two pediatric rheumatologists in the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the subspecialty residents.

B. Other Physician Teaching and Consultant Faculty
Consultant and collaborative faculty in related disciplines, particularly pediatric orthopedics, must be available at the institution where training takes place. There must be pediatric subspecialists available in cardiology, gastroenterology, hematology/oncology, immunology, infectious disease, and nephrology, as well as specialists who have expertise with pediatric patients in at least the following areas: dermatology, ophthalmology, pathology, and physical medicine and rehabilitation. Collaboration with basic science departments and with internal medicine rheumatology programs is encouraged.

C. Other Personnel
Staff from allied health disciplines, including registered physical and occupational therapists, must be available. The presence of a nurse specialist, a pediatric social worker, and a nutritionist is highly recommended.

IV. Facilities and Resources
There must be full support services, including nuclear medicine and access to pediatric rehabilitation services, electromyography laboratory and clinical immunology laboratory.
V. Educational Program

A. Breadth of Experience
The program must provide subspecialty residents with a thorough knowledge of normal growth and development with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases. The program should ensure the availability of all facilities and personnel necessary for the complete care of infant, child, adolescent, and young adult patients with rheumatic diseases. A patient population of sufficient size must be available to ensure training of both the general pediatric residents and the rheumatology residents.

The program must ensure that each subspecialty resident has the opportunity to provide continuing responsibility for both acute and chronic rheumatic diseases in order to observe the natural history of the disease process and effectiveness of therapeutic programs. Continuing responsibility for the care of patients with chronic rheumatic diseases is of particular importance.

B. Clinical Experience
The clinical component of the program must provide broadly based experience with a variety of rheumatic and musculoskeletal diseases and must be designed to develop the subspecialty resident's understanding of the pathophysiology of various rheumatic diseases and to promote competence in the clinical diagnosis and medical management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for pathologic, physiologic, immunologic, microbiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases.

1. Diagnostic tests and procedures
   a. Therapeutic injection of diarthrodial joints;
   b. Nailfold capillary microscopy;

2. The program must provide sufficient training for the residents to become proficient in the following:
   a. Diagnostic aspiration of joints and interpretation of analysis of joint synovial fluid
   b. Prescription of physical therapy, occupational therapy, splints, and other therapeutic modalities
   c. Bone and joint imaging
   d. Evaluation for surgical intervention, including participation in both preoperative and postoperative patient management
   e. Interpretation and utilization of laboratory tests as they relate to rheumatic disorders
   f. Understanding the indications for electromyographic (EMG) and nerve conduction studies
   g. Performing biopsies of tissues relevant to rheumatic diseases
   h. Slit lamp examination of the eye

3. Patient population
   a. Infectious/post-infectious such as acute rheumatic fever and Lyme disease
   b. Juvenile rheumatoid arthritis
   c. Kawasaki disease
   d. Systemic lupus erythematosus
   e. Scleroderma
   f. Dermatomyositis/polymyositis
   g. Henoch-Schönlein purpura
   h. Other vasculitic disorders, e.g., Wegners and Polyarteritis nodosa
   i. Nonarticular rheumatic diseases including reflex neurovascular dystrophy and fibromyalgia
   j. Infections of bones and joints
   k. Neonates with consequences of maternal rheumatic diseases or medications for rheumatic diseases
   l. Spondyloarthropathies, psoriasis, and other HLA B27-related disorders
   m. Malignancies of bone and muscle
   n. Disorders of collagen and connective tissue
   o. Rheumatic aspects of immunocompromised (congenital or acquired) children
   p. Rheumatic aspects of systemic diseases such as endocrine, metabolic, gastrointestinal and infectious diseases, skeletal dysplasias, and other systemic diseases
   q. Sports injuries, including overuse syndromes
   r. Avascular necrosis, including Legg-Perthes syndrome
   s. Osteochondritis syndromes

C. There should be sufficient opportunity for the subspecialty resident to provide consultation for wide variety of patients with rheumatic complaints common in the spectrum of other childhood diseases.

D. Curriculum

1. Basic sciences and conferences
   a. Anatomy
   b. Biochemistry
   c. Immunology
   d. Microbiology
   e. Molecular biology
   f. Pathology
   g. Pharmacology
   h. Physiology

2. Didactic and laboratory experience
   The program must have a well-developed, formally structured curriculum, including courses, workshops, seminars, and laboratory experience that provides an appropriate background for subspecialty residents in the basic and fundamental disciplines related to the musculoskeletal system and rheumatic disease.

3. Clinical experience
   a. Experience in counseling chronically ill patients and their families
   b. Experience in management of chronic rheumatic diseases as they affect the child and the young adult
   c. Experience in management of chronic rheumatic diseases as they affect the child and the young adult

4. Health care team
   The subspecialty residents must be exposed to formal sessions on organization and leadership of a comprehensive health care team and the utilization of the services of all relevant allied health professionals, including those in social services, rehabilitative education, and mental health.

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Program Requirements for Residency Education in Pediatric Sports Medicine (Pediatrics)

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers should also be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population, unlimited by age or gender and adequate in number and variety to meet the needs of the training program, must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. Nonsurgical residents must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adapted up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacology must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital, with a full range of services, associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and the primary care or emergency medicine ambulatory facility.

Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.
If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events
The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local emergency medical systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical
The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching
The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients’ families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000 Effective: June 2000
II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources
1. Patient Population
   a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the broad spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including; apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
   b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.

2. Facilities
   a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
   b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.

3. Institutional Resources
   a) The sponsoring institution must provide sufficient institutional resources— including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
   b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
   c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.

4. Library
   a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   b) Library services should include the electronic retrieval of information from medical databases.
   c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
4. The faculty, furthermore, must devote sufficient time to the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

(a) Appropriate expertise in the areas defined in Section 1.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.

(b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
- Cardiology
- Neurology
- Otolaryngology
- Oral Maxillofacial Surgery
- Pediatrics
- Pulmonary Medicine
- Psychiatry
- Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:

(a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

(b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.

(c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

(a) The scholarship of discovery, as evidenced by peer-reviewed publication or by publication of original research in a peer-reviewed journal;

(b) The scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) The scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

5. Qualifications of the nonphysician faculty are as follows:

(a) Nonphysician faculty must be appropriately qualified in their field.

(b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.
V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities
   Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
   The fellowship program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:
   1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
   2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
   3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
   4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
   5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
   6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to promote optimal health care.

E. Didactic Program
   1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
      a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
      b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
      c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
      d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
      e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring).
      f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies.
      g) Administration and interpretation of psychological tests.
      h) Financing and regulation of sleep medicine.
      i) Medical ethics and its application in sleep medicine.
      j) Legal aspects of sleep medicine.
      k) Research methods in the clinical and basic sciences related to sleep medicine.
      l) Technical skills including:
         (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
         (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection.
         (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings.
   2. The Curriculum
      The curriculum must include instruction in the following:
      a) Fundamental mechanisms of sleep
      b) Etiopathogenic characterization of sleep disorders
      c) Clinical manifestations of sleep disorders
      d) Diagnostic strategies in sleep disorders
      e) Treatment strategies in sleep disorders
      f) Epidemiological issues
      g) Airway anatomy
   3. Seminars and Conferences
      a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
      b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
         (1) Basic neurological sleep mechanisms
         (2) Chronobiological mechanisms
         (3) Respiratory physiology during sleep and pathophysiology
         (4) Cardiovascular physiology during sleep and pathophysiology
         (5) Endocrine physiology during sleep and pathophysiology
         (6) Gastrointestinal physiology during sleep and pathophysiology
         (7) Ontogeny of sleep
         (8) Sleep across the life span
         (9) Operation of polysomnographic monitoring equipment
         (10) Polysomnographic troubleshooting
         (11) Ambulatory monitoring methodology
         (12) Polysomnogram interpretation
         (13) SIDS and related respiratory distress
         (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
         (15) Evaluation of patients presenting with excessive sleepiness
         (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
(17) Evaluation of patients presenting with parasomnias
(18) Biological rhythm disorders
(19) Pediatric and neonatal sleep medicine
(20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
(21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
(22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
(23) Treatment approaches for parasomnias
(24) Treatment of circadian rhythm disorders
(25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

1. Clinical Skills
   Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:
   a) interviewing
   b) clear and accurate history taking
   c) performing competent physical, neurological, and mental status examinations
   d) recording of findings completely and systematically
   e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
   f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
   g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
   h) formulating appropriate treatment plans and making appropriate referrals
   i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the healthcare team, with compassion, respect, and professional integrity
   j) Certification in cardiopulmonary resuscitation

2. Clinical Training
   a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
      (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
      (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
      (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.
      (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies
      (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.
   (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
   (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient’s condition and to support outpatient and inpatient diagnostic evaluations
   (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
   (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
   (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.
   (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
   (7) Supervised experience in teaching sleep medicine to students in the health professions.
   (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows’ time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
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2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle,
and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

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one year's accredited training in fundamental clinical skills or to provide four years of training to include twelve (12) months of these fundamental clinical skills in areas other than physical medicine and rehabilitation.

3. A training program of three years duration is responsible for the thirty-six months of physical medicine and rehabilitation training and responsible for assuring that residents appointed at the PG-2 level have received satisfactory training in fundamental clinical skills.

b. A training program of four years duration is responsible for the quality of the integrated educational experience for the entire training program, including twelve (12) months of training in fundamental clinical skills in areas other than physical medicine and rehabilitation.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. Physical medicine and rehabilitation must be organized as an identifiable specialty within the sponsoring institution.

2. Programs that cosponsor combined training in PM&R and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. The participation or change in participation by any institution which provides three months or more of training must be reported within 30 days to the RRC and approved by the RRC. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:

a. Identify the faculty who will assume both educational and supervisory responsibilities for residents;

b. Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

c. Specify the duration and content of the educational experience; and

d. State the policies and procedures that will govern resident education during the assignment.

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

4. Institutions sponsoring or participating in residency training in physical medicine and rehabilitation should be appropriately accredited by the Joint Commission on Accreditation of Healthcare Organizations for rehabilitation or the Commission on Accreditation of Rehabilitation Facilities. If the institution is not so accredited, reasons why accreditation was not sought or was denied must be explained, and the inclusion of the institution in resident education must be justified.

5. The sponsoring institution must notify the RRC promptly of any major changes in leadership, governance, affiliation or fiscal arrangements that affect the educational program. The RRC may schedule a site visit when notified of such changes.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities and experience in his or her field, including at least four (4) years of recent post-residency experience as a clinician, administrator, and educator in PM&R.

b. The program director must be certified in the specialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications as a physiatrist judged to be acceptable by the RRC.

c. The program director must be appointed in good standing and based at the primary teaching site.

d. The program director must have the professional ability, enthusiasm and sense of responsibility to achieve and maintain high quality of the training program.

e. The program director must have the authority and time needed to participate with other institutional program directors in maintaining the quality of all training programs.

4. Responsibilities of the program director are as follows:

a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.

c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

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1) the addition or deletion of a participating institution;
2) a change in the format of the educational program;
3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

5. The program director must notify in writing the Executive Director of the RRC within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including but not limited to:
   a. a copy of the newly appointed program director's curriculum vitae, including details of his/her experience and qualifications in graduate medical education;
   b. significant changes in the complement of medical faculty;
   c. changes in the resident complement, as defined in section IV. B., below;
   d. changes in administrative structure, such as a change in the hierarchical status of the program/department within the institution;
   e. changes in the length of training (whether 3 or 4 years);
   f. changes in participation by any institution which provides
      three months or more of training, and
   g. significant changes in any institution (see section II. B. 5, above).

   Upon such notification, the RRC may schedule a site visit of the program.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill the supervisory and teaching responsibilities. They must participate regularly and systematically in the training program, both clinical and didactic, must be readily available for consultations to the resident, and be available during clinical crises. Part-time faculty should have specific, regular teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
   d. Non-psychiatric medical faculty must be appropriately certified or possess appropriate educational qualifications.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
   Additional necessary professional, technical, and clerical personnel must be provided to support the program.
1. Professional staff in the disciplines of nursing, occupational therapy, orthotics and prosthetics, physical therapy, psychology, rehabilitation nursing, social service, speech-language pathology, recreational services, and vocational counseling, who are appropriately credentialed should be integrated into both the didactic and clinical experience of the resident whenever relevant.
2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

D. Facilities and Resources
   The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
   1. It is necessary to have beds assigned to the physical medicine and rehabilitation service, grouped in one or more geographic area(s). A minimum census of eight (8) physical medicine and rehabilitation inpatients should be available for each full-time equivalent resident assigned to an acute or subacute inpatient rehabilitation service.
2. There must be adequate equipment and space available to carry out a comprehensive training program in physical medicine and rehabilitation. There must be specific equipment for physical medicine interventions, and residents must have actual experience with this equipment. Equipment must be suitable for all age groups with special attention to modified equipment for the pediatric and geriatric patient. These include radiant, conductive and convective heat sources, other thermotherapy and hydrotherapy devices, exercise equipment, ambulatory aids, wheelchairs, and special devices for the impaired driver, electrodiagnostic and EMG equipment, urodynamic laboratory instruments, and simple splinting apparatuses. The occupational therapy area must be adequately equipped to give the residents experience in activities of daily living, and the evaluation of and training in devices to improve skills in activities of daily living. Psychometric and vocational and social evaluation facilities and test instruments must be adequate to expose the residents to the broad spectrum of their prescription and their use and interpretation in the common practice of rehabilitation medicine. Adequate office space should be available for the faculty and residents, to participate in both clinical examination of patients and in self-study.
3. The sponsoring institution must provide an adequate, available professional library with suitable basic textbooks and journals pertinent to general medicine and surgery as well as the specialty of physical medicine and rehabilitation. Loan capabilities with other main or lending libraries should be available. Also,
there must be access to an on-site library or collection of appro-
riate texts and journals in each institution participating in the
residency program. Library services should include the elec-
tronic retrieval of information from medical databases. On-site li-
braries and/or collections of texts and journals must be readily
available to residents during evening hours and weekends.
4. Basic teaching aids such as computers, slide projectors, and
 videotape facilities are essential. Reasonable access to these items
on nights and weekends for residents and staff must be available.
Adequate space must be available for seminars, lectures, and
other teaching experiences. There must be facilities for team
conferences and specialty care clinics, such as orthotics, prosth-
ethics, children’s handicaps and the like.
5. Facilities must be accessible to persons with disabilities.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident
eligibility as specified in the Institutional Requirements.
The program must select residents in accordance with institutional and
departmental policies and procedures.

B. Number of Residents
The RRC will approve the number of residents based upon estab-
lished written criteria that include the adequacy of resources
for resident education (e.g., the quality and volume of patients
and related clinical material available for education), facul-
ty-resident ratio, institutional funding, and the quality of fac-
tulty teaching.
1. In order to ensure the stimulating educational atmosphere that a
peer group provides, residents should be enrolled in a training
program at all times. All training programs should have at least
two (2) residents per year in each year of training, with an ap-
proximately equal distribution of these residents. In addition,
each training program should provide educational experiences
which bring together all of the residents of the training program
at frequent and regular intervals.
2. Failure to recruit any new residents for two consecutive years
will result in Residency Review Committee review and possible
adverse action. Also, the program must demonstrate the ability
over time to retain qualified residents by consistently graduating
at the end of residency at least 80% of the residents enrolled at
the beginning of residency.
3. The program director will establish the maximum number of resi-
dent positions that can be supported by the educational re-
sources for the program, subject to the approval of the RRC. The
program director must report any change in the number of resi-
dent positions offered.

C. Resident Transfers
To determine the appropriate level of education for residents
who are transferring from another residency program, the pro-
gram director must receive written verification of previous edu-
cational experiences and a statement regarding the perfor-
mance evaluation of the transferring resident prior to their
acceptance into the program. The program also must accept re-
ponsibility for completion of the resident’s training and fulfillment
of educational goals and objectives leading to eligibility for board
certification. A program director is required to provide verifica-
tion of residency education for residents who may leave the pro-
gram prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or stu-
dents must not dilute or detract from the educational opportuni-
ties available to regularly appointed residents.
Physical medicine and rehabilitation residents must have inter-
action with residents and faculty from other specialties and/or med-
ical students in order to provide opportunities for peer interaction
and teaching.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experi-
ences will be approved by the RRC as part of the review
process.
2. Goals and Objectives
The program must possess a written statement that outlines
its educational goals with respect to the knowledge, skills,
and other attributes of residents for each major assignment
and for each level of the program. This statement must be dis-
tributed to residents and faculty, and must be reviewed with
residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curric-
ulum, both didactic and clinical. The curriculum must also pro-
vide residents with direct experience in progressive responsibil-
ity for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to par-
ticipate in research or other scholarly activities, and residents
must participate actively in such scholarly activities.

Resident Participation
1. The curiosity and creativity of all residents must be stimulated.
They must be involved in the critical appraisal of current
literature.
2. Residents should have the opportunity to participate in struc-
tured, supervised research training. It is desirable that each resi-
dent produce a peer-reviewed publication during the residency
program. A program director may elect to offer a special research
or academic track for selected residents. This may take the form
of an elective or research rotation, usually not to exceed six
months, within the 36 months of physical medicine and rehabili-
tation residency training.

D. ACGME Competencies
(N.B.: Section V. D. does not apply to certain subspecialties)
The residency program must require its residents to obtain
competence in the six areas listed below to the level expected of
a new practitioner. Programs must define the specific knowl-
edge, skills, behaviors, and attitudes required, and provide edu-
cational experiences as needed in order for their residents to
demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective
for the treatment of health programs and the promotion of
health;
The training program must provide the opportunity for the
graduate to develop the attitudes and psychomotor skills re-
quired to:
a. modify history taking technique to include data critical to the
recognition of functional abilities, and physical and
psychosocial impairments which may cause functional
disabilities,
b. perform the general and specific physiatric examinations, including electromyography, nerve conduction studies, and other procedures common to the practice of physical medicine and rehabilitation,
c. make sound clinical judgments, and
d. design and monitor rehabilitation treatment programs to minimize and prevent impairment and maximize functional abilities.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
   a. This must include knowledge about the diagnosis, pathogenesis, treatment, prevention, and rehabilitation of those neuromusculoskeletal, neurobehavioral, cardiovascular, pulmonary, and other system disorders common to this specialty in patients of both sexes and all ages.
   b. The program must include education in the principles of bioethics as applied to medical care, and the residents must participate in decision-making involving ethical issues that arise in the diagnosis and management of their patients.

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
   The training program must stress the importance of self-evaluation, continuing medical education, and continued professional development after graduation.

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
   The training program must provide the opportunity for the resident to develop the necessary written and verbal communication skills essential to the efficient practice of physiatry.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
   a. Physician accountability
      1) The educational program must have mentors, role-model clinicians, and an environment that demonstrates the values of professionalism, such as placing the needs of the patient first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, maintaining a commitment to continued improvement, and being responsive to society's healthcare needs.
      2) Residents should participate in community service, professional organizations, or institutional committee activities.
   b. Humanistic qualities
      Physicians must have the welfare of their patients as their primary professional concern. The residents and faculty members, therefore must demonstrate humanistic qualities that foster the formation of appropriate patient/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and an appropriate professional attitude and behavior toward colleagues. The written curriculum must emphasize the importance of humanistic qualities throughout the residency.
   c. Professional ethics
      The training program must foster a commitment to professional ethics in residents that is demonstrated by a spirit of collegiality and a high standard of moral behavior within the clinical setting in the care of patients, in the education of residents, in conducting research, and in interacting with funding organizations.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
   a. Residents must receive instruction in the social and economic impact of medical decisions on patients and society and the need to be the primary advocate for patients' needs.
   b. All residents must receive formal instruction regarding the principles, objectives and process of performance improvement and program evaluation, risk management and cost effectiveness in medicine.
   c. The training program must provide the opportunity for the graduate to be able to coordinate effectively and efficiently an interdisciplinary team of allied rehabilitation professionals for the maximum benefit of the patient by:
      1) an understanding of each allied health professional's role,
      2) the ability to write adequately detailed prescriptions based on functional goals for physiatric management, and
      3) the development of management and leadership skills.

D. Didactic Components
   1. Formal education must have a high priority. Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out and attended on a regularly scheduled basis. It must expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Clinical case conferences, such as those for radiology, neuromuscular disease and EMG, clinical PM&R and pain medicine, and journal clubs are desirable adjuncts to an organized didactic curriculum. Active participation by the faculty in the didactic program is required.
   2. The curriculum must include adequate and systematic training in basic sciences relevant to physical medicine and rehabilitation such as anatomy, physiology, pathology and pathophysiology of the neuromusculoskeletal, cardiovascular and pulmonary systems, kinesiology and biomechanics, functional anatomy, electrodiagnostic medicine, fundamental research design and methodology, and instrumentation related to the field. This instrumentation should pertain to physiologic responses to the various physical modalities and therapeutic exercises, and the procedures commonly employed by physiatry. This training should be correlated with clinical training but should, when appropriate, include basic science faculty. An accessible anatomy laboratory for dissection is highly desirable.
   3. The training program must provide adequate and supervised experience in medical administration and teaching methodology.
   4. Bedside teaching rounds on hospitalized physical medicine and rehabilitation patients must be made by residents with faculty at least five times per week.

F. Clinical Components
   1. The clinical portion of the curriculum must include a sufficient variety, depth, and number of clinical experiences. However, clinical activities must not compromise the educational requirements of the training program.
   2. The training program must include at least 12 months with direct responsibility for complete management of hospitalized patients on the physical medicine and rehabilitation service. Residents must spend at least 12 months of their training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.
   3. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership,
teaching and administration. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program director must establish written guidelines for appropriate supervision of more junior residents by more senior residents and of all residents by attending physicians with attention to the acuity, complexity and severity of patient illness. Supervision must include faculty review of a clearly written patient history and physical examination and a meaningful continuous record of the patient's illness, background, management strategies, as well as lucid presentations of the case summary.

4. Provision must be made for the resident to review personally pertinent laboratory, roentgenographic and other imaging materials for the patient. Opportunity to observe directly and participate in the various therapies in the treatment areas must occur regularly throughout the residency program, including the proper use and function of equipment and tests.

5. The residents must have the opportunity to observe and gain fundamental understanding of orthotics and prosthetics, including fitting and manufacturing, through documented arrangements made with appropriate orthotic-prosthetic facilities.

6. The residents must have the opportunity to observe and gain fundamental understanding of the types of patients served, referral patterns and services available in the continuum of rehabilitation care in community rehabilitation facilities. These include subacute units and skilled nursing facilities, sheltered workshops and other vocational facilities, schools for persons with multiple handicaps, including deafness and blindness, independent living facilities for individuals with severe physical impairments, day hospitals, and home health care services, and community re-entry services. Some introduction to these options for care may be made by on-site visits to some of these facilities as well as didactic lectures. Residents should be encouraged to interact with health care consumer groups and organizations.

7. The clinical curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident in the following areas:
   a. history and physical examination pertinent to physical medicine and rehabilitation,
   b. assessment of neurological, musculoskeletal and cardiovascular-pulmonary systems,
   c. determining disability evaluations and impairment ratings,
   d. data gathering and interpreting of psychosocial and vocational factors,
   e. performance of electromyography, nerve conduction and somatosensory evoked potential studies, and other electrodiagnostic studies. In general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number.
   f. therapeutic and diagnostic injection techniques,
   g. prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices,
   h. Written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises and testing performed by physical therapists, occupational therapists, speech/language pathologists. It is necessary to provide for an understanding and coordination of psychosocial and vocational interventions and tests,
   i. familiarity with the safety, maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories,
   j. a formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities,
   k. the rehabilitation of children,
   l. collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist,
   m. geriatric rehabilitation,
   n. prevention of injury, illness and disability
   o. counseling of patients and family members, including end of life care,
   p. the importance of personal, social and cultural factors in the disease process and clinical management,
   q. the principles of pharmacology as they relate to the indications for and complications of drugs utilized in PM&R, and
   r. experience in the continuing care of patients with long-term disabilities through appropriate follow-up care.

8. The resident must have opportunities for progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of patients of all ages of at least the following:
   a. acute musculoskeletal pain syndromes, including sports and occupational injuries,
   b. chronic pain medicine,
   c. congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases,
   d. rehabilitative care of traumatic brain injury,
   e. hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis,
   f. rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment,
   g. rehabilitative care of amputations for both congenital and acquired conditions,
   h. sexual dysfunction common to the physically impaired,
   i. postfracture care and rehabilitation of postoperative joint arthroplasty,
   j. pulmonary, cardiac, oncologic, infectious, immunosuppressive and other common medical conditions seen in patients with physical disabilities,
   k. diseases, impairments and functional limitations seen in the geriatric population,
   l. rheumatologic disorders treated by the physiatrist,
   m. acute and chronic medical conditions, comorbidities and complications commonly seen and managed in the physiatric patient,
   n. medical conditioning, reconditioning and fitness, and
   o. soft tissue disorders such as burns, ulcers and wound care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be pro-
vided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. Didactic activities may include observation of diagnostic and therapeutic procedures.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations
Program Requirements for Residency Education in Physical Medicine and Rehabilitation

should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation should communicate with the office of the board regarding the full requirements for certification.

Program Requirements for Residency Education in Physical Medicine (Physical Medicine and Rehabilitation)

I. Scope and Duration of Training
A. Definition and Scope of the Specialty
Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training
Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. Assignments must not be made to activities not directly related to pain medicine.

II. Institutional Organization
A. Relationship to Core Program
Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in physical medicine and rehabilitation accredited by the Accreditation Council for Graduate Medical Education.
A. Program Director
The program director must be a physiatrist who has been certified in pain medicine by the American Board of Physical Medicine and Rehabilitation or who has appropriate educational qualifications in pain medicine as determined by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator, and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director
The medical director of the pain medicine service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain medicine, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty
Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than physical medicine and rehabilitation. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

At least three faculty with expertise in pain medicine should be involved in teaching pain medicine residents, and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment
A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services
The following functions and support must be available:
1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population
For each resident in the subspecialty of pain medicine each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library
There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment
An accredited program in pain medicine must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components
There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain medicine. Subspecialty training in pain medicine must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:
1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
Program Requirements for Residency Education in Pain Medicine (Physical Medicine and Rehabilitation)

5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal gangliectomy
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain medicine

In addition to the above skills, the pain medicine resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components
The pain medicine curriculum must include the following topics in lectures and reading:
1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain medicine
4. Pharmacology of centrally acting drugs used in pain medicine
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain medicine
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain medicine
12. Principles and techniques of cancer pain medicine, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain medicine
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain medicine center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions

D. Pain Center Management
Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching
The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences
Pain medicine conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain medicine resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and physical medicine and rehabilitation pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:
A. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
B. Participation in journal clubs and research conferences.
C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract or publication.

VII. Evaluation
A. Faculty responsible for teaching subspecialty residents in physical medicine and rehabilitation pain medicine must provide critical evaluations of each resident's progress and competence to the physical medicine and rehabilitation pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in physical medicine and rehabilitation pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in physical medicine and rehabilitation pain medicine should be involved in continuous quality improvement, utilization review, and risk management.
VIII. Board Certification
The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

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Program Requirements for Residency Education in Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition
Pediatric rehabilitation medicine (PRM) is the subspecialty that utilizes an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, cognitive, psychosocial, and vocational limitations or conditions. Rehabilitation management of children with physical impairments requires the identification of functional capabilities and the selection of the best rehabilitation intervention strategies, with an understanding both of the life course of the disability and of the continuum of care.

B. Program Design
The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to the program goals.
1. The Residency Review Committee (RRC) for Physical Medicine and Rehabilitation must approve the program design as part of the regular review process.
2. Participation by any institution providing 3 months or more of educational components of a residency program should be in the same geographic location.

C. Duration of Training
1. Training in PRM shall be 24 months in duration if it begins after satisfactory completion of an Accreditation Council for Graduate Medical Education (ACGME)-approved residency training program in physical medicine and rehabilitation (PM&R). The program must assure that the resident acquires knowledge and skills in general pediatrics, normal childhood development, normal neonatal development, and adolescent medicine including psychosocial issues.
2. Training in PRM shall be 12 months in duration if it begins after satisfactory completion of ACGME-approved combined or consecutive residency training in both PM&R and pediatrics.

D. Program Goals and Objectives
1. Goals
An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.
2. Objectives
The program must provide the resident opportunities to develop a specific set of attitudes, knowledge, and psychomotor skills in pediatric rehabilitation conditions to ensure his or her ability to enhance the quality of care available to those individuals and their families. The resident must become competent in:
1. Defining aspects of growth and development in the context of children and adults with congenital and childhood onset disabilities, throughout the life course.
2. Identifying age-appropriate assessment and measurement tools to evaluate functional status or outcomes of interventions.
3. Managing common medical issues in pediatric rehabilitation.
4. Describing principles and techniques for general pediatric rehabilitative therapeutic management.
5. Evaluating and prescribing age-appropriate assistive devices and technologies to enhance function.
6. Understanding and performing pediatric rehabilitation procedures.
7. Outlining the clinical course of and functional prognosis for common pediatric disabilities.
8. Identifying interventions to assist children, adults, and their families to participate successfully in age-appropriate education and other activities.
9. Advocating for care needs, systems of care, and research to enhance the care and function of children and adults with congenital or childhood onset disabilities.
10. Providing consultation to physiatrists, pediatricians, and other clinicians regarding PM&R.
11. Participating in instruction and conducting research in PRM.
12. Applying principles of management and administration.

II. Administration and Organization

A. Sponsoring Institution
1. The institution sponsoring the PRM program must be a center for care of persons with pediatric rehabilitative diagnoses or affiliated with such a center. Affiliation with an accredited medical school is desirable. The Joint Commission on Accreditation of Healthcare Organizations-Rehabilitation Section or the Commission on Accreditation of Rehabilitation Facilities should accredit the institution.
2. Accreditation of a subspecialty program in PRM will be granted only when the program is affiliated with an ACGME-accredited residency program in PM&R.
3. There must be close cooperation between the core residency program and the subspecialty program. The lines of responsibility between residents in the core program and the subspecialty program must be clearly delineated.
4. The sponsoring institution should exercise the necessary administrative management of the training program.
5. There must be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the PRM program to ensure cooperation of all involved disciplines.
6. The institution must provide for financial resources that include, but are not limited to, salaries, fringe benefits, and opportunities for residents' continuing education.

B. Participating Institutions
Participating institutions should be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents
1. The program shall establish written policies and procedures regarding selection and appointment of residents. There should be at least one resident in the program at all times.
2. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, for determining the number of resident positions.

3. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, regarding changes in resident complement or filling vacant positions.

4. The applicant must be licensed for unrestricted practice in a state or province of the United States or Canada.

III. Faculty Qualifications and Responsibilities

The program director and the teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

i. Qualifications of the Program Director
   a. Documented qualifications as a clinician, administrator, and educator in the field of PRM.
   b. Board certification in PRM or appropriate educational qualifications as determined by the RRC.
   c. Licensure to practice medicine in the state where the sponsoring institution is located. (Certain federal programs are exempted.)
   d. Appointment in good standing to the medical staff of an institution participating in the program.

ii. Responsibilities of the Program Director
   a. Sufficient time devoted to provide continuous leadership to the program as well supervision of the residents.
   b. Active participation in research and scholarly activities in PRM.
   c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   d. Selection of residents for appointment to and assignment in the program in accordance with institutional and departmental policies and procedures.
   e. Selection, assignment, and supervision of teaching staff and other program personnel at each institution participating in the program.
   f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communications and interaction with supervisory physicians.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff must be sensitive to the need for the timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Preparation of an accurate statistical report and narrative description of the program as required by the RRC. Adequate data collection and analysis is necessary for overall program evaluation and total quality management. Data regarding resident and faculty performance should be gathered, analyzed, and maintained.
   j. Notification to the RRC of any major programmatic changes. The RRC must be notified immediately of any change in the program directorship.

B. Number and Qualifications of Faculty

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to their supervisory and teaching responsibilities. In addition to the program director there must be at least one other faculty member with expertise in PRM who is dedicated to the program.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities in the field of PRM, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities in the field of PRM.

3. The faculty should be board certified in PRM or possess appropriate educational qualifications as determined by the RRC.

4. A member of the teaching staff of each participating institution must be designated to assume the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each participating institution, the financial and administrative support of the program, the volume and variety of the patients available to the program for educational purposes, the performance of other members of the teaching staff, and the quality of supervision of the residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities

Education in PRM should include experience in both inpatient and outpatient facilities. The sponsoring and participating institutions must operate or have access to a service delivery system dedicated to the care of persons with pediatric rehabilitative disorders. Necessary resources include

1. Inpatient pediatric rehabilitation beds,
2. A designated outpatient clinic or examination area for persons with pediatric rehabilitative disorders,
3. Transitional services for home care, community entry, schooling, etc.

B. Specific Facilities and Resources

1. The sponsoring institution must have available the equipment, electrodiagnostic devices, radiology services, laboratory services, and clinical facilities necessary to provide appropriate care to persons with pediatric rehabilitative disorders. Facilities for
teaching services must be available as well as a medical records system that allows for efficient case retrieval.

2. The sponsoring institution must have available specialty consulting services essential to the care of persons with pediatric rehabilitative disorders. These services include anesthesia, emergency medicine, family medicine, genetics, neurosurgery, orthopedic surgery, pathology, pediatrics (including the relevant subspecialties), plastic surgery, psychiatry, radiology, surgery, urology, and other relevant health care professionals.

3. Availability of home care and specialized schooling.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Residents must have access to computer and audiovisual capabilities and electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. These must be readily available during nights and weekends.

D. Patient Population

The patient population must be of sufficient size and diversity of pediatric age groups to provide the resident with the opportunity to care for an adequate number of persons in all pediatric rehabilitative diagnostic categories in both inpatient and outpatient settings.

V. Educational Program

A. Clinical Components

1. The clinical component of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time with responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least 1/3 of their clinical experience to the care of hospitalized patients and at least 1/3 to non-hospitalized patients.

2. The educational program must be designed so that residents may attain knowledge and competency in the following areas of PRM:
   a. normal growth and development, including physical growth, developmental skills attainment (language and communication skills, physical skills, cognitive skills, emotional skills and maturity, academic achievement/learning skills), transitional issues, metabolic status, biomechanics, the effects of musculoskeletal development on function, sexuality, avocational interest development, wellness and health promotion, and aging issues for adults with congenital or childhood onset disabilities.
   b. Applications, efficacy, and selection of PRM assessment tools, including enabling/disabling process, general health measures, developmental attainment measures, general functional measures, and specific outcome measures.
   c. Identification and management of common pediatric rehabilitative medical conditions and complications, including nutrition, bowel management, bladder management, gastroesophageal reflux, skin protection, pulmonary hygiene and protection, sensory impairments, sleep disorders, spasticity, DVT prophylaxis, congenital and acquired lymphedema, feeding disorders, swallowing dysfunction, seizure management, and behavioral problems.
   d. Principles and techniques for general pediatric rehabilitative therapeutic management, including early intervention, age-appropriate functional training, programs of therapy, play (avocation), therapeutic exercise, electrical stimulation and other modalities, communication strategies, oral motor interventions, discharge planning, educational and vocational planning, transitional planning, adjustment to disability support, and prevention strategies.
   e. Evaluation and prescription for assistive devices technology, including orthotics, prosthetics, wheelchairs and positioning, ADL aids, interfaces and environmental controls, augmentative/alternative communication, environmental accessibility, electrical stimulation, and dynamic splinting.
   f. Principles and techniques of PRM procedures, including spasticity management and electrodiagnosis.
   g. Interpretation of diagnostic studies commonly ordered in PRM.
   h. Rehabilitation management of musculoskeletal disorders and trauma, including sports injury.
   i. Rehabilitation management of cerebral palsy.
   j. Rehabilitation management of spinal dysraphism and other congenital anomalies.
   k. Rehabilitation management of pediatric spinal cord injury.
   l. Rehabilitation management of pediatric traumatic brain injury.
   m. Rehabilitation management of limb deficiency/amputation.
   n. Rehabilitation management of neuromuscular disorders.
   o. Rehabilitation management of rheumatologic and connective tissue disorders, including but not limited to specific conditions, such as juvenile rheumatoid arthritis, spondyloarthopathies, dermatomyositis, and lyme disease.
   p. Pediatric rehabilitation management of burns.
   q. Rehabilitation management of peripheral nerve injuries.
   r. Administration, including principles of organizational behaviors and leadership, quality assurance, cost efficiency, knowledge of health care systems, community resources, and support services regulations pertaining to service provision (external reviews, inpatient services, outpatient services, home care, school-based programs and capabilities), skills for effective advocacy, medical legal aspects (child protective services, guardianship, liability), professionalism, and ethics.
   s. Psychological, social, and behavioral aspects of rehabilitation management, including family-centered care.
   t. Requesting of appropriate medical/surgical consultations from other specialties.

3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.

4. The program should be designed so that the resident has an opportunity to develop a management style compatible with an interdisciplinary team process.

B. Didactic Components

1. Basic science content should include a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for managing patients with pediatric medicine disorders. Pathophysiology, discussion and knowledge of clinical manifestations, and management problems should constitute the major topics for study.

2. Presentation of specialty content should include faculty in anesthesia, emergency medicine, family medicine, genetics, neurology, neurosurgery, orthopedic surgery, pediatrics (including the relevant subspecialties), plastic surgery, psychiatry, radiol-
ogy, surgery, and urology taking an active role in providing instruction in the areas of their practices relevant to PRM.

3. Conferences
a. Required conferences should include case-oriented multidisciplinary conferences, journal clubs, and quality management seminars relevant to clinical care in PRM.
b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in PRM over 1 year.
c. There must be documentation of staff and resident attendance at conferences.
d. Educational activities must be carried out under the direct supervision of faculty members.

C. Resident Policies
1. Supervision
a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.
b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to each resident.
c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.

2. Duty hours
While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, in accord with written policies, on-duty assignments as well as activities outside the program.

3. Graded responsibility
Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.

4. Peer interaction
The resident must have the opportunity to meet and share experience with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.

5. Presence of other learners
Rotation to the PRM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components
1. Research and scholarly activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuous professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of the teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity that includes:

a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
b. Participation in journal clubs and research conferences.
c. Active participation in regional or national conferences and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals.
d. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at national regional scientific meetings.
e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
f. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activity. The goal for the resident should be at least one scientific presentation, abstract, or publication.

2. Management
Within the interdisciplinary PRM care team, the resident should be taught and should understand and apply principles of organizational and group behavior, leadership and management styles, evaluation and modification of performance, labor management issues, cost accounting containment, and quality assurance techniques. The resident should gain an understanding and some proficiency in the areas of budget planning and presentation, preparation of management briefings, information systems, and external reviews such as those by the Commission for the Accreditation of Rehabilitation Facilities.

3. Teaching by the resident
The resident should have the opportunity to:
a. Teach other hospital personnel and health care providers, patients, and patient support systems about the rehabilitation and longitudinal needs in PRM.
b. Teach medical students, residents, and other health care professionals.
c. Understand and utilize learning theory, including assessment of learning needs, development of objectives and curriculum plans, effective use of audiovisual aids and other teaching materials, and evaluation of teaching outcomes.
d. Provide instruction to patients and families.
e. Participate in educational activities within the interdisciplinary PRM care team.

VI. Evaluation
Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation combined with feedback improves the program and focuses the learning process.

A. Residents
1. Policy and principles
a. Evaluation should be based on the program objectives and on the objectives of the resident’s individualized program. These include resident knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.
Program Requirements for Residency Education in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition
1. Spinal Cord Injury Medicine (SCIM) addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury (SCI) and nontraumatic myelopathies, including the prevention, diagnosis and treatment of related medical, physical, psychosocial and vocational disabilities and complications during the lifetime of the patient.
2. The management of persons with spinal cord dysfunction (SCD) requires a team and interspecialty approach with contributions from several medical and surgical specialties as well as other health care professionals. The specialist in SCIM should serve as the team leader after the patient is medically and surgically stabilized. When the spinal cord dysfunction is due to an active process or a chronic degenerative disorder, the management of the patient's primary disease is the responsibility of a physician in the appropriate discipline.

B. Duration and Scope of Education
1. Training in SCIM shall be 12 months in duration beginning after satisfactory completion of an approved residency program in a specialty relevant to SCIM, such as anesthesia, emergency medicine, family practice, internal medicine, neurological surgery, neurology, orthopaedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, surgery, or urology.
2. The program must provide for individuals to acquire, within the interdisciplinary spinal cord injury team, knowledge of emergency care and knowledge and skills in the following areas:
   a. post-initial care,
   b. initial and ongoing medical rehabilitation,
   c. discharge planning,
   d. lifelong care, and
   e. scholarly activity in support of these skills.
3. Any program that extends training beyond the 12-month minimum requirement must present a clear educational rationale consonant with the program requirements and objectives for subspecialty training. The program director must obtain approval of the Residency Review Committee (RRC) prior to implementation and at each subsequent review of the program. Prior to entry in the program, each resident must be notified in writing of the required length of training.

C. Program Goals and Objectives
The director and teaching staff of a program must prepare and comply with written educational goals for the program.
1. Goals: An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.
2. Objectives: The program must provide the resident opportunities to develop a unique set of attitudes, knowledge, and psychomotor skills because SCD affects multiple organ systems of the body.
   a. The resident must be given the opportunity to gain knowledge of:
      1) the impact of SCD on the various organ systems,
      2) the natural history, pharmacologic management, and evolution of organ system functioning after SCD and the interaction among the various organ systems,
      3) the impact of aging and longstanding injury on organ system decline,
      4) the prevention and treatment of secondary complications of SCD, and
      5) the maximal functions possible based on the characteristics and level of SCD and how to achieve them.
   b. The resident must be given the opportunity to become proficient in:
      1) coordination in the post-initial care setting of the impact and timing of treatment of each organ system's dysfunction so that an optimum treatment effect can be obtained,
II. Institutional Organization

A. Sponsoring Institution
1. The institution sponsoring the SCIM program must be a center for care of persons with SCD or affiliated with such a center. Affiliation with an accredited medical school is desirable. The institution should be accredited by the Joint Commission on Accreditation of Health Care Organizations-Rehabilitation Section (JCAHO-Rehab) or the Commission on Accreditation of Rehabilitation Facilities (CARF).
2. Accreditation of a subspecialty program in SCIM will be granted only when the program is administratively attached to an ACGME-accredited residency program in a relevant specialty.
3. There must be close cooperation between the core residency training program and the subspecialty program. The lines of responsibility between resident staffs in the core program and the subspecialty program must be clearly delineated.
4. The sponsoring institution should exercise the necessary administrative management of the training program.
5. There should be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the SCIM program, assuring cooperation of all involved disciplines.
6. The institution must provide for the financial resources including, but not limited to, salaries, fringe benefits, and opportunities for continuing medical education of residents.

B. Participating Institutions
It is highly desirable for participating institutions to be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents
1. The program shall establish written policies and procedures regarding selection and appointment of residents. The resident complement should be appropriate to the available clinical and educational resources, including faculty. It is highly desirable to have at least one resident in the program at all times.
2. The program shall have and implement written policies and procedures, based on the educational resources available, for determining the number of resident positions.
4) Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

h. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

i. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

j. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

k. Preparation of an accurate statistical and narrative description of the program as requested by the RRC. Adequate data collection and analysis is necessary for overall program evaluation and total quality management. The program director should gather, analyze, and maintain data regarding resident and faculty performance.

l. Gathering and analyzing initial, discharge and follow-up data regarding the functional outcomes of persons served.

m. Notification to the RRC of major programmatic changes. The RRC must be notified immediately of any change in program directorship.

B. Number and Qualifications of Faculty

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, there must be at least one other faculty member with expertise in SCI who is dedicated to the program.

2. All members of the teaching staff must maintain an interest in the education of residents, sound clinical and teaching abilities in the field of SCI, support of the goals and objectives of the program, a commitment to their ongoing medical education, and participation in scholarly activities. The faculty should actively participate in teaching, research and scholarly activity in the field of SCI.

3. The faculty should be Board-certified in a specialty or subspecialty related to the care of persons with SCI or possess suitable equivalent qualifications.

4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities

Education in SCI should include experience in both inpatient and outpatient facilities. The sponsoring and participating institutions must operate or have access to a service delivery system dedicated to the care of persons with SCI. Necessary resources include:

1. an emergency department that treats patients with SCI,
2. an accredited acute care hospital,
3. a dedicated inpatient rehabilitation unit,
4. a designated outpatient clinic for persons with SCI, and
5. availability of home care and independent living programs.

B. Specific Facilities and Resources

1. The sponsoring institution must have available the equipment, diagnostic imaging devices, electrodiagnostic devices, laboratory services, aurodynamic laboratory, and clinical facilities necessary to provide appropriate care to persons with spinal cord dysfunction. Medical library facilities and facilities for teaching experiences must be available, along with a medical records system that allows for efficient case retrieval.

2. The sponsoring institutions must have available specialty consultant services in anesthesiology, emergency medicine, family practice, internal medicine (including the relevant subspecialties), neurological surgery, neurology, orthopedic surgery, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Residents must have regular access, including nights and weekends, to computer and audiovisual capabilities and electronic retrieval of information from medical information databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

D. Patient Population

The patient population must be of sufficient size and diversity of age so as to provide the resident with the opportunity to care for an adequate number of persons with new SCI, to care for persons re-admitted to the hospital with intercurrent illness, and to care for appropriate numbers of outpatients. There should be a minimum census of eight patients per resident.

V. Educational Program

A. Clinical Components

1. The clinical portion of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time in responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least one third of their clinical experience to the care of
hospitalized patients and at least one third to non-hospitalized
patients.
2. The educational program must be designed for the resident to at­
tain the following knowledge and competencies within the
interspecialty and interdisciplinary care team:
a. Initial Care
1. Understand the organization and interdisciplinary prac­
tices of the Emergency Medical Services system relating to the
prehospital and initial Emergency Department care of
spinal cord injured patients as well as their concomitant
and associated injuries. This is not meant to interfere with the
independent decision making of the attending physi­
cian during the initial care.
2. Understand the techniques of appropriate spinal immobi­
lization in order to protect patients from additional neuro­
logical damage.
3. Be able to perform a comprehensive neurologic assessment
and determine the appropriate injury level of the patient.
4. Understand the supportive role of SCIM to neurological
surgery, orthopedic surgery, emergency medicine, and
other appropriate physicians in initial care sites, including
intensive and critical care units.
5. Understand and assist in the management of the abnormal­
ities and complications in other body systems resulting
from SCI, especially the following: pulmonary, genitourin­
ary, endocrine, metabolic, vascular, cardiac, gastrointesti­
nal, musculoskeletal and integumentary.
b. Post-Initial Care
1. Understand how the stability of the spine is evaluated and
know the various options for treatment of fractures/dislo­
cations at all vertebral levels.
2. Understand the optimal coordination of services of the vari­
ous physicians and other health professionals in the pre­
vention and treatment of complications in each organ
system.
3. Develop the skills to initiate and direct appropriate reha­
bitation programming in the early hospital phase of
treatment.
4. Understand the relationship between the extent and level
of SCI on the patient’s ultimate residual functional capac­
ity and be able to inform and counsel the patient, the fam­
ily, and other health specialists on a timely basis about the
impact of the disability.
5. Through lectures and appropriate clinical assignments un­
der the integrated services of pediatricians and specialists
in SCIM, understand special needs and problems that chil­
doners and adolescents with SCI may have in areas such as
behavior, bladder and bowel and skin care, growth and de­
velopment, immunizations, mobility, nutrition, pediatrics,
self-care, recreation, and schooling. Also understand the
special needs of parents and others in relating to and as­
sisting young patients with these problems.
c. Initial and Ongoing Medical Rehabilitation
1. Coordinate the transition from post-initial care to rehabili­
tation and assume primary management responsibility.
2. Establish short and long term rehabilitation goals and co­
ordinate the implementation of the rehabilitation program
to meet such goals.
3. Monitor the evolution of neural dysfunction in order to rec­
ognize conditions that may require additional evaluation,
consultation, or modification of treatment.
4. After post-initial care, in conjunction with the
interspecialty SCI team, participate in the management of
SCI following either operative or nonoperative stabiliza­
tion, including activity restrictions and appropriate
orthotic support.
5. Understand the collaborative role of integral members of
the SCI care team.
6. Recognize, diagnose and coordinate treatment for respira­
tory complications such as tracheostomies, airway obstruc­
tion, atelectasis, pneumonia, and tracheal stenosis, as well
as for mechanical methods of respiration including both
fixed and portable equipment. The resident should be able
to manage patients with high quadriplegia and respira­
tor-dependent patients, including weaning them from the
respirator, and evaluating indications and contraindications
of phrenic nerve pacing, motorized wheelchairs, por­
table respirators, environmental control systems, home
modifications, etc.
7. Recognize, diagnose and treat orthostatic hypotension and
other cardiovascular abnormalities during initial mobiliza­
tion of the patient.
8. Evaluate and manage skin problems utilizing various tech­
niques of prevention such as the proper use of specialized
beds, other surfaces, cushions, and wheelchairs, to manage
pressure ulcers effectively; and, in consultation with surgi­
cal colleagues, determine the indications for various surgi­
cal procedures including resection of bone and the
development of flaps and other techniques for soft tissue
coverage. The resident should also develop an understand­
ing of the pre- and post-operative management of these
patients.
9. With appropriate consultation, identify the risk of infection
and coordinate treatment and infection control including the
judicious use of antimicrobials.
10. Coordinate and implement management of the neurogenic
bowel.
11. Understand management of the neurogenic bladder and
sexual dysfunction and that the role of urologists is pivotal
in the diagnosis and management of bladder dysfunction,
urinary tract infection, urinary calculi, sexual dysfunction,
obstructive uropathy with or without stones, infertility and
problems of ejaculation; such specialists should be utilized
early in the care of these patients.
12. Diagnose and treat, with appropriate consultation, compli­
cations such as deep vein thrombosis, pulmonary embolus,
autonomic hyperreflexia, substance abuse, pain, spasticity,
depression, and the sequelae of associated illnesses and
pre-existing diseases.
13. Recognize pharmacologic alterations associated with SCI,
including changes in pharmacokinetics,
pharmacodynamics, drug interactions, over-medication,
and compliance.
14. Diagnose and manage the psychological dysfunction associ­
at with SCI.
15. Perform a functional assessment based on neurological,
musculoskeletal and cardiopulmonary examinations and
psychosocial and prevocational evaluations.
16. Determine functional goals for self-care, mobility, and voca­
tional and avocational activities based on the level and
completeness of the lesion.
17. If appropriate, prescribe motor retraining and conditioning
activities, orthoses, and the adaptive equipment needed to
meet the rehabilitation goals.
18. Anticipate the approximate length of stay, cost of hospital­
zation, equipment needs, etc., with the involvement of the
patient, the patient’s support persons and appropriate
agencies.
19. Identify the indications for and the use of clinical neurophysiologic testing to assess the extent of neuropraxia, denervation, reinnervation, phrenic nerve function, and spinal cord function.
20. Identify the indications and use of functional electrical stimulation (FES) as applied to the management of spinal cord impairment.
21. Understand the kinesiology of upper extremity function and the use of muscle substitution patterns in retraining; the value, indications and contraindications of tendon and muscle transfers and other operative procedures that would enhance function.
22. Within the interdisciplinary and interspecialty SCI teams, understand the concepts of muscle and tendon transfer, and of other operative procedures that enhance extremity function, and manage the post-operative retraining, when indicated.
23. Prescribe appropriate motor vehicle modifications to promote independence in mobility and transportation.
24. Understand group process and team dynamics, and coordinate the activities of the interdisciplinary team through daily rounds, staff conferences, and patient and family educational and training sessions in order to maximize the goals established by the patient and team.
25. Understand the training and capabilities of rehabilitation nurses, social workers, psychologists, physical therapists, occupational therapists, prosthetists, orthotists, speech/language pathologists and recreational and vocational counselors; recognize the professional role and contributions of the various allied health professions individually and collectively; encourage their full participation in patient care management while maintaining medical responsibility; and appreciate that a team effort, with as much continuity as practical, will produce a more satisfying outcome and experience for the patient, family and team members.
26. Conduct a problem-oriented conference and set goals with the participation of the allied health staff.

Program Requirements for Residency Education in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

D. Discharge Planning
1. Determine when the rehabilitation goals have been achieved, finalize the discharge plan, and arrange for the appropriate level of care to match the patient's needs.
2. Participate in family meetings/discharge planning conferences, with focus upon community integration and adjustment to disability.
3. Organize and conduct programs of patient and family education.
4. In concert with appropriate disciplines and other team members, manage the psychological effects of the impairment in order to prevent their interference with the reintegration and re-entry to the community.
5. Use the full range of community resources to facilitate the transition to the community.
6. Understand the needs for personal care attendants, architectural modifications, and community follow-up care.

E. Follow-Up Phase—Sustaining Care
1. Recognize, diagnose and treat intercurrent disease in conjunction with the proper consultants. There should be special emphasis on the prevention and management of these diseases in patients at various levels of SCI.
2. Diagnose and coordinate the treatment of the complications associated with chronic SCI including pressure sores, spasticity, pain, urinary calculi, urinary tract infection, fractures, post-traumatic syringomyelia, and progressive respiratory decline.
3. Set up a program of regular follow-up, evaluation, and preventive health care to keep the person at his/her maximum health and rehabilitation status, and coordinate this care with the patient's personal community physician.
4. Direct to or establish the patient in a program of vocational rehabilitation, if appropriate.
5. Appreciate that the ultimate goal is to return and maintain the person with SCI as a satisfied and productive member of society.
6. Understand the prevention and management of complications associated with long-standing disability, the effects of aging with a disability, and the provision of long-term follow-up services.
7. Coordinate and manage an SCI home care program.
8. Develop and maintain as needed a professional relationship with primary care physicians and be available to assist in the provision of care for specific health care issues, including follow-up examinations and management of complex issues of SCI care.
9. In all phases of care, understand and define the ethical and legal issues especially pertinent to SCI, including diminished competence and the right to refuse treatment.

3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.
4. The program should be designed so that the resident has an opportunity to develop a management style compatible with the interdisciplinary team process.

B. Didactic Components
1. Basic science content. There should be a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for care of patients with SCD. Pathophysiology, discussion and knowledge of clinical manifestations, and management principles about the care of such patients should constitute the major topics for study.
2. Specialty content. Specialists in anesthesiology, emergency medicine, internal medicine (including the relevant subspecialties), neurology, neurosurgery, orthopedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology should take an active role in the didactic curriculum, providing instruction in the areas of their practices relevant to SCD.
3. Conferences
   a. Required conferences should include case-oriented multidisciplinary conferences, journal club, and quality management seminars relevant to clinical care on the spinal cord program.
   b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in SCI over 1 year.
   c. There must be documentation of staff and resident attendance.
   d. Educational activities must be carried out under the direct supervision of faculty members.

C. Resident Policies
1. Supervision
   a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.
b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to the resident.

c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.

2. Duty hours. While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 1/2 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, according to written policies, on-duty assignments as well as activities outside the program.

3. Graded responsibility. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.

4. Peer interaction. The resident must have opportunity to meet and share experiences with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.

5. Presence of other learners/fellows. Rotation to the SCIM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components

1. Research and Scholarly Activity. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

b. Participation in journal clubs and research conferences.

c. Active participation in regional or national professional and scientific societies, particularly through presentations at meetings and publications in journals.

d. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

f. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract, or publication.

2. Management. Within the subspecialty and interdisciplinary SCIM care team, the resident should be taught and should understand and apply principles of organizational and group behavior, leadership and management styles, evaluation and modification of performance, labor-management issues, cost accounting and containment, and quality assurance techniques. The resident should gain an understanding and some proficiency in the areas of budget planning and presentation, preparation of management briefings, information systems, and external reviews such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

3. Teaching by the resident. The resident should have the opportunity to:

a. Teach local medical communities and the general public about prevention of SCI;

b. Teach prehospital personnel and other health care providers how to stabilize patients with SCI and institute a rational protocol for their prehospital care;

c. Teach other hospital personnel and health care providers, patients, and care givers about the rehabilitation needs and long-term care of patients with SCI;

d. Teach medical students, medical residents and other health professionals;

e. Understand and utilize learning theory, including assessment of learning needs, development of objectives and curriculum plans, effective use of audiovisual and other teaching materials and evaluation of teaching outcomes;

f. Provide instruction to patients and families; and
g. Participate in educational activities within the subspecialty and interdisciplinary SCIM care team.

VI. Evaluation

Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation, combined with feedback, improves the program and focuses the learning process.

A. Residents

1. Policy and Principles

a. Evaluation should be based on the program objectives and on the objectives of the resident's individualized program.

b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.

2. The following areas should be evaluated:

a. Acquisition of described competencies,

b. Problem-solving skills,

c. Interpersonal relationship skills,

d. Ability to access, retrieve, and critically evaluate the literature,

e. Information management,

f. Quality and cost-effectiveness measures of patient care, and
g. Research and other scholarly accomplishments.

B. Faculty and Program

1. Faculty evaluation by residents should be on a semi-annual basis.

2. Areas to be evaluated are:

a. Clinical skills and competencies,

b. Teaching skills,

c. Scholarly activity,

d. Leadership skills, and
e. Interpersonal skills.

3. The educational effectiveness of the program must be evaluated annually and in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals

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have been met by the residents must be assessed. Written, confidential evaluations by residents should be utilized in this process. Resident satisfaction at the completion of training should also be assessed.

4. One measure of the quality of a program is the performance of its residents on the examinations of the American Board of Physical Medicine and Rehabilitation for special qualifications in SCIM.

VII. Board Certification
Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation in Spinal Cord Injury Medicine should communicate with the Executive Director of the ABPMR to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2002  Effective: July 2002

Program Requirements for Residency Education in Plastic Surgery
Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction
A. Education in the specialty of plastic surgery deals with the resection, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying anatomic systems, including the craniofacial structures, the oropharynx, the trunk, the extremities, the breast, and the perineum. It includes aesthetic (cosmetic) surgery of structures with undesirable form. Special knowledge and skill in the design and transfer of flaps, in the transplantation of tissues, and in the replantation of structures are vital to these ends, as is skill in excisional surgery, in management of complex wounds, and in the use of alloplastic materials. Residency education in plastic surgery is designed to educate and train physicians broadly in the art and science of plastic and reconstructive surgery and to develop a competent and responsible plastic surgeon with high moral and ethical character capable of functioning as an independent surgeon. A variety of educational plans will produce the desired result.

B. The RRC accredits independent plastic surgery programs of 2 or 3 years or integrated programs of 5 or 6 years. All prerequisite residency education must be taken within programs accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the American Dental Association.

1. Independent format: residents complete 2 or 3 years of concentrated plastic surgery education, with 12 months of chief responsibility, after successful completion of one of the following prerequisite curricula:
   a. A minimum of 9 years of clinical education with progressive responsibility in a general surgery program. A transitional year or rotating internships may not be used to fulfill this requirement.
   b. A neurological surgery, orthopaedic surgery, otolaryngology, or urology residency;
   c. An educational program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite education prior to a plastic surgery residency. This pathway is available only to those individuals holding the DMD/MD or DDS/MD degree. This education also must include a minimum of 24 months of progressive responsibility on surgical rotations under the direction of the general surgery program director after receipt of the MD degree. Rotations in general surgery during medical school, prior to receiving the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement.

2. Integrated format: residents complete 5 or 6 years of ACGME-accredited plastic surgery education following receipt of an MD or DO degree from an institution accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA). Graduates of schools of medicine from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG).
a. The integrated curriculum must contain 5 or 6 years of clinical surgical education under the authority and direction of the plastic surgery program director.

b. Of these 5 or 6 years, 24 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery. Residents must complete the last 24 months of their education in the same plastic surgery program.

c. Additional clinical experiences appropriate to plastic surgery education should be provided in anesthesiology, burn management, critical care medicine, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, oncologic surgery, orthopedic surgery, otorhinolaryngology, pediatric surgery, trauma management, and vascular surgery.

3. Prior to entry into the program, each resident must be notified in writing of the required program length.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must provide sufficient faculty, financial resources, and academic and library support to enable the program to comply with the requirements for accreditation.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

3. The addition or deletion of participating institutions providing 1/6 or more of a resident's clinical education must be prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

   e. The program director must annually compile a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the plastic surgery resident was either surgeon or assistant during the plastic surgery program. The operative log must be provided in the format and form specified by the RRC and it must be signed by both the resident and the program director as a statement of its accuracy. These records must be maintained by the program director.

   f. The program director must advise resident applicants of the prerequisite requirements of the American Board of Plastic Surgery.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b. The physician faculty must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

   a. Nonphysician faculty must be appropriately qualified in their field.

   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The program director must have documentation on file of the satisfactory completion of prerequisite education before the candidate begins plastic surgery residency education.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Programs may not enroll more residents at any level or in total than the number of residents approved by the RRC.

2. Any increase in resident complement, including a temporary increase, must be approved in advance by the RRC. This also includes a temporary increase in resident complement when a resident's education must be extended for remedial reasons.

3. Vacant positions in either program format must be filled at the same level as the vacancy. If the program director wishes to fill a vacancy with a resident at another level, this request for a temporary increase in resident complement also requires advance approval from the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education. Although residents may transfer from one program to another, they may not change from one format education to another, i.e., integrated to independent format or vice versa, without advance approval of the RRC.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. The addition of fellows or other students requires a clear statement of the areas of education, clinical responsibilities, duration of the education, and the impact of these fellows/other students on the education of the plastic surgery residents.

V. Program Curriculum

A. Program Design

1. Format

   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component

   The scope of plastic surgery is so broad that a well-organized, comprehensive, and an effective educational curriculum is necessary to ensure that all residents obtain experience in all the various areas of the specialty.

   a. The faculty should organize the conferences which allow discussion of topics selected to broaden knowledge in the wide field of plastic surgery and to evaluate current information.

   b. Conferences must include the pertinent basic science subjects, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, pharmacology, and also practice management, ethics, and medico-legal topics.

   c. Periodic review of the morbidity and mortality experiences of the service must be documented.
Program Requirements for Residency Education in Plastic Surgery

d. The residents must participate and present educational material at conferences. Adequate time for preparation should be permitted, both to maximize the educational experience for the residents and to emphasize the importance of the experience.
e. The attendance of faculty and residents at conferences should be documented.

2. Clinical Component

Knowledge of surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pharmacology, wound healing, surgical pathology and microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation are fundamental to the specialty. The judgment and technical capability for achieving satisfactory surgical results are mandatory qualities for the plastic surgeon.

a. Specific clinical experience should be provided in the following areas:
1) Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery.
2) Neoplasms of the head and neck, including the oropharynx, and endoscopy.
3) Craniofacial trauma, including fractures.
4) Aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities.
5) Plastic surgery of the breast.
6) Surgery of the hand/upper extremities.
7) Plastic surgery of the lower extremities.
8) Plastic surgery of congenital and acquired defects of the trunk and genitalia.
9) Burn management, acute and reconstructive.
10) Microsurgical techniques applicable to plastic surgery.
11) Reconstruction by tissue transfer, including flaps and grafts.
12) Surgery of benign and malignant lesions of the skin and soft tissues.

b. The sponsoring and participating institutions of the program must have an adequate number and variety of adult and pediatric surgical patients for resident education. Experience in all 12 categories of surgical experience is important and must not be limited by excessive clinical responsibility in any one or several categories or by excessive nonclinical activities.

c. Generally equivalent and adequate distribution of categories and cases among the residents must be demonstrated.

d. Resident experience in patient management should demonstrate graduated and progressive responsibility.

e. Experience in a well-organized and well-supervised outpatient clinic operating in relation to an inpatient service used in the program is required. This experience must include:
1) the opportunity to see patients, establish provisional diagnoses, and initiate preliminary plans prior to the patients' treatment;
2) an opportunity for follow-up care so that the results of surgical care may be evaluated by the responsible residents; and
3) supervision under appropriate faculty supervision.

f. Experience in office practice procedures and management is strongly suggested. If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision.

g. Recognizing the comprehensive nature of the specialty of plastic surgery, there should be clinical resources for the education of plastic surgery residents in anesthesiology, burn management, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, orthopedic surgery, otorhinolaryngology, pediatric surgery, surgical critical care, surgical oncology, trauma management, and vascular surgery.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities...
such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least annual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
   d. a policy for annual advancement of a resident must be developed and implemented.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must con-
Program Requirements for Residency Education in Craniofacial Surgery (Plastic Surgery)

Common Program Requirements appear in bold.
Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Specialty
1. Craniofacial surgery is a subspecialty of plastic surgery that includes the in-depth study and reconstructive treatment of disorders of the soft and hard tissues of the face and cranial areas, such as congenital anomalies and posttraumatic and other acquired conditions. Although craniofacial surgery includes combined intracranial and extracranial surgery, the broad scope of the subspecialty is applicable to other procedures in the craniofacial region. Surgeons trained in craniofacial surgery should be able to manage any hard or soft-tissue reconstruction problem of the craniofacial region.
2. The team approach to many problems may be appropriate, resulting in the integration of other specialties into the craniofacial team. In addition to plastic surgery, these specialties should include neurological surgery, ophthalmology, otolaryngology, oral surgery, and orthodontics.

B. Duration and Scope of Education
1. The length of the educational program in craniofacial surgery is one year. Before entry into the program, each prospective craniofacial surgery resident must be notified in writing of the length of the program.
2. Admission to a craniofacial surgery educational program is open to those who have satisfactorily completed an accredited plastic surgery residency program or to other appropriately-qualified surgeons.
3. The craniofacial surgery program should be associated with an accredited program in plastic surgery; exceptions must be educationally justified. The educational relationship should demonstrate the use of shared resources to include, for example, faculty, educational conferences, patient management, and other institutional resources.

C. Program Goals and Objectives
1. Although educational programs in craniofacial surgery may differ in format and objectives, each program must demonstrate that residents are provided with the opportunity to obtain the knowledge, skills, clinical judgment, and attitudes essential to the practice of craniofacial surgery.
2. The craniofacial surgery resident must be provided with progressive senior surgical responsibility in the four essential phases of total patient care: preoperative evaluation, therapeutic decision making, operative experience, and postoperative management.
3. The craniofacial surgery resident must be provided with sufficient knowledge of the sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas. Education in the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion must also be included in the program.
d) state the policies and procedures that will govern resident education during the assignment.

3. Participation by any institution that provides 2 months or more of the educational program must be approved in advance by the Residency Review Committee (RRC) for Plastic Surgery.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented clinical, educational, and administrative abilities and experience in craniofacial surgery.
   b) The program director must be certified in the specialty by the American Board of Plastic Surgery, and hold certification in the subspecialty, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The program director must be licensed to practice medicine in the state where the sponsoring institution is located.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System. Each resident’s operative experience must be submitted annually.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement.

      On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e) The program director must notify the Executive Director of the RRC of any changes that might substantially alter the educational experience (e.g., a change in program director or changes in participating institutions).

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications in craniofacial surgery to instruct and supervise adequately all residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The required faculty/resident ratio is 1/1.

   A member of the faculty of each participating institution must be designated as the local program director to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.
D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

Written lines of responsibility describing the clinical responsibilities and relationship between craniofacial surgery residents and plastic surgery residents must be supplied to the RRC at the time of their review.

V. Program Curriculum

A. Program Design

1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. The educational program should contain the following components: clinical, basic science, and research conferences; monthly morbidity and mortality sessions; other conferences focused specifically on craniofacial surgery. Conferences must be conducted regularly and as scheduled, and the topics of each must be linked to the goals and objectives for the course of study.

2. Basic Science

a) normal and abnormal embroyology and fetal development of the head and neck, with special emphasis on the development of the cranium, the maxillary and mandibular complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature;
b) normal growth and development of the cranium and face, with special attention to dental development and occlusion and to the consequences of congenital anomalies, trauma, surgery, and radiation;
c) dental radiographs, cephalometric analysis, and study models; construction of splints and their use in craniofacial and maxillofacial surgery;
d) interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography;
e) standards of beauty and normalcy as they relate to the face, and an understanding of the relationship of cephalometric values to soft-tissue features;
f) bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting;
g) use of alloplastic materials used for reconstruction; and
h) congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and course of the disease following treatment.

3. Congenital Anomalies and Disorders
The foundation of this subspecialty is the treatment of congenital craniofacial anomalies. Because such treatment can be applied to a variety of acquired deformities, the program must include in-depth training, education, and participation in the diagnosis, planning, operative treatment, and postoperative care of craniofacial problems including but not necessarily limited to:
a) craniosynostosis;
b) congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries;
c) syndromal malformations of the face, such as Treacher Collins, hemifacial microsomia;
d) congenital orbital dysmorphologies, including orbitofacial clefts and hypertelorism;
e) facial cleft deformities;
f) atrophic and hypertrophic disorders, such as Romberg's disease, bone dysplasia;
g) craniofacial manifestations of systemic disorders, such as neurofibromatosis and vascular malformations and lymphatic disorders;
h) posttraumatic complex skull and facial deformities;
i) congenital and acquired disorders of the facial skeleton and occlusal relationships; and
j) craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery.

4. Clinical Activities
The clinical education should include active participation in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems. In addition to plastic surgery, the craniofacial team should include neurological surgery, ophthalmology, otoaryngology, dentistry, and orthodontics. Clinical activities should include:
a) education, training, and participation in the surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints;
b) preoperative assessment and decision making regarding methods and timing of intervention in craniofacial disorders;
2. Faculty schedules must be structured to provide residents recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. All patient safety and resident well-being. Each program must ensure by excessive reliance on residents to provide rapid, reliable systems for communicating with supervising faculty.

5. Education and experience in the following areas are desirable:
   a) diagnostic methods and treatment techniques of temporomandibular joint disorders;
   b) aesthetic contour deformities, such as massteric hypertrophy and frontal cranial remodeling;
   c) elective orthognathic surgery for orthodontic problems;
   d) surgical correction of congenital clefts of the lip and palate, with emphasis on both primary and late repairs and revisions; and
   e) reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques.

6. Operative Experience
   a) A program of graduate education in craniofacial surgery must provide a sufficient number and variety of surgical experiences to ensure that residents receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the craniofacial region.
   b) The resident must be allowed senior responsibility as the operating surgeon while performing critical portions of the surgery in the operative management of a range of common craniofacial surgery procedures.
   c) The craniofacial surgery resident is not a substitute for faculty, and should not act on a regular basis as a teaching assistant to the chief resident in plastic surgery. If the craniofacial surgery resident and the plastic surgery resident share operative experience, only one surgeon may receive credit as surgeon for the experience.

C. Residents Scholarly Activities
   Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
   (NB: Section V. D. does not apply to this subspecialty.)

VI. Resident Duty Hours and the Working Environment
   Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
   1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
   1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   2. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.
   3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
   4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
   1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
   2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to an additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
   3. No new patients may be accepted after 24 hours of continuous duty.
   4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
      a) frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
   1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
   3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.
E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the office of the board regarding the full requirements for certification.

Approved/effective ACGME: September 1997
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Program Requirements for Residency Education in Hand Surgery (Plastic Surgery)

I. Introduction
A. Definition of the Specialty
   Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.
B. Scope of Education
1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization
A. Sponsoring Institution
The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty, financial resources; and clinical, research, and library facilities to meet the educational needs of residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions
1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents
1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A single program director must be responsible for the program.
1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
   e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.

2. Responsibilities of the program director
   a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
   b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
   c. Select and supervise the faculty and other program personnel at each participating institution.
   d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
      1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.
   f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
   h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.
i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.

j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.

k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.

l. Advise applicants of the prerequisite requirements of the appropriate specialty board.

m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.

n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including:
   1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair, and
   2. changes in administrative structure that affect the status of the parent department in the institution.

o. Obtain prior RRC approval for the following changes in the program:
   1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
   2. any change in the approved resident complement of the program; and
   3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include:

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.

2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities

1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

V. Educational Program

A. Program Design

1. The program director and faculty must prepare and implement written educational goals for the program.

2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component

1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, mi-
crobology, adjunctive oncological therapy, biomechanics, reha-
mobilization, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand sur-
gery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative pro-
cedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive pa-
tient management responsibility.
5. Because judgment and technical capability to achieve satisfac-
tory surgical results are mandatory qualities for the hand sur-
gery education should be provided in the following areas:
a. Skin repair, including grafts and flaps, multiple tissue flaps,
free microscopic tissue transfers, and insertion of tissue
expanders
b. Fingertip injuries
c. Tendon repair, including flexor tendon repair and graft, im-
plantation of tendon spacer, extensor tendon repair, and
tenolysis/tenodesis
d. Tendon transfer and tendon balancing
e. Nerve repair, including major and digital, graft, neurolysis,
surgical treatment of neuroma, transpositions, and nerve
decompressions
f. Management of fractures and dislocations, including
phalangeal or metacarpal with and without internal fixation;
wrist, radius, and ulna with and without internal fixation; and
injuries to joint ligaments
g. Bone grafts
h. Joint and tendon sheath repairs, including release of
contracture, synovectomy, arthroplasty with and without im-
plant, arthrodesis, trigger finger release, and stiff joints that
result from rheumatoid or other injury
i. Pollicization or ray transfer
j. Foot to hand transfer
k. Tumors, benign and malignant
l. Dupuytren's contracture
m. Replantation, revascularization
n. Amputations
o. Fasciotomy, deep incision and drainage for infection, and
wound débridement
p. Congenital deformities, including syndactyly and others
q. Management of upper extremity vascular disorders and
insufficiencies
r. Foreign body, implant removal
s. Thermal injuries
t. Arthroscopy
u. Upper extremity pain medicine
C. Didactic Components
1. A comprehensive, organized course of study must be offered, to
include educational conferences that are well defined, docu-
menced, and regularly held. At minimum, the program must pro-
vide a didactic component for clinical education referencing sec-
tion V.B.1 of these Program Requirements for Residency
Education in Hand Surgery.
2. The written course of study should reflect careful planning, with
evidence of a cyclical presentation of core specialty knowledge
supplemented by the addition of current information, including
practice management, ethics, and medicolegal topics as they re-
late to hand surgery.
Conferences must include basic science subjects related to
clinical surgery of the hand, such as anatomy, physiology, pathol-
ogy, genetics, microbiology, and pharmacology. A periodic review
of the morbidity and mortality experience of the service must be
included.
3. A list of the conferences should be maintained and available for
review at the time of the site visit.
4. Conferences should be attended by both the residents and the
faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that
sufficient educational experience is provided. Hand surgery resi-
dents assigned to participating institutions other than the spon-
soring institution should attend the hand surgery conferences at
these sites.
6. Residents should make presentations at conferences and actively
participate in conference discussions. Adequate time for resident
preparation should be permitted to maximize the educational ex-
perience.
7. Hand surgery residents should be encouraged to pursue clinical
or basic science research interests.
D. Supervision
1. All patient care services must be supervised by qualified hand
surgery faculty. The program director must ensure, direct, and
document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for com-
municating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors
when documented prior experience makes it appropriate, but
faculty supervision must be available.
E. Duty Hours
1. It is desirable that residents' work schedules be designed so that
on the average, excluding exceptional patient care needs, resi-
dents have at least 1 day out of 7 free of routine responsibilities
and be on call in the hospital no more often than every third
night. The ratio of hours worked to on-call time will vary, particu-
larly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeop-
dardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that resi-
dents are not required to spend excessive time in noneducational
activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities
outside the educational program must not interfere with resident
performance in the educational program as determined by the
program director and must not interfere with resident opportu-
nity for rest, relaxation, and study.
F. Appointment of Other Residents
1. The appointment of other residents for hand surgery education
must not dilute or detract from the educational opportunities of
hand surgery residents.
2. The appointment of other residents to the hand surgery service
requires a clear statement of the areas of education, clinical re-
sponsibilities, and duration of the education. This statement
must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC,
detract from the education of the hand surgery residents, the ac-
creditation status of the program may be adversely affected.
VI. Evaluation
A. Resident Evaluation
The program director and faculty are responsible for regularly eval-
uating the residents' knowledge, skills, and overall performance, in-
cluding the development of professional attitudes consistent with
being a physician.
**B. Faculty Evaluation**

1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

**C. Program Evaluation**

1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

**VII. Board Certification**

Residents who plan to seek hand surgery certification as administered by the American Board of Plastic Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

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**Program Requirements for Residency Education in Preventive Medicine**

(Documentation and performance measures are included to assist program directors in the development and administration of preventive medicine residency training programs. Documentation and performance measures are not program requirements.)

**Common Program Requirements appear in bold.**

Sections of text that are not bolded are specialty-specific requirements.

**Preface**

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

**I. Introduction**

A. **Definition**

Preventive Medicine is the specialty of medical practice that focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences. Preventive medicine has three specialty areas with common core knowledge, skills, and competencies that emphasize different populations, environments, or practice settings: aerospace medicine, occupational medicine, and public health and general preventive medicine.

1. **Aerospace medicine** focuses on the health of the operating crews and passengers of air and space vehicles, together with the support personnel who are required to operate such vehicles. Segments of this population often work and live in remote, isolated, and sometimes closed environments under conditions of physical and psychological stress.

2. **Occupational medicine** focuses on the health of workers including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field diagnose, treat, and prevent morbid conditions caused by environmental exposures and stressors. They recognize that work and the environment in which work is performed can have favorable or adverse effects upon the health of workers as well as of other populations; that the nature or circumstances of work can be arranged to protect worker health; and that health and well-being at the workplace are promoted when workers’ physical attributes or limitations are accommodated in job placement.

3. **Public health and general preventive medicine** focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.
Program Requirements for Residency Education in Preventive Medicine

B. Objectives and Components of the Residency Educational Process
The objective of preventive medicine is to develop in physicians the competencies requisite to the practice of preventive medicine in the recognized specialty areas. The main components of the residency educational process are

1. definition of specific educational goals in terms of competencies, skills, and knowledge, expressed in behavioral, measurable terms;
2. assessment of the incoming resident relative to the specific educational goals;
3. design and provision of educational experiences through which specific educational goals may be achieved;
4. documentation of provision of educational experiences and the attainment of educational goals in terms of interim and overall performance measures; and
5. use of periodic performance measures to determine the quality of the educational experience and the clinical competence of the individual resident, as well as the quality of the program.

C. Duration and Scope of Education
1. An accredited residency program in preventive medicine must provide 36 months of training.
2. The educational program must include the following core components:
   a. A 12 month clinical phase leading to the acquisition of clinical competencies as specified in III.E.
   b. A total of 24 months in
      1) An academic phase leading to the acquisition of academic competencies as specified in III.F, and an MPH or other appropriate postgraduate degree.
      2) A minimum of 12 months in a practicum phase leading to the acquisition of core preventive medicine and specialty (i.e. aerospace, occupational, or public health) competencies as specified in III.G through III.J.

Programs with a status of full accreditation may pursue combined training programs. Programs seeking to integrate preventive medicine training with other Accreditation Council for Graduate Medical Education (ACGME)-accredited training (combined programs) must meet all preventive medicine requirements. Programs must also meet all requirements as specified by both certifying boards of the integrated residencies.

II. Institutions

A. Sponsoring Institutions
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution must maintain office and laboratory space and access to computer facilities. A collection of basic reference texts and periodicals in preventive medicine and public health must be maintained. Residents must be provided with office facilities and support services during assigned duty hours. Funds must be provided for residents for travel to appropriate professional meetings.

Documentation Requirement: Facilities and support are documented at the time of the site visit.
Measure: Facilities and support are provided.
1. For programs offering training in basic clinical competencies
   a. Aerospa­
   b. Occupational medicine
   c. Public health and general preventive medicine

   b. Acceleration, weightlessness, and psychological stress can be studied.

   c. Public health and general preventive medicine

   The sponsoring institution may be an academically affiliated institution, an academically affiliated health care organization, or a government public health agency.

   1) If the sponsoring institution is an academic institution or an academically affiliated health care organization, it should have resources for developing a comprehensive graduate program in preventive medicine. An affiliation must be established with a governmental public health agency to ensure appropriate public health practice and research opportunities.

   2) If the sponsoring institution is a health agency, it should offer a comprehensive experience in community or public health. To ensure an appropriate didactic component, affiliations must be established with a medical school or a school of public health.
Program Requirements for Residency Education in Preventive Medicine

**Documentation Requirement**: Affiliation agreements are current and provided to the RRC and site visitor.

**Measure**: Appropriate affiliation agreements clearly documenting these requirements.

4. Support departments

The support departments of the sponsoring institutions, such as medical records and the medical library, must contribute to the education of residents in accordance with the Essentials of Accredited Residencies in Graduate Medical Education.

**Documentation Requirement**: The site visitor report must address the availability of medical records and medical reference materials.

**Measure**: Medical records and medical reference materials are available to the resident and faculty.

5. JCAHO accreditation

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) must accredit all participating hospitals.

**Documentation Requirement**: Programs must have on file and readily available for site visitor inspection a copy of current accreditation of all participating hospitals by JCAHO.

**Measure**: Required documents are current.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

C. Participating Institutions and Training Sites

1. Individual phases or parts of the training program may be offered at participating institutions; the participating institutions must meet all requirements of the Institutional Requirements.

The participating institution must provide experiences through which the appropriate knowledge, skills, and competency may be acquired consistent with the overall educational objectives of the residency.

A faculty or staff member at each participating institution or training site must be designated to assume responsibility for the following:

a. The day-to-day activities of the program at that institution.

b. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents as appropriate to the participating institution.

c. Direct supervision of residents to ensure applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

d. The responsible faculty or staff member and the residents assigned to the participating institution must coordinate all activities with the program director.

2. The reciprocal commitments of the residency program and the participating institutions must be explicit in a written agreement or contract, to include the following:

a. The educational objectives of the affiliation experience, and the knowledge, skills, and competency experiences to be provided.

b. The scope of the affiliation with placement locations noted.

c. The resources, including space, support services, and clinical facilities of the affiliate, that will be available to the residents.

d. The duties and responsibilities the residents will have in the affiliate.

e. The relationship that will exist between residents and staff of the residency program and the affiliate.

f. The supervisory relationship and identified supervisor, who shall be qualified by certification or equivalent experience in the area, as determined by the program director. There must be active participation by the residents at the affiliated site, and resident supervision on-site must be performed by a physician or appropriately qualified health professional. Supervisors must directly assess clinical development.

g. Procedures for academic discipline and handling of resident complaints or grievances.

**Documentation Requirement**: Copies of these written agreements or contracts must be provided to the RRC in advance of a site visit.

**Measure**: Written agreements or contracts demonstrate that each affiliated institution can provide a well-planned, relevant educational opportunity for the resident. The program director and the supervisor at the participating institution must sign these agreements.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b. The program director must be certified in the specialty by the American Board of Preventive Medicine (ABPM) in the appropriate specialty area of preventive medicine, or possess qualifications judged to be acceptable by the RRC.

c. The program director must be appointed in good standing to the medical staff of an institution participating in the program and based at the primary teaching site.

d. Clinical, educational, and administrative experience
4. Responsibilities of the program director are as follows:

The program director is responsible for and must be able to demonstrate the provision of the following:

a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
   1) the addition or deletion of a participating institution;
   2) a change in the format of the educational program;
   3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents.

f. Counseling of residents in the academic phase in the selection of assignments, services, or elective courses that will assist the resident in achieving the skills and knowledge needed in the resident's practicum experiences and intended fields of practice in preventive medicine.

g. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

h. Selection, development, and supervision of the faculty and other program personnel at each institution participating in the program.

i. Supervision of residents for applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Patient care responsibilities include gradual assumption of clinical responsibility under direct supervision for a variety of clinical problems and preventive encounters. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

j. Provision of information that describes the program's accreditation status, educational objectives, and structure to each applicant, or in the event of a major change to each resident.

k. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

l. Review of the interinstitutional agreements with participating institutions annually and for scheduling updates as needed to ensure currency.

m. General administration of the program, including those activities related to the instruction, supervision, counseling, evaluation, and advancement of residents.

n. Maintenance of records related to program accreditation.

o. Preparation and submission of documentation required by the RRC.

Documentation Requirement: Written plans, policies, evaluations, and other applicable program communications (e.g., letters, memos).

Measure: Program files contain the required documentation.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member, through provision of appropriate knowledge, skills, direct clinical supervision, or competencies. Faculty must also demonstrate a commitment to their own continuing education and participation in scholarly activities.

3. Qualifications of the physician faculty are as follows:

a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b. The physician faculty must be certified in the specialty by the American Board of Preventive Medicine, or possess qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

d. Faculty and/or practicum supervisors must be assigned to provide the knowledge, skills, direct clinical supervision, and competencies as outlined in the educational goals of the program, and specific assignments must be indicated in each resident's educational plan. Faculty must have documented qualifications to provide the appropriate knowledge, skill, or competency to which they are assigned.

Documentation Requirement: A matrix must be provided showing faculty assignments to provide appropriate knowledge, skills, and competencies. CVs must demonstrate appropriate qualifications.

Measure: Program files contain matrices and CVs that document faculty qualifications appropriate to provide the knowledge, skill, or competency to which they are assigned.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clini-
Residency program and its affiliates must maintain adequate support services must be provided. Residents must be provided funds for travel to designated facilities during assigned duty hours. All residents should have convenient access to the Internet and other online resources, and when available, the electronic medical information system of participating health care institutions.

A collection of basic reference texts and periodicals in preventive medicine and public health shall be maintained. Access to computer facilities. Residents should have convenient access to the Internet and other online resources, and when available, the electronic medical information system of participating health care institutions.

Residents must have ready access to medical reference materials, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases and an on-site reference librarian.

There must be access to an off-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

Documentation Requirement: A description of availability of medical reference materials to residents must be supplied prior to a site visit.

Measure: The resident has the ability to access adequate medical reference materials, e.g., reference texts and journal articles.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

Resident Qualifications

1. Entering the clinical phase

Residents entering the clinical phase must meet one of the eligibility requirements as outlined in the Institutional Requirements section II.A.1. In addition, residents must have completed steps I and II of the United States Medical Licensing Examination (USMLE) or, prior to 1998, its equivalent.

2. Entering either the academic or practicum phases

The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic, and therapeutic interventions to patients. (Hereinafter patient care is defined as the provision of preventive, diagnostic, and therapeutic intervention to patients.)

3. Entering the practicum phase only

a. The entering resident must have completed an ACGME-accredited clinical year and have an MPH or other appropriate postgraduate degree. The MPH or other appropriate postgraduate degree must be accredited by the Council on Education in Public Health (CEPH) or other appropriate postgraduate accrediting body.

b. If the resident has not been awarded an MPH or other appropriate postgraduate degree, then knowledge of each of the major core subjects - biostatistics, epidemiology, environmental and occupational health, and health services organization and administration - must have been obtained through at least 40 contact hours for each course in an academic setting. The resident must complete the accredited MPH, or other appropriate postgraduate degree, prior to the end of the residency program.

c. The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic, and therapeutic interventions to patients.

Documentation Requirement: The program must maintain and make available for site visitor inspection a file for each resident (the resident file) that contains copies of certificates and academic institution records to document the specified requirements. Copies of these documents must be submitted to the RRC on request.

Measure: Resident files contain the appropriate documentation.
B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design/Residency Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   Educational goals overview
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.
   Documentation Requirement: The written overview statement outlining the educational goals of the program with respect to knowledge, skills, and competencies of residents to be acquired during the training period must be supplied in advance of a planned site visit.
   Measure: Overview statement covers core and appropriate specialty area goals and competencies. Content is preventive medicine. Depth and breadth are commensurate with the selected specialty area. Indicators how the knowledge, skills, and competencies are to be met.

3. Identification of specialty area
   Residency programs must identify the specialty area of preventive medicine of the residency, the period of desired length of accreditation (1, 2, or 3 years), and the planned number of residents in each year.
   Documentation Requirement: The appropriate form must be completed and submitted in advance of a planned site visit.
   Measure: Accurately completed form.

4. Change in training period
   The length of residency training for a particular resident may be extended by the program director if that resident needs additional training. If the extension is for only 6 months or less, the program director must notify the Residency Review Committee (RRC) of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents. Any changes in rotation schedules should be included in the notification. Approval must be obtained in advance from the RRC if the extension is greater than 6 months.

5. Program schedule
   Prepare a written schedule of activities for each resident during the accredited length of the residency that demonstrates the provision of knowledge, skills, and competencies, including directly supervised clinical care, outlined in the educational goals. The residency program must specify a minimum set of competencies that each resident must acquire prior to completion of the program. This statement must be distributed to residents and members of the teaching staff.
   Documentation Requirement: The written schedule must be submitted in advance of a planned site visit.
   Measure: The statement provides a coherent approach to provision of an overall resident experience that will create the opportunity for the resident to acquire the knowledge, skills, and core and specialty area competencies during the accredited length of the residency.

6. Resident support
   Salaries and benefits of individual residents must comply with the institutional requirements for funding of residents.

7. Grievance process
   The program must ensure that all training sites have a grievance process that is in compliance with the Institutional Requirements (Institutional Agreements and Conditions of Resident Employment). A written statement describing the grievance process for each training site must be available for review at the time of the site visit.
   Documentation Requirement: Appropriate policies included in institutional agreements for all training sites.
   Measure: Policies are accurate and comply with the Institutional Requirements.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
(N.B.: Section V.D. does not apply to certain sub specialties)
   The acquisition of basic clinical competencies will require an ACGME-accredited clinical year (12 months) with 6 months of direct patient care. The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner (These competencies may also be acquired during academic and practicum training of the residency program and should be incorporated where applicable). Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the ap-
praisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Documentation Requirement: Resident schedules and incoming resident assessment.
Measure: Resident schedules, incoming resident assessment, and program files document rotations and activities that verify a total of 12 months of clinical experience.

E. Competencies, Skills, and Knowledge
1. The program director and teaching staff must prepare a list of specific competencies, skills, and knowledge that they are prepared to deliver to residents through the training program. Competency acquisition must be evaluated through the use of clearly defined performance indicators.
2. Residents in the same program may be in different “tracks” that have a different method or approach to training. Programs are encouraged to seek innovative ways to deliver and fund GME; however, the entire program will be assessed by the RRC—no tracks can be accredited separately.

Documentation Requirement: The program must submit a cross-referenced list of specific competencies, skills, and knowledge, including faculty assignments, available through the program. Performance indicators for the assessment of competency acquisition must be specified and tracked for each resident.
Measure: The content is preventive medicine. Depth and breadth are adequate and commensurate with the selected specialty area. Performance indicators are specified and documented for the competencies.

F. Educational Courses, Rotations, and Activities
The program director and teaching staff must prepare a matrix of educational courses, rotations, supervised clinical experiences, and other educational activities available through the residency by which a resident will have the opportunity to acquire the specific competencies, skills, and knowledge. This matrix must be cross-referenced to the knowledge, skills, and competencies. Ongoing activities that provide an opportunity for group faculty-resident interaction, such as weekly didactic series, journal club, and grand rounds, are essential.

Documentation Requirement: A list of courses, rotations, and activities cross-referenced to the list of competencies, skills, and knowledge must demonstrate how educational objectives are met. Descriptions of each course, rotation, and activity must be submitted to the RRC prior to a site visit. The institution providing each course, rotation, or activity must be specified.
Measure: The cross-referenced list documents that the program provides courses, rotations, and activities corresponding to the program’s knowledge, skills, and competencies list.

G. Incoming Resident Assessment
Each incoming resident must be assessed as to his/her knowledge, skills, and competencies in relationship to the educational goals for the residency program. This assessment may take the form of a self-assessment, an in-service exam, a structured interview, or other method that assesses knowledge, skills, and competencies. This assessment is used by the program director and faculty to guide the development of an individualized educational plan for each resident.

Documentation Requirement: The program must have a written assessment (self-assessment, in-service exam, structured interview, or other method) of incoming resident skills, knowledge, and competencies in the program files.
Measure: The assessment is specific to the educational objectives for the residency program and must be included in the educational plan for each resident.

H. Educational Plan
1. The residents, in collaboration with the program director and teaching staff, must prepare a written educational plan that directs the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of individual residents, based on the residents’ assessments. The educational plan will detail the courses, rotations, and activities to which they will be assigned to achieve the designated skills, knowledge, and competencies during their residencies.

Documentation Requirement: The program must have a written educational plan on file for each resident prior to a site visit.
Measure: The educational plan documents each resident’s baseline skill, knowledge, and competency inventory; the resident’s individual educational objectives; and the courses, rotations, and activities schedules that will provide the opportunity for each resident to meet the educational objectives.

2. The assigned activities must be organized into a structured schedule prior to each year of residency experience. A record of courses, rotations, and activities attended must be completed at the close of each year.

Residents that offer 2- or 3-year programs may create schedules that concurrently integrate courses, rotations, and activities that incorporate the following criteria:
- Adequate time is available to complete each objective.
- The sequential acquisition of knowledge, skills, and competencies is clinical, academic/didactic, practical.
- The practicum experiences may be concurrent with academic experiences, but may not precede didactic experiences.
- Resident hours on duty in a clinical setting shall be scheduled and monitored to avoid excessive stress and fatigue. Residents must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week.
- Resident care in the clinical setting must be directly supervised.
- In no case should a resident go off duty until the proper care and welfare of patients have been addressed and, if applicable, until responsibilities to the community and public have been fulfilled.
- Duty hours and night and weekend call for residents must reflect the responsibility for patients and provide for adequate patient care.
- Residents must not be required regularly to perform excessively difficult or prolonged duties. When averaged over any 4-week period, residents should spend no more than 80 hours per week in all duties. Residents at all levels should, on average, have the opportunity to spend at least 1 day out of 7 free of hospital duties and should be on call no more often than every third night. There should be adequate opportunity to rest and sleep when on call for 24 hours or more. There should be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Patient care quality and
Program Requirements for Residency Education in Preventive Medicine

Education continuity must be ensured through assignment of progressive responsibility.

**Documentation Requirement:** The program must submit the educational plans for all current residents and the final completed schedules for residents who have completed the program since the prior site visit.

**Measure:** Resident schedules show progressive responsibility.

Current residents: Documents the learning goals for an individual resident in terms of competencies, knowledge, and skills. Documents creation of a schedule that includes courses, rotations, and activities conducive to the accomplishment of the learning plan.

Former residents: Documents completion of an educational program in preventive medicine.

## I. Academic Competencies—Preventive Medicine Knowledge Content Areas

1. **Core knowledge content areas**
   - The program must address adequate depth and breadth the following competencies, skills, and knowledge that underlie the practice of preventive medicine:
     
     a. Health services administration
     b. Biostatistics
     c. Epidemiology
     d. Clinical preventive medicine
     e. Behavioral aspects of health
     f. Environmental health

2. **Aerospace medicine knowledge content areas**
   - a. History of aerospace medicine
   - b. The flight environment
   - c. Clinical aerospace medicine
   - d. Operational aerospace medicine
   - e. Management and administration

3. **Occupational medicine knowledge content areas**
   - a. Disability management and work fitness
   - b. Workplace health and surveillance
   - c. Hazard recognition, evaluation, and control
   - d. Clinical occupational medicine
   - e. Regulations and government agencies
   - f. Environmental health and risk assessment
   - g. Health promotion and clinical prevention
   - h. Management and administration
   - i. Toxicology

4. **Public health and general preventive medicine**
   - The knowledge content areas for public health and general preventive medicine, while similar to those of the core content areas, emphasize more in-depth knowledge in each area.
     
     a. Health services administration, public health practice, and managerial medicine
     b. Environmental health
     c. Biostatistics
     d. Epidemiology
     e. Clinical preventive medicine

**Documentation Requirement:** Resident scheduling, resident academic records, rotation and course descriptions, academic transcripts.

**Measure:** The academic courses cover the knowledge areas listed above.

## J. Preventive Medicine Competencies

The attainment of advanced preventive medicine practice competencies requires a sequence of continued learning and supervised application of the knowledge, skills, and attitudes of preventive medicine in the specialty area. The resident must assume progressive responsibility for patients and/or the clinical and administrative management of populations or communities during the course of training.

The resident shall acquire the following core preventive medicine competencies:

1. **Communication, program, and needs assessment**
   - a. Communicate clearly to multiple professional and lay target groups, in both written and oral presentations, the level of risk from hazards and the rationale for interventions
   - b. Conduct program and needs assessments and prioritize activities using objective, measurable criteria such as epidemiological impact and cost-effectiveness

2. **Computer applications relevant to preventive medicine**
   - Residents shall be able to use computers for word processing, reference retrieval, statistical analysis, graphic display, database management, and communication.

3. **Interpretation of relevant laws and regulations**
   - Residents shall be able to identify and review relevant laws and regulations germane to the resident’s specialty area and assignments.

4. **Identification of ethical, social, and cultural issues relating to public health and preventive medicine contexts**
   - Residents shall be able to recognize ethical, cultural, and social issues related to a particular issue and develop interventions and programs that acknowledge and appropriately address the issues.

5. **Identification of organizational and decision-making processes**
   - Residents shall be able to identify organizational decision-making structures, stakeholders, style, and processes.

6. **Identification and coordination of resources to improve the community’s health**
   - Residents shall be able to assess program and community resources, develop a plan for appropriate resources, and integrate resources for program implementation.

7. **Epidemiology and biostatistics, including the ability to**
   - a. Characterize the health of a community
   - b. Design and conduct an epidemiological study
   - c. Design and operate a surveillance system
   - d. Select and conduct appropriate statistical analyses
   - e. Design and conduct an outbreak or cluster investigation
   - f. Translate epidemiological findings into a recommendation for a specific intervention

8. **Management and administration, including the ability to**
   - a. Assess data and formulate policy for a given health issue
   - b. Develop and implement a plan to address a specific health problem
   - c. Conduct an evaluation or quality assessment based on process and outcome performance measures
   - d. Manage the human and financial resources for the operation of a program or project

9. **Clinical preventive medicine, including the ability to**
   - a. Develop, deliver, and implement, under supervision, appropriate clinical services for both individuals and populations
   - b. Evaluate the effectiveness of clinical services for both individuals and populations

10. **Occupational and environmental health, including opportunities for residents to be able to assess and respond to individual and population risks for occupational and environmental disorders.**
    - **Documentation Requirement:** Resident schedules, rotation descriptions, interinstitutional agreements.
    - **Measure:** Adequate depth and breadth is provided.

## K. Aerospace Medicine Competencies

Specially trained for the physician in aerospace medicine must provide for the attainment of competencies relevant to the diagnosis, prevention, and treatment of disorders associated with the...
Program Requirements for Residency Education in Preventive Medicine

Residents must be able to perform the following tasks.

1. Manage the health status of individuals working in all aspects of the aerospace environment
   a. Adequate supervised time in direct clinical care of workers, from numerous employers and employed in more than one work setting, must be provided to ensure competency in mitigating and managing medical problems of workers.
   b. Residents must be able to assess safe/unsafe work practices and to safeguard employees and others, based on clinical and worksite experience.

2. Monitor/survey workforces and interpret monitoring/surveillance data for prevention of disease in workplaces and to enhance the health and productivity of workers.
   a. Active participation in several surveillance or monitoring programs, for different types of workforces, is required to learn principles of administration and maintenance of practical workforce and environmental public health programs. Residents must plan at least one such program.

3. Manage worker insurance documentation and paperwork, for work-related injuries that may arise in numerous work settings.
   a. Residents should first learn worker insurance competencies under direct supervision of faculty and demonstrate competency to "open," direct, and "close" injury/illness cases.
   b. Residents must be able to recognize and evaluate potentially hazardous workplace and environmental conditions, and recommend controls or programs to reduce exposures, and to enhance the health and productivity of workers.

4. Recognize outbreak events of public health significance, as they appear in clinical or consultation settings.
   a. Residents should understand the concept of sentinel events, and know how to assemble/work with a team of fellow professionals who can evaluate and identify worksite public health causes of injury and illness.
   b. Residents must be able to recognize and evaluate potentially hazardous workplace and environmental conditions, and recommend controls or programs to reduce exposures, and to enhance the health and productivity of workers.
   c. Reliance on toxicologic and risk assessment principles in the evaluation of hazards must be demonstrated.

5. Report outcome findings of clinical and surveillance evaluations to affected workers as ethically required; advise management concerning summary (rather than individual) results or trends of public health significance.
   a. Adequate depth and breadth is provided.
   b. Residents must be able to assess safe/unsafe work practices and to safeguard employees and others, based on clinical and worksite experience.

M. Public Health and General Preventive Medicine Competencies

Residents in public health and general preventive medicine must attain competencies in public health, clinical preventive medicine (as appropriate to the specific program), epidemiology, health administration, and managerial medicine.

1. Public health practice
   a. At least 1 month must be spent in a rotation at a governmental public health agency and must include participation in at least one of the following essential public health services:
      i. Monitoring health status to identify community health problems
      b. Diagnosing and investigating health problems and health hazards in the community
      c. Informing and educating populations about health issues
      d. Mobilizing community partnerships to identify and solve health problems
      e. Developing policies and plans to support individual and community health efforts
      f. Enforcing laws and regulations that protect health and ensure safety
      g. Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable
      h. Ensuring a competent public health and personal health care workforce
      i. Evaluating the effectiveness, accessibility, and quality of personal and population-based health services
      j. Conducting research for innovative solutions to health problems

2. Clinical preventive medicine
Program Requirements for Residency Education in Preventive Medicine

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.
VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a. Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

The program director and faculty must annually evaluate the utilization of the resources available to the program, the contributions of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of supervision of residents.

D. Courses, Rotations, and Activities

1. Written method of evaluation. The program will evaluate in writing the provision of and individual resident participation in assigned courses, rotations, and activities. The method will evaluate achievement of competency, skill, and knowledge objectives from the perspectives of both the resident and the faculty.

   Documentation Requirement: The program will submit a written description prior to the site visit of the method by which the program director and the resident will document resident participation in assigned courses, rotations, and activities as well as acquisition of skills and knowledge and demonstration of competencies.

Measure: Evaluation method provides for documentation by the supervisor and the resident of resident participation in learning experiences, the skills and knowledge acquired, and the competencies demonstrated.

2. Faculty and residents will use the evaluation method to evaluate the courses, rotations, and activities of each resident on at least a semiannual basis.

   Documentation Requirement: The program will maintain and make readily available to site visitors copies of evaluations by both the residents and the faculty of courses, rotations, and activities for the prior 5 years. Evaluation of residents in the academic phase will be the responsibility of the sponsoring institution and will include a transcript or equivalent document provided to each resident. The evaluations for each resident must be available for review by the individual resident.

Measure: Documents for each resident for each experience that learning opportunities were provided, skills and knowledge were acquired, and competencies were demonstrated.

E. Summary Resident Evaluation

The program director, with participation of the faculty, shall evaluate resident progress toward educational goals in writing at least semiannually. Where progress toward educational goals deviates significantly from the educational plan, counseling or corrective actions must be documented. Fair procedures, as established by the sponsoring institution, and in compliance with the ACGME Institutional Requirements regarding academic discipline and resident complaints or grievances, must be implemented.

Faculty should monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

The evaluations must be reviewed with the resident formally and in a timely manner. Where appropriate, interim evaluation is encouraged.

Documentation Requirement: These evaluations must be on file for the prior 5 years and readily available to the site visitor.

Measure: Documents that the resident has been supplied feedback on progress against plan on acquisition of knowledge, skills, and demonstration of competencies. Final evaluation documents completion of learning plan.
F. Program Evaluation

1. Residents
   Residents shall annually provide a confidential written evaluation of the educational program based on completion of a written questionnaire. This evaluation shall be provided to the program director. An additional confidential evaluation shall be provided to the chair of the residency advisory committee (RAC).

   Documentation Requirement: Confidential written evaluations by each resident of the program must be maintained on file for the prior 5 years, be noted in the RAC minutes, and be readily available to the site visitor.

   Measure: Documents that each resident has provided annual feedback to the program on the program structure, factors considered conducive to acquisition of skills and knowledge and demonstration of competencies, activities planned but not provided, and suggestions for program enhancement.

2. Faculty-Residency Advisory Committee
   The RAC shall consist of faculty, external members, practicum supervisors, and at least one resident representative. A majority of the members must have their primary affiliation outside the sponsoring institution. Members must be certified in preventive medicine or knowledgeable about specialty training in preventive medicine. The RAC chair must be a physician. The program director must serve in an ex-officio capacity.

   The RAC must meet at least semiannually.

   The mission of the RAC is to promote a residency training experience that is aligned with preventive medicine practice. The RAC, as an external body, complements the graduate medical education committee (GMEC), which serves to evaluate and support the residency from within the sponsoring institution.

   The functions of the RAC are to advise and assist the program director to:
   a. develop and update a written residency mission statement that describes goals and objectives;
   b. develop educational experiences and practicum rotations;
   c. provide new or emerging knowledge, skills, or competencies that may influence the content or conduct of preventive medicine education;
   d. review the GMEC review of the residency program;
   e. review confidential and written resident evaluations of the program and make recommendations for changes;
   f. review the program director evaluation of individual residents; and
   g. provide an annual report to the institution through the chair of the committee.

   Documentation Requirement: Minutes document the functions of the RAC.

   Measure: Minutes are available in the program files that document the activity of the RAC and faculty/member participation.

G. Resident Progression and Program Completion

The program director and faculty must document completion of courses, rotations, and activities and must certify that residents completing the program have fulfilled all established requirements of their educational plan. This final evaluation must be part of the resident’s permanent record and must be maintained by the institution.

Although a person may have entered a practicum phase with an incomplete academic phase, that person may not be certified as having completed the practicum phase in the absence of a transcript certifying that all the requirements for the Master of Public Health or other appropriate postgraduate degree have been completed.

Documentation Requirement: This documentation must be readily available for site visitor review.

Measure: Documents status in and/or completion of the educational plan by each resident. Documents that a resident completing the practicum has achieved the planned competencies.

H. Resident Summary

The residency must maintain a database of all residents participating in the program and their professional status for 5 years.

1. The program must monitor the percentage of entering residents who take the certifying examination of the American Board of Preventive Medicine (ABPM). A minimum of 50% of entering residents must take the certifying exam averaged over any 5-year period.

   Documentation Requirement: Prior to the site visit the program must provide documentation of the residents participating in the program, their professional status, the percentage taking the certifying examination, the percentage passing the certifying examination.

   Measure: 50% of entering residents must take the certifying examination of the ABPM, and of those taking the examination, 50% must pass.

I. Institutional Report of Program Director

The program director and the chair of the RAC must provide to the director of graduate medical education, or equivalent, at the institution an annual written report of the residency quality. The program director and the chair of the RAC must provide a written plan of corrective actions for any recommendations received from the director of graduate medical education.

Documentation Requirement: Reports and plans for corrective actions written since the prior site visit must be readily available to the site visitor.

Measure: Recommendations are acted upon by the residency program director.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RAC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Preventive Medicine should communicate with the office of the board regarding the full requirements for certification.

AGMGE: September 2000 Effective: July 2001
Editorial Revision (Common Program Requirements): December 2004
Program Requirements for Residency Education in Medical Toxicology (Preventive Medicine)

I. Introduction

A. Definition and Description of the Subspecialty
1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.

2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.

3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education
1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine, or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]

2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine, or preventive medicine.

3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution
1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.

2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.

3. The following services must be organized and provided at the primary clinical site:
   a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities
   b. Renal dialysis services with 24-hour availability
   c. Toxicology laboratory services with 24-hour availability
   d. Inpatient and outpatient facilities with staff who consult the toxicology service
   e. It is desirable that hyperbaric oxygen therapy is available

4. The program must develop an institutional affiliation to provide residents with clinical experiences not provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions
1. All participating institutions must provide support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.

a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.

b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.

c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program.

f. A letter of agreement with each institution participating in the program must be developed to include
   1. the educational objectives and the method to accomplish and to evaluate each objective;
   2. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
   3. the resident's duties and responsibilities and duty hours for the assignment; and
   4. the relationship that will exist between medical toxicology residents and residents and faculty in other programs.

C. Library

Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents

The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the
Program Requirements for Residency Education in Medical Toxicology (Preventive Medicine)

III. Faculty Qualifications and Responsibilities
A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be a minimum of two medical toxicology faculty who each devote a minimum of 5 hours per week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultations on cases.

B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.

C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program
A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.

B. The curriculum must include the following academic and clinical content:
   1. The clinical manifestations, differential diagnosis, and management of poisoning
   2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs
   3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis
   4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research
   5. Laboratory techniques in toxicology
   6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene
   7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention
   8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures
   9. The function, management, and financing of poison control centers
   10. Oral and written communication skills and teaching techniques
   11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology

C. Clinical Experience
   Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.

   residents must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic.

D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral setting, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.

E. Regional Poison Information Center
   1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.
   2. Each resident must have 12 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.
   3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.

F. Planned Educational Conferences
   Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

G. Additional Educational Experiences
   The program curriculum must include pharmacology, pharmacokinetics, and drug interactions. This must be accomplished by (1) an affiliation with a school of pharmacy or department of pharmacology that provides regular didactic experience and consultation to residents or (2) the presence of a Doctor of Pharmacology or PhD pharmacologist as a participating member of the teaching faculty.

H. Additional Clinical Experiences
   The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to medical toxicology as a condition of the educational program.

I. Communication and Teaching Experience
   Residents must have progressive experience and responsibility for the teaching of medical toxicology to health care professionals. Residents in the second year of training should participate in the teaching and supervision of first-year residents and should be responsible for regular contributions to formal didactic experiences within the training program, in other academic depart-
ments in the institution(s), and in the community. Research leading to publication should be encouraged.

V. Board Certification
Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: June 1998  Effective: June 1998

Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Preventive Medicine)

I. Introduction

A. Definition and Scope of the Specialty
1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.
2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in undersea and hyperbaric medicine.
3. Programs must offer a broad education in undersea and hyperbaric medicine to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education
1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.
B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.
C. The following services must be organized and provided at the primary clinical site:
1. Twenty-four hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year
2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities
3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service

D. Participating Institutions
1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.
4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program.
5. An acceptable educational rationale must be provided for each participating institution.
6. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
7. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
8. A letter of agreement with each institution participating in the program must be developed to include:
   a. The educational objectives and the method to accomplish and to evaluate each objective;
   b. The resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
   c. The resident's duties, responsibilities, and duty hours for the assignment; and
   d. The relationship that will exist between undersea and hyperbaric medicine residents and the faculty in other programs.
9. Participation by any institution that provides 3 months or more of education in a program must be approved by the RRC.

E. Appointment of Subspecialty Residents
1. The Residency Review Committee (RRC) will approve the number of undersea and hyperbaric medicine residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for education purposes; and the institutional resources available to the program.
2. Prerequisite training for entry to an undersea and hyperbaric medicine program is contingent upon completion of an
ACGME-accredited residency program involving a minimum of 12 months of preventive, primary, surgical, and/or critical care training.

F. Resident Policies

1. Supervision
   a. All patient care services must be supervised by appropriately qualified faculty.
   b. The program director must ensure, direct, and document proper supervision of residents at all times.
   c. Residents must be provided with rapid, reliable systems for communicating with faculty. Supervising faculty with appropriate experience for the severity and complexity of patient conditions and treatments must be available at all times.

2. Duty hours and conditions of work
   It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director
   a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
   c. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. The program director, with participation of the faculty, shall
      1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2) communicate each evaluation to the resident in a timely manner;

3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

b. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.

i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.

j. Notification of the RRC regarding major programmatic changes.

6. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program at each participating institution. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, one additional faculty member must possess certification by the American Board of Emergency Medicine or the American Board of Preventive Medicine in undersea and hyperbaric medicine or possess appropriate educational qualifications as determined by the RRC.

2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.

4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. Consultants from appropriate medical subspecialties should be available for consultation and didactic teaching, including those with experience and understanding of such fields of medicine as preventive medicine, infectious disease, orthopaedics, vascular surgery, plastic surgery, anesthesiology, critical care, emergency medicine, ophthalmology, oral surgery, podiatry, pulmonary medicine, otolaryngology, rehabilitative medicine, and other disci-
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Preventive Medicine)

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program
The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RRC.

A. The curriculum must include the following academic and clinical content:
1. History of undersea and hyperbaric medicine
2. Decompression theory and physiology, including theory and application of decompression tables
3. Oxygen physiology in normobaric, hyperbaric and hypobaric environments; oxygen toxicity
4. Pathophysiology of decompression illness and arterial gas embolism, including iatrogenic gas embolism
5. Diving operations and human performance in the hypobaric/hyperbaric environments
6. Medical examination/standards for divers and personnel working in hypo/hyperbaric environments
7. Effects of hyperbaric oxygenation on infectious disease
8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning
9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds
10. Tissue oxygen measurement
11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill patients in the hyperbaric environment, clinical monitoring, and mechanical ventilation
12. Evaluation of the patient for clinical hyperbaric treatment, including contraindications and side effects
13. Hazards of standard electrical therapies in hyperbaric environment, e.g., electrical defibrillation and precautions
14. Emergency procedures for both monoplace and multiplace installations
15. Saturation diving covering air quality standards and life support requirements, including the physiology and practical (medical) issues associated with helium, trimix, and hydrogen/oxygen/helium mixtures
16. Systems management, including administrative aspects of chamber operations, such as billing issues, quality assurance, and peer review

B. Residents must have a minimum of 10 months of clinical experience as the primary or consulting physician responsible for providing direct bedside patient evaluation and management. A maximum of 2 elective months can be offered in appropriate related areas.

C. Residents must have opportunities to evaluate and manage patients with both acute and non-emergency indications for hyperbaric oxygen therapy. The resident should have the opportunity to evaluate and manage 100 or more patients, including responsibility for providing bedside evaluation and management. This experience should be organized for a minimum of 10 months or its full-time equivalent and cover IV.C.1 through IV.C.8. Up to 2 months of elective time may be allowed for additional training in areas of relevance to undersea and hyperbaric medicine, such as critical care, surgery, submarine medicine, toxicology, or radiation oncology. Competencies that will be attained at the end of the 12-month training period must include:
1. Assessment of prospective divers for fitness to dive
2. Assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber
3. Assessment of patients with suspected decompression sickness or iatrogenic gas embolism and prescription of treatment
4. Assessment of patients with specific problem wounds with respect to indications for hyperbaric oxygen therapy, fitness for hyperbaric treatment, and prescription of treatment
5. Assessment and management of patients with complications of hyperbaric therapy
6. Management of critically ill patients in the hyperbaric environment
7. Knowledge of the indications for hyperbaric oxygen therapy
8. Assessment of patients with toxic gas exposure (e.g., carbon monoxide)

D. Planned Educational Conferences
Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

E. Additional Clinical and Educational Experiences
The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to hyperbaric medicine as a condition of the educational program.

F. Teaching and Research Experience
Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

V. Facilities and Resources

A. Space and Equipment
Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities
A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.
C. Patient Population
There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

D. Support Services
Support services must include physical therapy, social services, occupational medicine, and psychologic and psychological testing services.

VI. Certification
Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

ACGME: February 2002  Effective: February 2002

Program Requirements for Residency Training in Psychiatry

Common Program Requirements appear in bold.
Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition
An approved residency program in psychiatry must provide an educational experience designed to ensure that its graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders that relate to the practice of psychiatry. Although residents cannot be expected to achieve the highest possible degree of expertise in all of the diagnostic and treatment procedures used in psychiatry in 4 years of training, those individuals who satisfactorily complete residency programs in psychiatry must be competent to render effective professional care to patients. They must, furthermore, have a keen awareness of their own strengths and limitations, and of the necessity for continuing their own professional development. The didactic and clinical program must be of sufficient breadth and depth to provide residents with a thorough and well-balanced presentation of psychological, sociocultural, and neurobiological observations, theories and knowledge of major diagnostic and therapeutic procedures in the field of psychiatry. The program must also provide the education and training necessary to understand the major psychiatric literature, to evaluate the reliability and validity of scientific studies, and to incorporate appropriately new knowledge into the practice of medicine.

Programs are expected to operate in accordance with the AMA Principles of Ethics with Special Annotations for Psychiatry, and to ensure that the application and teaching of these principles are an integral part of the educational process.

B. Duration and Scope of Education

1. Admission Requirements
Physicians may enter psychiatry programs at either the first-year or second-year postgraduate level. Physicians may enter programs at the second-year postgraduate level only after successful completion of one of the following:
   a) one clinical year of training in a program in internal medicine, family practice, or pediatrics accredited by the Accreditation Council for Graduate Medical Education (ACGME);
   b) A transitional year program accredited by the ACGME;
   c) one year of an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care;
For physicians entering at the PG-2 level, the PG-1 year may be credited toward the 48-month requirement

2. Length of the Program
   a) A complete psychiatry residency is 48 months. Twelve of these months may be spent in an ACGME-approved child and adolescent psychiatry residency. Accreditation by the ACGME is required for all years of the training program. Programs may not permit residents to use vacation time or other benefit time to advance the date of graduation from training. Although residency is best completed on a full-time basis; part-time training at no less than half time is permissible to accommodate residents with personal commitments (e.g., child care).
   b) Any program that alters the length of training beyond these minimum requirements must present a clear educational rationale consistent with the Program Requirements and objec-
Program Requirements for Residency Training in Psychiatry

tives for residency training. The program director must obtain the approval of the sponsoring institution and the Residency Review Committee (RRC) prior to implementation and at each subsequent review of the program.

d) Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed without mutual agreement during his or her program, unless there is a break in the resident's training or unless the resident requires remedial training.

d) Programs should meet all of the Program Requirements of Residency Training in Psychiatry. Under rare and unusual circumstances, programs of either one-year or 2-year duration may be approved, even though they do not meet all of the above requirements for psychiatry. Such one- or 2-year programs will be approved only if they provide some highly specialized educational and/or research programs. Also, such programs will be approved only if they ensure that residents will complete the didactic and clinical requirements outlined in the Program Requirements.

3. Program Format by Year of Training

a) First Year of Training
A psychiatric first postgraduate-year must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting which provides comprehensive and continuous patient care.

1) Neurology rotations may not be used to fulfill this 4-month requirement.
2) One month, but no more, of this requirement may be fulfilled by an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures.
3) A psychiatric first postgraduate-year should not include more than 6 months in psychiatry, and must not include more than 8 months in psychiatry.
4) A minimum of 2 months of neurology, or its full-time equivalent on a part-time basis, is required prior to completion of training. It is highly desirable that this experience occur during a psychiatric first postgraduate-year, and it may include a maximum of one month of supervised inpatient or outpatient child neurology.
5) The program director of the Department of Psychiatry must maintain contact with residents during the first postgraduate-year while they are on services other than psychiatry.

b) Second through Fourth Years of Training
Although some of the training described below may be offered in the first postgraduate-year, all must be completed prior to graduation from the program.

1) The program must have an explicitly-described educational curriculum which covers the broad spectrum of clinical psychiatry as outlined in Section V B 1 a) through m).
2) The formal didactic instruction must include regularly-scheduled lectures, teaching rounds, seminars, clinical conferences, and required-reading assignments covering the topics identified in Section V.
3) There must be an educationally-sound balance among time spent in direct patient care, clinical and didactic teaching, and supervision. Formal educational activity shall have high priority in the allotment of the resident's time and energies. Service needs and clinical responsibilities must not prevent the resident from obtaining the requisite didactic educational activities and formal instruction.

4) Planned Educational Experiences. Each program must offer its residents planned and sufficient educational experiences. These educational experiences should include presentations based on a defined curriculum, journal review, administrative seminars, and research methods. They may include, but are not limited to, problem-based learning, laboratories, and computer-based instruction, as well as joint conferences cosponsored with other disciplines. The program should ensure that residents are relieved of non-emergent clinical duties in order to attend these planned educational experiences. Although release from some off-service rotations may not be possible, the program should require that each resident participate in at least 70% of the planned psychiatry educational experiences offered (excluding vacations). Attendance must be monitored and documented.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. Programs should be conducted under the sponsorship of an institution that meets the Institutional Requirements that apply to residency programs in all specialties, as outlined in the Essentials of Accredited Residencies.

2. The administration of the sponsoring institution(s) should understand and be sympathetic to the attainment of educational goals, and should evidence its willingness and ability to support these goals philosophically and financially. The latter includes a commitment by the institution and by the program that embraces appropriate compensation for faculty and residents, adequate offices and educational facilities, support services, and opportunities for research.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

a) Identify the faculty who will assume both educational and supervisory responsibilities for residents;

b) Specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

c) Specify the duration and content of the educational experience; and

d) State the policies and procedures that will govern resident education during the assignment.

3. It is important that each affiliated institution demonstrate significant commitment to the overall program. The educational rationale for including each institution within the program must be stated. The number and distribution of participating training sites must not preclude satisfactory participation by residents in teaching and didactic exercises. Geographic proximity will be one factor in evaluating program cohesion, continuity, and critical mass. Affiliated training sites will be evaluated on the basis of whether they contribute to a well-integrated educational program, with respect to both didactic and clinical experiences.
III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

   The program director must devote at least one-half of his or her time to the administration and operation of the educational program, including didactic, supervisory, and clinical teaching activities. Programs with multiple institutions, many residents, and/or large clinical populations will require additional time.

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, as well as the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate appointments for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Frequent changes in leadership or long periods of temporary leadership usually have a negative effect on an educational program, and may adversely affect the accreditation status of the program.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise as well as documented educational, clinical, and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site, and must be licensed to practice medicine in the state where the institution that sponsors the program is located (certain federal programs are exempted).

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents, in order to determine if an adequate educational environment exists to support these changes and if the program's clinical and academic resources are adequate to support these changes.

Each change, for example, includes:
   a) the addition of residents to the participating institution;
   b) a change in the format of the educational program, or the addition of any rotation of 6 months' full-time equivalent or longer;
   c) a change in the approved resident complement for those specialties that approve resident complement;
   d) any change in the total length of the program.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

   e) The program director must make resident appointments and assignments in accordance with institutional and departmental policies and procedures.
   f) The program director must supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   g) The program director must regularly evaluate residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   h) The program director must provide written information to applicants and residents regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, parental leave, and other special leaves.
   i) The program director must monitor residents' stress, including physical or emotional conditions which inhibit performance or learning, as well as drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.

Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

   j) The program director must maintain a permanent record of evaluation for each resident that is accessible to the resident and other authorized personnel. These records will be made available on review of the program.
   k) The program director will notify the Executive Director of the RRC in writing within 60 days of any major change in the program that may significantly alter the educational experience for the residents, including:
      i) changes in leadership of the department or the program;
      ii) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
      iii) changes in the resident complement that would bring the number of residents below the required critical mass of 3 residents per year for 2 consecutive years.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, commitment to their own continuing medical education, participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member.

   a) The residency must be staffed by a sufficiently-wide variety and appropriate number of capable psychiatrists and other
Program Requirements for Residency Training in Psychiatry

4. The responsibility for establishing and maintaining a Program Requirements for Residency Training in Psychiatry

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3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) The scholarship of discovery, as evidenced by participation in clinical and/or basic research, peer-reviewed funding or by publication of original research in a peer-reviewed journal, monograph or book;

b) The scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) The scholarship of application, as evidenced by the publica

3. All residents must have available to them offices adequate in size and decor to allow them to interview patients and accomplish their duties in a professional manner. The facility must also provide adequate and specifically designated areas in which residents can perform basic physical examination and other necessary diagnostic procedures and treatment interventions.

4. Other Educational Resources

a) The administration of the facility where the program is located must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises.

b) The program must have available audiovisual equipment and teaching material such as films, audio cassettes, and videotapes, as well as the capability to record and play back educational videotapes.

c) Residents must have ready-access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.

d) There must be access to an on-site library and/or to an electronic collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. This library should provide:

1) a substantial number of current basic textbooks in psychiatry, neurology and general medicine;

2) a number of the major journals in psychiatry, neurology, and medicine sufficient for an excellent educational program;

3) the capability to obtain textbooks and journals on loan from major medical libraries;

4) the capability to perform MEDLINE or other medical information searches (or ready-access to a library that has this capacity); and

5) access to the internet.

e) Each clinical service must have a mechanism that ensures that charts are appropriately maintained and readily accessible for regular review for supervisory and educational purposes. Randomly-selected charts will be reviewed at the time of survey.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

6. The faculty must participate regularly and systematically in the training program, and must be readily available for consultation whenever a resident is faced with a major therapeutic or diagnostic problem.

7. The faculty psychiatrists should actively participate in the planning, organization, and presentation of conferences as well as in clinical teaching and supervision.

8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

9. The teaching staff must be organized, and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. All programs must have adequate patient populations for each mode of required training and, minimally, must include organized clinical services in inpatient, outpatient, emergency, consultation/liaison, and child and adolescent psychiatry.

2. Training programs must have available to them adequate inpatient and outpatient facilities and other suitable clinical placements where the residents can meet the educational objectives of the program. The program should specify the facilities in which the goals and objectives are to be implemented.

3. All residents must have available to them offices adequate in size and decor to allow them to interview patients and accomplish their duties in a professional manner. The facility must also provide adequate and specifically designated areas in which residents can perform basic physical examination and other necessary diagnostic procedures and treatment interventions.

4. Other Educational Resources

a) The administration of the facility where the program is located must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises.

b) The program must have available audiovisual equipment and teaching material such as films, audio cassettes, and videotapes, as well as the capability to record and play back educational videotapes.

c) Residents must have ready-access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.

d) There must be access to an on-site library and/or to an electronic collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. This library should provide:

1) a substantial number of current basic textbooks in psychiatry, neurology and general medicine;

2) a number of the major journals in psychiatry, neurology, and medicine sufficient for an excellent educational program;

3) the capability to obtain textbooks and journals on loan from major medical libraries;

4) the capability to perform MEDLINE or other medical information searches (or ready-access to a library that has this capacity); and

5) access to the internet.

e) Each clinical service must have a mechanism that ensures that charts are appropriately maintained and readily accessible for regular review for supervisory and educational purposes. Randomly-selected charts will be reviewed at the time of survey.
E. Chair of Psychiatry
The chair of psychiatry must be a physician, and must either be certifi­
ced by the American Board of Psychiatry and Neurology or judged by
the RRC to possess appropriate educational qualifications.

F. Education Policy Committee
The director of the residency program should have an educational
policy committee composed of members of the psychiatry program
teaching staff that includes representation from the residents as
well as a member of the teaching staff from each ACGME-approved
subspecialty residency that may be affiliated with the psychiatry
residency. There should be a written description of the committee,
including its responsibility to the sponsoring department or institu-
tion and to the program director. This committee should participate
actively in:
1. planning, developing, implementing, and evaluating all signifi-
cant features of the residency program, including the selection of
residents (unless there is a separate residency selection
committee);
2. determining curriculum goals and objectives; and
3. evaluating both the teaching staff and the residents.

IV. Resident Appointments
A. Eligibility Criteria
The program director must comply with the criteria for resident eligi-
bility as specified in the Institutional Requirements.
1. The program director is responsible for maintaining a process for
selecting resident physicians who are personally and profession-
ally suited for training in psychiatry. It is highly desirable that
each program have a residency selection committee to advise the
program director.
2. All programs should state specifically and as clearly as possible
the objectives and competencies required for successful comple-
tion of the program. These objectives and criteria should be
made available to residency applicants.
3. The residency program director must accept only those appli-
cants whose qualifications for residency include sufficient com-
mmand of English to facilitate accurate, unimpeded communica-
tion with patients and teachers.
4. All programs should state specifically and as clearly as possible
the objectives and competencies required for successful comple-
tion of the program. These objectives and criteria should be
made available to residency applicants.

B. Number of Residents
The RRC will approve the number of residents based upon estab-
lished written criteria that include the adequacy of resources
for resident education (e.g., the quality and volume of patients
and related clinical material available for education), facul-
yty-resident ratio, institutional funding, and the quality of fac-
ulty teaching.
1. In order to promote an educationally-sound, intellectu-
ally-stimulating atmosphere of effective and graded responsi-
bility, programs must maintain a critical mass of at least 3 residents
at each level of training. Programs that fall below this prescribed
critical mass will be reviewed, and if this deficiency is not cor-
corrected, they may be cited for noncompliance, except when the
number of PG-4 residents is below critical mass owing to resi-
dents entering child and adolescent psychiatry training.
2. Programs in which the number of residents exceeds the re-
sources of patient population, faculty, or facilities for adequate
training will be found deficient on the basis of size.
3. Any permanent change in the number of approved positions re-
quires prior approval by the RRC (Programs seeking interim ap-
proval of a permanent increase in the number of approved resi-
dent positions should contact the Executive Director of the
RRC). Prior approval is not required for temporary changes in
resident numbers owing to makeup or remedial time for cur-
cently-enrolled residents, or to fill vacancies. Approval of perma-
nent increases above the approved range of residents will require
documentation that didactic and clinical training, including su-
pervision, will not be compromised.

C. Resident Transfers
To determine the appropriate level of education for residents
who are transferring from another residency program, the pro-
gram director must receive written verification of previous educa-
tional experiences and a statement regarding the perfor-
mane evaluation of the transferring resident prior to their
acceptance into the program. A program director is required to
provide verification of residency education for residents who
may leave the program prior to completion of their education.
1. The program must document the procedures used to select resi-
dents. Application records must contain complete information from
medical schools and graduate medical education programs.
A documented procedure must be in place for evaluating the cre-
dentials, clinical training experiences, past performance, and
professional integrity of residents transferring from one program
to another, including from a general psychiatry to a child and ad-
olescent psychiatry program. This procedure must include solici-
tation and documentation of relevant information from the train-
ing directors of the previous programs participated in by the
transferring resident. This documentation must specify all clini-
cal and didactic experiences for which the resident has been
given credit. Those residents selected at the second postgradu-
ate-year or above must have satisfied the training objectives
cited above for reaching that level of training.
2. A transferring resident's educational program must be suffi-
ciently individualized so that he/she will have met all the edu-
cational and clinical experiences of the program, as accredited,
prior to graduation.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or stu-
dents must not dilute or detract from the educational opportuni-
ties available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experi-
ences will be approved by the RRC as part of the review
process.
2. Goals and Objectives
The program must possess a written statement that outlines
its educational goals with respect to the knowledge, skills,
and other attributes of residents for each major assignment
and for each level of the program. This statement must be dis-
tributed to residents and faculty, and must be reviewed with
residents prior to their assignments. All educational compo-
nents of a residency program should be related to program goals.

a) Objectives of Training
(1) First Year
The training obtained during the first postgraduate year
should provide residents with medical skills most relevant
to psychiatric practice. These include being able to:
(a) perform a complete initial history and physical exami-
nation, including appropriate diagnostic studies;
Program Requirements for Residency Training in Psychiatry

(b) diagnose common medical and surgical disorders, and to formulate appropriate initial treatment plans;
(c) provide limited, but appropriate, continuous care of patients with medical illnesses, and to make appropriate referrals;
(d) be especially conversant with medical disorders displaying symptoms likely to be regarded as psychiatric, and with psychiatric disorders displaying symptoms likely to be regarded as medical;
(e) be especially cognizant of the nature of the interactions between psychiatric treatments and medical and surgical treatments; and
(f) be able to relate to patients and their families, as well as other members of the healthcare team with compassion, respect, and professional integrity.

(2) Second Through Fourth Years
The program must provide a well-planned, high-quality curriculum that includes specific, assessable objectives for program components as well as criteria for graduation. These must be stated in writing and provided to each resident and faculty member. Residents must be taught to conceptualize all illnesses in terms of biological, psychological, and sociocultural factors that determine normal and abnormal behavior. They must be educated to gather and organize data, integrate these data within a comprehensive formulation of the problem to support a well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment and follow-up care as required. The program must provide residents with sufficient opportunities to develop knowledge, clinical skills, sensitivity to cultural diversity, and professional principles.

(a) The didactic curriculum should include:

i) critical appraisals of the major theories and viewpoints in psychiatry, together with a thorough grounding in the generally accepted clinical facts;
ii) presentation of the biological, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;
iii) presentation of the etiologies, prevalence, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, sociocultural, and iatrogenic factors that affect the long-term course and treatment of psychiatric disorders and conditions;
iv) comprehension of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasms, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, Parkinson's disease, seizure disorders, stroke, intractable pain, and other related disorders;
v) the use, reliability, and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neuropsychiologic and neuropsychological testing, and psychological testing;
vi) the financing and regulation of psychiatric practice, including information about the structure of public and private organizations that influence mental health care;
vii) medical ethics as applied to psychiatric practice;
viii) the history of psychiatry and its relationship to the evolution of medicine;
ix) the legal aspects of psychiatric practice;
x) when and how to refer; and
xi) research methods in the clinical and behavioral sciences related to psychiatry.

b) Clinical training should provide sufficient experiences in:

i) the elements of clinical diagnosis with all age groups (of both sexes, to include some ethnic minorities), such as interviewing; clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings;
ii) relating history and clinical findings to the relevant biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment;
iii) formulating a differential diagnosis and treatment plan for all psychiatric disorders in the current standard nomenclature, taking into consideration all relevant data;
iv) the major types of therapy, including short- and long-term individual psychotherapy, psychodynamic psychotherapy, family/couples therapy, group therapy, cognitive and behavior therapy, crisis intervention, drug and alcohol detoxification, and pharmacological regimens, including concurrent use of medications and psychotherapy;
v) electroconvulsive therapy, a somatic therapy that is viewed as so important that its absence must be justified (Examples of other somatic therapies include biofeedback and phototherapy);
vii) psychiatric consultation in a variety of medical and surgical settings;
ix) providing care and treatment for the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions;
ix) psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance, and performance improvement;
x) providing psychiatric care to patients who are receiving treatment from nonmedical therapists and coordinating such treatment;
xii) knowledge of the indications for and limitations of the more common psychological and neuropsychological tests;
xiii) critically appraising the professional and scientific literature; and
xiii) teaching psychiatry to medical students, residents, and others in the health professions.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also pro-
vide residents with direct experience in progressive responsibility for patient management.

1. Clinical Experience

Carefully-supervised clinical care of patients is the core of an adequate program. The clinical services must be so organized that residents have major responsibility for the care of a significant proportion of all patients assigned to them, and have sufficient and ongoing high-quality supervision. The number of patients for which residents have primary responsibility at any one time must be adequate enough to permit them to provide each patient with appropriate treatment, and to have sufficient time for other aspects of their educational program. At the same time, the total number must be large enough to provide an adequate depth and variety of clinical experiences. The amount and type of patient care responsibility a resident assumes must increase as the resident advances in training. Each resident must have major responsibility for the diagnosis and treatment of a reasonable number and adequate variety of patients with both acute and chronic illnesses representing the major psychotic and nonpsychotic categories of psychiatric diagnoses/conditions. Adequate experience in the diagnosis and management of the medical and neurological disorders encountered in psychiatric practice also must be ensured. Each resident must have supervised experience in the evaluation and treatment of patients of different ages throughout the life cycle and from a variety of ethnic, racial, sociocultural, and economic backgrounds. It is desirable that residents have didactic learning and supervised experiences in the delivery of psychiatric services in the public sector and in managed care health systems. The clinical experiences are to be designed to develop the requisite skills as outlined in Section VA 2 a) (2) (b) above. Specific clinical experiences must include the following:

a) Neurology: Two months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. This 2-month experience (or its equivalent if done on a part-time basis) may occur in an inpatient, outpatient, or consultation/liaison setting. A maximum of one month of child neurology may be used toward the 2-month requirement. The 2-month training experience must provide opportunities to conduct initial evaluations, to participate in the subsequent diagnostic process, and to follow patients during the treatment and/or evolution of their neurological disorders/conditions. The training in neurology should have sufficient didactic and clinical experience for residents to develop expertise in the diagnosis of those neurological disorders/conditions that might reasonably be expected to be encountered in psychiatric practice and which must be considered in the differential diagnosis of psychiatric disorders/conditions.

b) Inpatient: Significant responsibility for the assessment, diagnosis, and treatment of an appropriate number and variety of general psychiatric inpatients for a period of not less than 9 months, but no more than 18 months (or its full-time equivalent if done on a part-time basis). In general, it is highly desirable that the minimum general inpatient experience be 12 months, although it is recognized that in some settings other training opportunities might lead to the absolute minimum of 9 months. The experience must provide residents with sufficient opportunities to develop competence in the intensive biopsychosocial assessment and management of patients with acute mental disorders/conditions. It is recognized that the setting in which this care occurs may vary according to the health care delivery system. Rotations on specialized clinical services such as addiction psychiatry, adolescent psychiatry, forensic psychiatry, geriatric psychiatry, research units, and day and/or partial hospitalization may not totally substitute for the general psychiatric inpatient experience. These may be included to meet the required minimum experiences, with adequate documentation to demonstrate that the experience on such specialized units is with acutely-ill patients, and is comparable in breadth, depth, and experience to training on general inpatient psychiatry units. Up to 3 months of rotations on specialized clinical services as noted above may be applied to the minimum 9-month requirement. However, no portion of this experience may be counted to meet the required component in child and adolescent psychiatry. Experience in any special unit used to provide inpatient psychiatry must be under the direction and supervision of a psychiatrist.

c) Outpatient: An organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients of at least one year (or its full-time equivalent if done on a part-time basis) that emphasizes a developmental and biopsychosocial approach to outpatient treatment. At least 80% of this experience must be with adult patients. A minimum of 20% of the overall experience (clinical time and patient volume) must be continuous and followed for a duration of at least one year. The outpatient requirement must include experience with a wide variety of disorders, patients, and treatment modalities, with experience in both brief and long-term care of patients, using individual psychotherapy (including psychodynamic, cognitive, behavioral, supportive, brief), and biological treatments and psychosocial rehabilitation approaches to outpatient treatment. Long-term psychotherapy experience must include a sufficient number of patients, seen at least weekly for at least one year, under supervision. Other long-term treatment experiences should include patients with differing disorders and patients who are chronically mentally ill. No portion of this experience may be counted to meet the timed requirements in child and adolescent psychiatry.

d) Child and Adolescent Psychiatry: An organized clinical experience under the supervision of child and adolescent psychiatrists in the evaluation, diagnosis, and treatment of children, adolescents, and their families. Such experiences should be no less than 2 months full-time equivalent and involve a sufficient number and variety of patients, by both age and psychopathology, treated with a variety of interventional modalities. Residents should have experiences in determining the developmental status and needs for intervention with the children of some of their adult patients, and in consulting with these patients regarding the referral of their children for psychiatric services. Residents must have patient care responsibility under the supervision of child and adolescent psychiatrists who are certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or who possess appropriate educational qualifications. This 2-month experience may be provided in a variety of settings (e.g., outpatient). Although adolescent inpatient units may be used to satisfy a portion of this requirement, rotations to student health services may not.

e) Consultation/Liaison: Supervised psychiatric consultation/ liaison responsibility for a minimum of 2 months full-time equivalent, involving adult patients on other medical and surgical services. On-call experiences may be a part of this training. Up to one month of pediatric consultation/liaison psychiatry may be credited toward the 2-month requirement.

f) Emergency Psychiatry: Supervised responsibility on an organized, 24-hour psychiatric emergency service that is responsi-
2. Didactic Components

The didactic and clinical curriculum must be of sufficient breadth and depth to provide residents with a thorough, well-balanced presentation of the generally-accepted theories, schools of thought, and major diagnostic and therapeutic procedures in the field of psychiatry.

a) The curriculum must include a significant number of interdisciplinary clinical conferences and didactic seminars for residents in which psychiatric faculty members collaborate with neurologists, internists, and colleagues from other medical specialties and mental health disciplines.

b) Clinical training must include adequate, regularly scheduled, individual supervision. Each resident must have at least 2 hours of individual supervision weekly, in addition to teaching conferences and rounds, except when on non-psychiatric rotations.

c) Didactic instruction must be systematically organized, thoughtfully integrated, based on sound educational principles, and include prepared lectures, seminars, and assigned readings that are carried out on a regularly-scheduled basis. In a progressive fashion, it should expose residents to topics appropriate to their level of training, as outlined in Section V A.2. Staff meetings, clinical case conferences, journal clubs, and lectures by visiting professors are desirable adjuncts, but must not be used as substitutes for an organized didactic curriculum.

d) The curriculum must include adequate and systematic instruction in neurobiology; psychopharmacology, and other clinical sciences relevant to psychiatry, child and adult development; major psychological theories, including learning theory, psychodynamic theory, and appropriate material from the sociocultural and behavioral sciences such as sociology and anthropology. The curriculum should address development, psychopathology, and topics relevant to treatment modalities employed with patients with severe psychiatric disorders/conditions.

e) The residency program should provide its residents with instruction about American culture and subcultures, particularly those found in the patient community associated with the training program. This instruction should include such issues as gender, race, ethnicity, socioeconomic status, religion/spirituality, and sexual orientation. Many physicians may not be sufficiently familiar with attitudes, values, and social norms prevalent among various groups of contemporary Americans. Therefore, the curriculum should contain enough instruction about these issues to enable residents to render competent care to patients from various cultural and ethnic backgrounds. Understanding cultural diversity is an essential characteristic of good clinical care. The program must devote sufficient didactic training to residents whose cultural backgrounds are different from those of their patients, and provide a suitable educational program for them as well.

f) Didactic exercises must include resident presentation and discussion of clinical case material at conferences attended by faculty and fellow residents. This training should involve experiences in integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in the diagnosis and management of cases presented.

3. Clinical Records

Clinical records must reflect the residents' ability to:

a) record an adequate history and perform mental status, physical, and neurological examinations;

b) organize a comprehensive differential diagnosis and discussion of relevant psychological and sociocultural issues;
c) proceed with appropriate laboratory and other diagnostic procedures;
d) develop and implement an appropriate treatment plan followed by regular and relevant progress notes; and
e) prepare an adequate discharge summary and plan.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.
1. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
2. The program must promote an atmosphere of scholarly inquiry, including the provision of access to ongoing research activity in psychiatry. Residents must be taught the design and interpretation of research studies, including the responsible use of informed consent, research methodology, and interpretation of data. The program must teach expertise in the critical assessment of new therapies and developments that are described in the literature. Residents must be advised and supervised by faculty members qualified in the conduct of research. Programs must have a plan to foster the development of skills for residents who are interested in conducting psychiatric research. This plan should include opportunities for conducting research under the supervision of a mentor and training in the principles and methods of research.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Other Required Components
1. Progressive Responsibility
   Under supervision, resident clinical experience in patient management should demonstrate graduated and progressive responsibility.
2. Teaching Opportunities
   Residents must be instructed in appropriate methods of teaching, and have ample opportunity to teach students in the health professions.
3. Electives
   All programs should provide residents an opportunity to pursue individually chosen electives.
4. Record of Clinical Experience
   There must be a record maintained of specific cases treated by residents, in a manner that does not identify patients, but which illustrates each resident's clinical experience in the program. This record must demonstrate that each resident has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities. In the case of transferring residents, the records should include the experiences in the prior as well as the current program. This record must be reviewed periodically with the program director or a designee, and must be made available to the surveyor of the program.

F. Resident Policies
1. The program should not allow on-call schedules and activities outside the residency that interfere with education, clinical performance, or clinical patient care responsibilities.
2. Each resident must be given a copy of the Essentials of Accredited Residencies at the beginning of training.
3. Readily available procedures for assisting the resident to obtain appropriate help for significant personal or professional problems should be in place.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
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3. Residents must be provided with 1 day in 7 free from all educa­tional and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if un­expected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Assessment should include the regular and timely performance feedback to residents that includes at least semian­nual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident. These will be made available on review of the program.

   Regular, systematic, documented evaluation of the knowledge, skills, and professional growth of each resident, using appropriate criteria and procedures, must be maintained, including complete records of evaluations containing explicit statements on the resident’s progress toward meeting educational objectives and his or her major strengths and weaknesses. Each evaluation should be communicated to the resident in an ongoing and timely manner.

   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

   d) The program must demonstrate that residents have achieved competency in at least the following forms of treatment:

   (1) brief therapy;
   (2) cognitive-behavioral therapy;
   (3) combined psychotherapy and psychopharmacology;
   (4) psychodynamic therapy; and
   (5) supportive therapy.

   e) The program must provide documented evidence to demonstrate that the proficiency/competence of each resident is as­sessed using techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observa­tions, or other methods.

   f) The program must provide opportunity for and document regularly scheduled meetings between the resident and the program director or designated faculty members. These meetings should be of sufficient frequency, length and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of professional goals and objec­tives. These evaluation sessions should be held at least semi­annually and preferably more frequently. The program should give residents opportunities to assess the program and the faculty in a manner that ensures resident confidentiality. Provision should be made for remediation in cases of unsatisfactory performance.
g) The program must formally examine the cognitive knowledge of each resident at least annually in the PG-2 through PG-4 years, and conduct an organized examination of clinical skills at least twice during the 4 years of training. In a timely manner, the program must develop specific remedial plans for residents who do not perform satisfactorily. Residents must not advance to the next year of training, or graduate from the program, unless the outcome from the remedial plan results in the attainment of educational and clinical goals established for the program.

h) Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional, educational, and clinical growth.

i) A written set of due-process procedures must be in place for resolving problems that occur when a resident’s performance fails to meet required standards. These procedures must conform to those policies and procedures adopted by the sponsoring institution for the provision of due process to all residents training in sponsored programs, and must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the resident, to patients under their care, and to the training program. A copy should be provided to the residents at the beginning of training.

j) Upon any resident’s departure from a program (including by graduation), the program director must prepare a letter describing the nature and length of the rotations for which the resident has been given credit. If a resident departs the program without receiving full credit for all educational experiences, the reasons for withholding credit must be specified in the letter. The resident must be given the letter, and a copy must be retained in the resident’s permanent file.

k) When a resident leaves the program (including by graduation), the program director will affirm in the training record that there is no documented evidence of unethical or unprofessional behavior, nor any serious question regarding clinical competence. Where there is such evidence, it will be comprehensively recorded, along with the responses of the trainee. The evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

l) For residents transferring to child and adolescent psychiatry, it is essential that the program director document the nature and length of the rotations for which the resident has been given credit and include a listing of any remaining requirements needed to successfully complete the general psychiatry program. The resident must be informed that eligibility for certification by the American Board of Psychiatry and Neurology is not possible unless all general psychiatry program requirements are met, even if the resident completes the requirements for training in child and adolescent psychiatry. A copy of this notification must be provided to the resident and a copy included in the resident’s permanent file.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

3. Programs must demonstrate that they have an ongoing mechanism to evaluate the effectiveness of their didactic and clinical teaching.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Inquiries Concerning Accreditation and Certification
A. All inquiries concerning the accreditation of psychiatry residencies should be addressed to Executive Director, Residency Review Committee for Psychiatry, 515 N. State St./ Ste 2000, Chicago, IL 60610.

B. All inquiries as to whether a physician is qualified to be admitted for examination for certification in psychiatry should be addressed to Executive Vice President, American Board of Psychiatry and Neurology, 500 Lake Cook Rd./ Ste 335, Deerfield, IL 60015.
Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty
Addiction psychiatry is the psychiatry subspecialty that focuses on the prevention, evaluation, and treatment of Substance-related Disorders as well as related education and research. In addition, the addiction psychiatrist will be fully trained in techniques required in the treatment of the larger group of patients with dual diagnoses of addictive disorders and other psychiatric disorders.

B. Duration and Scope of Education
1. The training period in addiction psychiatry must be 12 months. Any program that extends training beyond these minimum requirements must present a clear educational rationale consonant with the special requirements and objectives for residency training in addiction psychiatry.
2. Training in addiction psychiatry that occurred during the general residency training will not be credited toward the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a two-year period.
4. Prior to entry, each addiction psychiatry resident must be notified in writing of the required length of training for which the program is accredited. The required length of training may not be changed without mutual agreement unless there is a break in training or the resident requires remedial training.

C. Educational Goals and Objectives
1. The program must offer advanced training such that the knowledge, skills, clinical judgment, and attitudes essential to the practice of addiction psychiatry at the consultant level are provided.
2. Clinical experience must include the opportunity to evaluate and follow a variety of patients of both sexes, including adolescents, adults, and geriatric age groups spanning a broad range of diagnoses as enumerated in Program Requirements V.B.3. Residents must provide both primary and consultative care in both inpatient (including intensive care) and outpatient settings for patients with a wide variety of types of Substance-related Disorders. Where the primary site of training is devoted to the care of patients with only a particular form of Substance-related Disorders, appropriate affiliations must be arranged to ensure that adequate exposure is provided to a sufficient number and variety of patients with Substance-related Disorders.
3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to Substance-related Disorders must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that the graduates will have a comprehensive understanding of the pharmacology of all commonly abused substances, as well as the actions of pharmacological agents used to treat these conditions. Clinical experience and didactics should be integrated to provide appropriate progressive learning.
4. Training must focus on the biopsychosocial and functional concepts of diagnosis and treatment as applied to inpatient, outpatient, and other treatment settings. Iatrogenic aspects of illness, as well as cultural, ethnic, racial, socioeconomic, ethical, and legal considerations that may affect or interact with the psychiatric care of these patients must be included in the program.
5. The program should present the epidemiology of Substance-related Disorders, such as cultural, ethnic, racial, gender, sexual orientation, socioeconomic, and familial factors affecting the availability and use of addicting substances.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME. The program must function in close relationship to the general psychiatry residency.
3. The program must take place in facilities approved by the appropriate state licensing agencies and, where appropriate, by the Joint Commission on Accreditation of Healthcare Organizations.

B. Participating Institutions
1. Assignment to an institution must based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. The number of and distance between participating institutions shall not impede training and participation in conferences and other organized educational aspects of the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.
3. Presence of Other Training Programs
   The addiction psychiatry program should provide peer interaction between its residents and those of other medical/surgical specialties. To achieve this goal an ACGME-accredited training program in at least one nonpsychiatric specialty, such as neurology, internal medicine, or family medicine should be present within the participating institutions of the program. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but is most satisfactory when organized around joint patient evaluation and/or care.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is ac-
countable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must be an active clinician and possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. Devote sufficient time to the program to ensure implementation and achievement of the educational goals and objectives.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement
   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
   e. Supervising the recruitment, selection, and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. The director must receive documentation from the prior general psychiatry program in order to verify satisfactory completion of all educational and ethical requirements for graduation, before appointment to the program.
   f. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents upon appointment to the program. All residents must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.
   g. Monitoring the progress of each addiction psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents’ clinical and didactic work by supervisors and teachers. This record shall include a patient log which shall document for each addiction psychiatry resident that he/she has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
   h. Maintaining all other training records including those related to appointment, departmental processes regarding due process, sickness and other leaves, on-call responsibilities, and vacation time.
   i. Assuring the opportunity for residents to achieve the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of an addiction psychiatrist providing acute and chronic care for the patient with Substance-related Disorders.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. In addition to the program director, there must be at least one other faculty member certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have the number of physician faculty appropriate to the program’s size and structure.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry, or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of the institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. The scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that
promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. Addiction psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care team. The resident should work in settings that include representatives from clinical disciplines such as social work, psychology, psychiatric nursing, occupational therapy, pharmacy, and nutrition, as well as clinicians in anesthesiology (including pain medicine), emergency medicine, family practice, geriatrics, internal medicine, neurology, obstetrics-gynecology, surgical specialties, and pediatrics/adolescent medicine as appropriate for the care of the patient. In addition, residents should work with other staff such as substance abuse counselors and, where appropriate, with teachers.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

All elements of the program must be located in designated facilities based on written affiliation agreements between the participating institutions and the administration of the program.

1. Inpatient Care Facility: The sponsor of the program must be a part of, or affiliated with, at least one acute care general hospital with a full range of services, including medical and surgical services, intensive care units, emergency services, diagnostic laboratory, and imaging services. If the acute care hospital is specialized and does not itself have the full spectrum of services described above, the program must document that it has access for training purposes to other affiliated acute care facilities that have the services not present at the specialized facility.

2. Partial Hospitalization and Day Treatment: Programs must have access to a partial hospitalization and/or day treatment program (such as an intensive outpatient program). Such programs may be located in community-based institutions or within the sponsoring department of psychiatry in its acute care hospital. Exposure to self-help and other community programs (such as 12-step programs widely used by patients with Substance-related Disorders) must be provided.

3. Ambulatory Care Service: The program must provide experience in a multidisciplinary ambulatory care facility such as a methadone maintenance clinic, an alcohol treatment clinic, or other specialized outpatient program.

4. Library: Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
   a. Library services should include computer support for electronic retrieval of information from medical databases.
   b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the training program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

5. Ancillary Support Services: At all participating facilities, there must be appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories including clerical and laboratory and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The addiction psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program.

B. Number of Residents
The RRC will approve the number of residents based on established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement will require prior approval by the RRC.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in addiction psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Curriculum Content
   The field of addiction psychiatry requires knowledge of pharmacology, psychiatry, general medicine, as well as an understanding
of the interaction of these disciplines. Programs must include both direct experiences in clinical care as well as formal didactic conferences. Instruction and experience must include the performance of the mental status examination, a neuropsychiatric evaluation instrument such as the Mini-Mental Status Examination, community and environmental assessments, family and care giver assessments, medical assessments, and physical and psychological functional assessments. These skills comprise the basis for the formal assessment of the addicted patient using a synthesis of clinical findings, historical and current information, as well as data from laboratory and other special studies.

a. Residents must acquire knowledge and skills in the following areas:

1) Knowledge of the signs and symptoms of the use and abuse of all of the major categories of substances enumerated in V.B.3.b, as well as knowledge of the types of treatment required for each.

2) Knowledge of the signs of withdrawal from these major categories of substances, knowledge and experience with the range of options for treatment of the withdrawal syndromes, and the complications commonly associated with such withdrawal.

3) Knowledge of the signs and symptoms of overdose; the medical and psychiatric sequelae of overdose, and experience in providing proper treatment of overdose.

4) Management of detoxification: Inpatient management of Substance-related Disorders. Experience in working collaboratively with specialists in the emergency department and intensive care units in the diagnosis and management of acute overdose symptoms.

5) Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders which often accompany the chronic use and abuse of the major categories of substances.

6) Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of Substance-related Disorders.

7) Experience in the use of techniques required for confrontation of and intervention with a chronic substance abuser, and in dealing with the defense mechanisms that cause the patient to resist entry into treatment.

8) Experience in the use of the various psychotherapeutic modalities involved in the ongoing management of the chronic substance abusing patient, including individual psychotherapies (e.g., cognitive-behavioral therapy), couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy.

9) Experience in working collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologists, nurse practitioners, counselors, pharmacists, and others who participate in the care of patients with Substance-related Disorders.

10) Knowledge and understanding of the special problems of the pregnant woman with Substance-related Disorders and of the babies born to these women.

11) Knowledge of family systems and dynamics relevant to the etiology, diagnosis, and treatment of Substance-related Disorders.

12) Knowledge of the genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of Substance-related Disorders.

13) Familiarity with the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of Substance-related Disorders.

14) Critical analysis of research reports, as presented in journal clubs and seminars.

15) Experience in teaching and supervising clinical trainees in the care of patients with Substance-related Disorders.

16) Understanding of the current economic aspects of providing psychiatric and other healthcare services to the addicted patient.

17) Knowledge of quality assurance measures and cost effectiveness of various treatment modalities for Substance-related Disorders.

2. Conferences

Conferences in addiction psychiatry, such as grand rounds, case conferences, reading seminars, and journal clubs, should be specifically designed to complement the clinical experiences. Regular attendance by residents and faculty should be documented.

3. Clinical Experiences

The number and variety of new and follow-up patients spanning the life cycle from adolescence to old age must be sufficient to ensure an adequate outpatient and inpatient experience as specified in I.C.2. The spectrum of patients should include diverse socioeconomic, educational, and cultural backgrounds.

The training program must include the following clinical components:

a. Evaluation, consultation, and treatment of:

1) Patients with primary Substance-related Disorders and their families.

2) Medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic Substance-related Disorders, including acute intoxication and overdose.

3) Psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include a broad range of psychiatric diagnoses, such as affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders as well as patients suffering from medical conditions commonly associated with Substance-related Disorders such as hepatitis and HIV/AIDS.

4) Medication dependent patients with chronic medical disorders/conditions (such as patients with chronic pain).

b. Exposure to patients with Substance-related Disorders related to the following substances:

1) alcohol
2) opioids
3) cocaine and other stimulants
4) cannabis and hallucinogens
5) benzodiazepines
6) other substances of abuse, including sedatives, hypnotics or anxiolytics
7) miscellaneous/unusual, e.g., nutmeg, designer drugs, organic solvents/inhalants

c. Treatment by the resident of a minimum of 5 addicted outpatients with a variety of diagnoses requiring individual treatment for at least 6 months.

d. Rotations should provide residents with experience in evaluating acute and chronic patients in inpatient and outpatient settings. There should be an identifiable structured educational experience in neuropsychiatry relevant to the practice of addiction psychiatry that includes both didactic and clinical training methods. The curriculum should emphasize functional assessment, signs and symptoms of neuropsychiatric impairment associated with Substance-related Disorders, and
the identification of physical illnesses and iatrogenic factors that can alter mental status, and behavior.
e. The program must provide specific experiences in consultation to acute and chronic medically ill patients with substance related disorders who are being treated on emergency, intensive care, medical and/or surgical services of a general hospital. Supervision of addiction psychiatry residents in their clinical evaluation of such patients, as well as in their consultative role, is essential. The program should provide residents with the opportunity to function at the level of a specialist consultant to primary care physicians and to intensive care specialists.
f. Experience in working with multidisciplinary teams as a consultant and as a team leader, including the integration of recommendations and decisions from consulting medical specialists and other professionals in related health disciplines.
g. Experience in working with patients who are participating in self-help programs.
h. Experience with opiate replacement therapy.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient Care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Supervision must include observation, assessment, and demonstration of the residents' knowledge and skills in clinical evaluation, technical proficiency, and professional attitudes. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

5. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

c. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

6. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

7. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

8. Presence of Other Training Programs
The addiction psychiatry program should provide peer interaction between its residents and those of other medical/surgical specialties. To achieve this goal an ACGME-accredited training program in at least one nonpsychiatric specialty, such as neurology, internal medicine, or family medicine should be present within the participating institutions of the program. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but is most satisfactory when organized around joint patient evaluation and/or care.

9. Resident Teaching Experiences
The program should provide appropriate experiences designed to develop administrative and teaching skills for the addiction psychiatry residents. As the residents progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, and other allied health professionals.

VII. Evaluation

A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations and written quarterly evaluations of the residents by all supervisors and the directors of clinical components of training. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by
Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

Common Program Requirements appear in bold.
Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition

Child and adolescent psychiatry is a specialty of medical practice within psychiatry. The goal of residency training in child and adolescent psychiatry is to produce specialists in the delivery of skilled and comprehensive medical care of children and adolescents suffering from psychiatric disorders. The child and adolescent psychiatrist must have a thorough understanding of the development, assessment, treatment, and prevention of psychopathology as it appears from infancy through adulthood. He or she also should have the skills to serve as an effective consultant to primary care physicians, nonpsychiatrist mental health providers, schools, community agencies, and other programs serving children and adolescents.

Approved residencies in child and adolescent psychiatry must offer well-supervised and well-balanced clinical experiences with a continuum of care, which may include inpatients, day hospital patients, and day treatment centers, and must also provide a formal educational experience. The residency must provide a combination of didactic and clinical work that is broad enough to ensure knowledge of the full spectrum of disorders of childhood and adolescence, and intensive enough to ensure thorough diagnostic, treatment, and consultative skills. Diagnostic and therapeutic experiences must be provided in sufficient number and depth with preschool, grade school, and adolescent patients of both sexes and their families for the resident to understand the breadth of clinical problems they will encounter.

B. Duration and Scope of Training

1. In addition to the postgraduate first-year and a minimum of 2 years of accredited training in general psychiatry, 2 years of training in a child and adolescent psychiatry program accredited by the Accreditation Council for Graduate Medical Education (ACGME) is required.

2. To achieve greater flexibility in the sequence of residency training and to assist in recruitment, the 2-year child and adolescent psychiatry training experience may be initiated immediately following, or at any point during, the PGY-1 level in the psychiatry residency sequence. Training is best done full-time, and it must be done in no more than two blocks. If done in two blocks, the blocks must not be more than 5 years apart, and the shorter block must not be less than 6 months long. At the discretion of the program director, training credit for part-time status may be given, as long as the training is half-time or more and is completed in 4 years or less.

3. In general, training in child and adolescent psychiatry obtained as part of the curriculum for general psychiatry training may not count toward residency training in child and adolescent psychiatry. However, certain clinical experiences with children, adolescents, and families taken as part of the child and adolescent psychiatry training program, limited to 1 month of child neurology, 1 month of pediatric consultation/liaison, 3 months of child and adolescent inpatient experience, 1 month of addiction psychiatry, up to 20% of outpatient experience as described in Section V B 1 c) of the Program Requirements for Psychiatry, and forensic psychiatry and community psychiatry experience may be designed to fulfill the Program Requirements in general psychiatry and child and adolescent psychiatry, if these experiences are limited to child and adolescent psychiatry patients, up to a maximum of 12 months. The program director must document areas for which credit is given in both programs. These experiences may not be used to reduce the total length of time devoted to training in child and adolescent psychiatry, which must remain at 2 years.

Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed during his or her program without mutual agreement, unless there is an interruption in his or her training or the resident requires remedial training.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The administration of the sponsoring institution(s) should understand the educational goals, and should evidence its willingness and ability to support these goals financially as well as philosophically.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

3. It is important that each affiliated institution offer significant educational opportunities to the overall program. The number and distribution of participating training sites must not preclude sat-
Responsibilities of the program director are as follows:

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation and resident progress and performance, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise as well as documented educational, clinical, and administrative abilities.
   b) The program director must be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the Residency Review Committee.
   c) The program director must be appointed in good standing and based at the primary teaching site, and must be licensed to practice medicine in the state where the institution that sponsors the program is located (certain federal programs are exempted).
4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, in consultation with the chair of the division chief, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
      The program director is responsible for selecting residents, planning the curriculum, evaluating individual resident progress, and maintaining records of these endeavors. The program director shall provide residents with the goals of training, their responsibilities, and the evaluation procedures.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents, in order to determine if an adequate educational environment exists to support these changes and if the program's clinical and academic resources are adequate to support these changes. Such changes, for example, include:
      (1) the addition or deletion of a participating institution, to which residents are assigned half-time or more for 6 months or longer for the full-time equivalent of at least 4 months;
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement.
      On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
   e) The program director must devote at least half-time to the training program, including teaching activities.
   f) The program director must select residents for appointment to the program in procedures.
   g) The program director must supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   h) The program director must implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   i) The program director must monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
   j) The program director must provide an annual written evaluation of the quality of teaching and supervision of each of the teaching faculty.
   k) The program director must provide written information regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, and family leave, as well as other special leaves to residents and applicants who are interviewed.
   l) The program director must notify the executive director of the RRC in writing within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including:
      (1) changes in leadership of the department of the program;
      (2) changes in administrative structure, such as an alteration in the status of the program/department within the institution;
      (3) a reduction in any year of the critical mass of residents below four in the training program; and
      (4) a reduction in the number of faculty below 3 full-time equivalent positions for more than 1 year.
B. Faculty
1. At each participating institution, there must be a sufficient number of faculty and other mental health professionals with sufficient breadth and depth of documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

6. The faculty must include a total of at least 3 full-time-equivalent, fully-trained child and adolescent psychiatrists who devote substantial time to the residency program, 2 of whom must be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.

7. Psychiatric faculty must participate regularly and systematically in the training program. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
1. Training programs must have adequate facilities and affiliations to meet the educational objectives of the program. Ample office space with readily accessible play materials must be available for each resident to see patients.

2. Space for physical and neurological examinations and appropriate medical equipment must be readily available. Access to laboratory testing also must be readily available.

3. There must be adequate space and equipment specifically designated for seminars, lectures, and other educational activities. The program must have available such basic teaching aids such as videotaping equipment or one-way mirrors.

4. The sponsoring institution must provide residents with ready access to a library that contains a substantial number of current basic textbooks and major journals in psychiatry, child and adolescent psychiatry, neurology, pediatrics, and general medicine, sufficient for an excellent educational program. The library must be capable of obtaining textbooks and journals on loan from major medical libraries and of carrying out MEDLINE and other medical information searches (or accessing a library that has this capacity), and it must be reasonably available to residents on weekends and during evening hours.

E. Head of Child and Adolescent Psychiatry
1. The head of the department, division, or section of child and adolescent psychiatry should be a fully-trained child and adolescent psychiatrist with documented clinical, educational, and administrative abilities and experience, and should be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.

2. The head of child and adolescent psychiatry must be appointed to and in good standing with the medical staff of an institution participating in the program.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The residency program director must accept only those applicants whose qualifications of residency include sufficient command of English to permit accurate and unimpeded communication.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

A program must have at least 4 residents in the 2-year training program. (This may not include those residents who participate in a triple board training format.) Peer interaction and the need for group discussion in seminars and conferences are crucial.
The number of residents from other graduate medical education programs and mental health disciplines who participate in the child and adolescent psychiatry educational curriculum should not be so great as to compromise the educational resources of the child and adolescent psychiatry residency.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

The program must document the procedures used to select residents in accordance with institutional and departmental policies and procedures. Application records must document information from graduate medical education programs. A documented procedure must be in place for checking the credentials, the clinical training experiences, and the past performance and professional integrity of residents transferring from one program to another, including from a general psychiatry program to a child and adolescent psychiatry program. This procedure must include solicitation and documentation of relevant information from the training directors of the previous programs participated in by the transferring resident.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and applicants who are interviewed, and must be reviewed with residents prior to their assignments.

   All educational components of a residency program should be related to program goals. There must be sufficient stable leadership, faculty, clinical facilities, and affiliations to provide a consistent educational experience.

B. Specialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The program must have an explicitly-described educational curriculum composed of formal didactic instruction and a program of graduated learning and supervised clinical experience through the 2 years that is distributed to residents and faculty. The latter is to be marked by progressive responsibility for the diagnosis and treatment of preschool and grade school children, adolescents, and their families.

   Educational quality must have the highest priority in the allotment of the residents' time and energy. The clinical responsibilities of residents must not infringe unduly on didactic activities. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

   1. Clinical Experience
      a) Clinical instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis.
      b) Goals that include knowledge, skill, and attitude objectives must be specified for each clinical rotation.
      c) Each resident must have responsibility for the evaluation and treatment of a sufficient number and adequate variety of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders. The number of patients for whom residents have primary responsibility at any one time must permit them to provide each patient with appropriate treatment, as well as to have sufficient time for other aspects of their educational program. The depth and variety of clinical experiences must be adequate.
      d) Clinical records, recorded by the child and adolescent psychiatry residents, should document an adequate individual and family history, mental status, physical and neurological examinations when appropriate, supplementary medical and psychological data, and integration of these data into a formulation, differential diagnosis, and comprehensive treatment plan.
      e) Opportunities for the development of both conceptual understanding of and clinical skills in the major treatment modalities with children and adolescents, which include brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy must be provided. There must be opportunities for residents to be involved in providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities. Residents should have some experience with continuity of patient care across clinical programs providing different levels of care. Care for outpatients must include work with some child and adolescent patients for at least one year's duration.
      f) Residents must have an opportunity to evaluate and treat patients from diverse cultural backgrounds and varied socioeconomic levels.
      g) Training must include supervised, active collaboration with other professional mental health personnel, pediatricians, teachers, and other school personnel in the evaluation and treatment of patients.
      h) There must be teaching about the appropriate uses and limitations of psychological tests. Residents should have the opportunity to observe some of their patients being tested.
      i) There must be an organized teaching and clinical experience in pediatric neurology, mental retardation, and other developmental disorders.
      j) Residents must have experiences in the initial management of psychiatric emergencies in children and adolescents. This experience may occur in a variety of settings.
      k) Experience with acutely- and severely-disturbed children or young adolescents is an essential part of training. This experience must occur in settings with an organized treatment program, such as inpatient units, residential treatment facilities, partial hospitalization programs, and/or day treatment pro-
2. Didactic Curriculum

a) Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. Goals that include knowledge and attitude objectives must be specified for each course or seminar. Systematically-organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an integral part of the residency. Staff meetings, clinical case conferences, journal clubs, and grand rounds are important adjuncts, but they must not be used as substitutes for an organized didactic curriculum.

b) Emphasis on development is an essential part of training in child and adolescent psychiatry. The teaching of developmental knowledge and the integration of neurobiological, phenomenological, psychological, and sociocultural issues into a comprehensive formulation of clinical problems are essential. Teaching about normal development should include observation of and interaction with normal children of various ages.

c) The didactic and clinical curriculum must be of sufficient breadth and depth to provide residents with a thorough, well-balanced presentation of the generally-accepted observations and theories, as well as the major diagnostic, therapeutic, and preventive procedures in the field of child and adolescent psychiatry.

d) The curriculum must include adequate and systematic instruction in basic neurobiological, psychological, and clinical sciences relevant to psychiatry and in the application of developmental psychological and sociocultural theories relevant to the understanding of psychopathology. It must provide teaching about the full range of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents.

e) The curriculum must also include teaching in the ethical practice of child and adolescent psychiatry. There must as well be instruction in diversity and cultural issues pertinent to children and adolescents.

f) Residents must receive instruction in the recognition and management of domestic and community violence as it affects children and adolescents. This includes physical and sexual abuse as well as neglect.

g) The opportunity for residents to be involved in research or scholarly activity must be available.

h) The curriculum must include an adequate number of interdisciplinary clinical conferences and didactic seminars for residents, where faculty psychiatrists collaborate in teaching with colleagues from other medical specialties and mental health disciplines.

i) There should be instruction in the principles and practice of utilization review, quality assurance, and performance improvement.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. Although not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states, and the application of current knowledge to practice;

2. participation in journal clubs and research conferences;

3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;

4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;

5. the offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research;

6. the provision of support for resident participation in scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Other Required Components

Teaching Opportunities
Opportunities for residents to teach community groups, medical students, and/or other residents should be available.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

Each resident must have at least 2 hours of individual supervision weekly, in addition to teaching conferences and rounds. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

5. The program should carefully monitor any professional activity outside the residency, and ensure that it does not interfere with education, performance, or clinical responsibility. The program should carefully monitor all on-call schedules and hours within and outside residency to prevent undue interference with education, performance, or clinical responsibility.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
F. Duty Hours Exceptions  
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation  
The program will maintain records of all evaluations required in this section, and these will be made available on review of the program.

A. Resident  
1. Formative Evaluation  
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. The program director, with participation of members of the teaching staff, must regularly evaluate residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

2. Final Evaluation  
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

3. The program must provide an opportunity for the resident and the program director or designated faculty members to meet regularly. These meetings, which must be documented, should be of sufficient frequency, length, and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of program goals. At least semiannually, the program director must evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures. Provision should be made for remediation in cases of unsatisfactory performance.

4. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

5. In addition to periodic assessments, an annual evaluation procedure is required, which must include a written examination of the knowledge base as well as a formal documented clinical skills examination.

6. Programs must develop at least one written core competency for its residents in each of the following areas:
   a) Clinical science
   b) Interpersonal skills and communication
   c) Patient care
   d) Practice-based learning and improvement
   e) Professionalism and ethical behavior
   f) Systems-based care

   The program must provide documented evidence to demonstrate that the proficiency and competence of each resident is assessed, using techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observations, or other methods.

7. Evaluation must include a review of the resident’s performance during the final period of training, and should verify that the resident has demonstrated sufficient professional ability to practice competently, ethically, and independently, based on the program’s defined core competencies.

8. At the time of the resident’s graduation or departure from the program, the program director will affirm in the training record whether there is documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence. Where there is such evidence, it must be comprehensively recorded, along with the responses of the resident. This final evaluation should be part of the resident’s permanent record maintained by the institution.

9. A written set of due-process procedures must be in place for resolving problems that occur if a resident’s performance fails to meet required standards. These must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the resident, patients under care, and the training program. A copy should be provided to the residents at the beginning of training.

B. Faculty  
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

   The program director is responsible for the evaluation of faculty teaching and supervision. This must include an annual confidential written assessment of faculty members by the residents, a summary of which must be provided to faculty.

C. Program  
The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the overall educational program and the extent to which the educational goals have been met by residents must be assessed. Confidential written evaluations by residents must be utilized in this process. The teaching staff must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and
Program Requirements for Residency Education in Forensic Psychiatry (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty
Forensic psychiatry is the psychiatry subspecialty that focuses on interrelationships between psychiatry and the law (civil, criminal, and administrative law), that include
1. the psychiatric evaluation of individuals involved with the legal system, or consultations on behalf of the third parties such as employers or insurance companies;
2. the specialized psychiatric treatment required by those who have been incarcerated in jails, prisons, or special forensic psychiatric hospitals;
3. active involvement in the area of legal regulation of general psychiatric practice; and
4. related education and research efforts.

B. Duration and Scope of Education
1. The training period in forensic psychiatry must be 12 months.
2. Training in forensic psychiatry that occurs during the general residency training will not be credited toward the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a 2-year period.
4. Prior to entry, each forensic psychiatry resident must be notified in writing of the required length of training for which the program is accredited and the requirements for satisfactory completion of the program. Neither the required length of training for a particular individual nor the graduation requirements may be changed without mutual agreement during his or her program unless there is a break in his or her training or the individual requires remedial training.

C. Educational Goals and Objectives
1. The program must offer advanced training that affords sufficient opportunities for the resident to develop the knowledge, skills, clinical judgment, and attitudes essential to the practice of forensic psychiatry.
2. Clinical experience must include experiences in the following three areas:
   a. forensic evaluation of a variety of subjects of both genders, including adolescent, adult, and geriatric age groups, who represent a broad range of mental disorders and circumstances, in both civil and criminal contexts;
   b. consultation to general psychiatric services on issues related to the legal regulation of psychiatric practice, such as civil commitment, confidentiality, refusal of treatment, decision-making competence, guardianship, etc.;
   c. treatment of persons involved in the criminal justice system. Appropriate affiliations must be arranged to ensure that adequate exposure to a sufficient number and variety of experiences is provided.
3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical case conferences and seminars dealing with topics such as law, ethics, the relevant basic and social sciences, and research must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that graduates will be knowledgeable about the content outlined in V.B.1.a-e.
4. Training must focus on the social and legal context for forensic work, both civil and criminal. Instruction should take into account the sociocultural, ethnic, economic, and ethical considerations that affect mentally ill persons who come into contact with the legal system.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME.
3. The program must take place in facilities approved by state licensing agencies and, where appropriate, the Joint Commission on the Accreditation of Healthcare Organizations.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. The number of and distance between participating institutions should not be so great as to interfere with training and participation in conferences and other organized educational aspects of the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. be an active clinician and must devote sufficient time to the program to ensure implementation of the educational goals and objectives.
   e. participate in scholarly activities appropriate to the subspecialty such as local, regional, and national specialty societies; research; presentations; and publication.
4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.
   e. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures. The director must receive documentation from the general psychiatry program completed by an applicant to verify satisfactory completion of all educational and ethical requirements for graduation before the applicant is appointed to the program. Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.
   f. Monitoring the progress of each forensic psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents' clinical and didactic work by supervisors and teachers. This record shall include a patient log that shall document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
   g. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents on their appointment to the program. All residents must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry, or possess qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

d. Be additionally qualified by experience in forensic psychiatry to provide the expertise needed to fulfill the didactic, clinical, and research goals of the program.

e. Include at least one certified child and adolescent psychiatrist.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c. The scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a. Nonphysician faculty must be appropriately qualified in their field.

b. Nonphysician faculty must possess appropriate institutional appointments.

6. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have additional faculty appropriate to their program's size and structure.

7. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director. The director of forensic psychiatry training at each participating institution shall be appointed by or with the concurrence of the forensic psychiatry program director.

8. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

9. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

2. In addition to the faculty psychiatrists, the faculty must include a lawyer and a forensic psychologist.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. All elements of the program must be located in designated facilities based on written affiliation agreements and must include experiences in the following three venues:

a. Facilities in which forensic psychiatric evaluations are performed on subjects with a broad variety of psychiatric disorders, where residents can learn evaluation techniques. These may include court clinics, inpatient forensic units, outpatient forensic clinics, and private practices.

b. Facilities that provide general psychiatric services to patients with a broad variety of psychiatric disorders, where residents can learn consultation regarding legal issues in psychiatric practice. These may include inpatient and outpatient facilities or may be specialized facilities that provide psychiatric care to correctional populations.

c. Facilities that treat persons in the correctional system, where residents can learn about the specialized treatment issues raised by these populations and settings. These may include prisons, jails, hospital-based correctional units, halfway facilities, rehabilitation programs, community probation programs, forensic - clinics, juvenile detention facilities, and maximum security forensic hospital facilities. Appropriate support services to ensure an adequate educational experience at all participating institutions must be available, including support personnel and a physically safe environment in which residents may carry out their clinical and educational functions.

2. Library

a. Residents must have ready access to a major medical library or on-site access to relevant medical and legal materials at the institution where the residents are located or through arrangement with convenient nearby institutions.

b. Library services should include the electronic retrieval of information from medical databases.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The forensic psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program. An excessively high rate of resident attrition from a program will be a cause of concern to the RRC.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement require prior approval by the RRC.

C. Resident Transfer

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in forensic psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum

A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Curriculum
The didactic curriculum must include the following components:

a. A psychiatric curriculum that includes the
   1) history of forensic psychiatry;
   2) roles and responsibilities of forensic psychiatrists;
   3) assessment of competency to stand trial, criminal responsibility, amnesia, testamentary capacity, and civil competency;
   4) issues involved in the assessment of dangerousness;
   5) assessment of the accused sexual offender;
   6) evaluation and treatment of incarcerated individuals;
   7) ethical, administrative, and legal issues in forensic psychiatry;
   8) legal regulation of psychiatric practice;
   9) writing of a forensic report; and
   10) eyewitness testimony.

b. A law curriculum that covers issues in the legal system related to forensic psychiatry, such as
   1) fundamentals of law, statutes, and administrative regulations;
   2) the structure of federal and state court systems;
   3) use of a law library or on-line legal reference services;
   4) theory and practice of sentencing of the convicted offender;
   5) basic civil procedure;
   6) basic criminal procedure;
   7) jurisdiction;
   8) responsibility;
   9) tort law;
   10) children's rights;
   11) family law;
   12) confessions;
   13) structure and function of juvenile systems; and,
   14) structure and function of correctional systems.

c. A civil law curriculum that includes issues such as
   1) conservators and guardianships;
   2) child custody determinations;
   3) parental competence and termination of parental rights;
   4) child abuse/neglect;
   5) psychiatric disability determinations;
   6) testamentary capacity;
   7) psychiatric malpractice;
   8) personal injury litigation; and
   9) developmental disability law, i.e., individualized educational needs and the right to the least restrictive environment for education.

d. A criminal law curriculum that includes issues such as
   1) competence to stand trial;
   2) competence to enter a plea;
   3) testimonial capacity;
   4) voluntariness of confessions;
   5) insanity defense(s);
   6) diminished capacity;
   7) evaluations in aid of sentencing;
   8) safe release of persons acquitted by reason of insanity; and
   9) competence to be executed.

e. Conferences in forensic psychiatry, such as grand rounds, case conferences, readings seminars, and journal clubs, should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.

2. Forensic experiences
a. Forensic experiences must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving
   1) criminal behavior;
   2) criminal responsibility and competency to stand trial;
   3) sexual misconduct;
   4) dangerousness, and
   5) civil law and regulation of psychiatry issues.

b. Residents also must have experience in the review of written records, including clinical and legal documents, and in the preparation of written reports and/or testimony in a diversity of cases, for example:
   1) aiding the court in the sentencing of criminal offenders,
   2) domestic relations cases,
   3) personal injury cases,
   4) allegations of sexual abuse, and
   5) other cases involving ethical issues and legal regulation, such as involuntary hospitalization, confidentiality, right to treatment, right to refuse treatment, informed consent, and professional liability.

c. Residents must have supervised experience in testifying in court or in mock trial simulations.

d. Residents must have supervised training in the relevance of legal documents, such as police reports, court testimony, polygraphs, hypnosis, narcoanalysis, psychological and neuropsychological testing, brain-imaging techniques, and other procedures relevant to assessments and treatment in forensic psychiatry.

e. Consultative experiences must provide residents with an opportunity to interact with clinicians regarding legal issues that arise in psychiatric practice. This can occur in inpatient or outpatient settings and should include patients from diverse socioeconomic, educational, ethnic, and cultural backgrounds, with a variety of diagnoses. Residents should have the opportunity to consult with clinicians regarding civil commitment and dangerousness, confidentiality, decision-making competence, guardianship, and refusal of treatment.

f. Clinical placement must provide residents with experience in the evaluation and management of acutely and chronically ill
patients in correctional systems such as prisons, jails, community programs, and secure forensic facilities. There also must be experience in working with other professionals and personnel in both forensic and community settings. A sufficient number and variety of patients, ranging from adolescence to old age and of diverse backgrounds, should be provided to ensure an adequate experience. Residents must have at least 6 months' experience in the management of patients in correctional systems.

g. Direct clinical work with children under the age of 14 years should be limited to residents who have previously completed ACGME-approved training in child and adolescent psychiatry or to residents who are under the supervision of a board-certified child and adolescent psychiatrist or an individual who possesses qualifications judged to be acceptable by the RRC.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvement in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

4. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour must be individual and one hour may be group supervision.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both in-patient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free for all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

G. Presence of Other Training Programs
The forensic psychiatry program should provide peer interaction between its residents and those of other specialties. To achieve this goal, an accredited training program in at least one nonspecialty medical specialty should be present within the program’s participating institutions. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but it is most satisfactory when organized around joint patient evaluation and/or care. In addition, peer interaction with students in related fields, such as law, psychology, and social work, is highly desirable.

H. Resident Administrative and Teaching Experiences
The program should provide appropriate experience designed to develop the administrative and teaching skills of forensic psychiatry residents. As residents progress through the program, they should have the opportunity to teach personnel such as other residents, mental health professionals, and students.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations, and quarterly written evaluations of the residents by all supervisors and the directors of clinical components of training. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Board Certification
Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of forensic psychiatry...
Program Requirements for Residency Education in Geriatric Psychiatry (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty
Geriatric psychiatry is that area of psychiatry which focuses on preventive, diagnostic, evaluative, and treatment of mental disorders and signs/symptoms seen in older adult patients. An educational program in geriatric psychiatry must be organized to provide professional knowledge, skill, and opportunities to develop competencies through a well-supervised clinical experience.

B. Duration and Scope of Education
1. The training period in geriatric psychiatry must be 12 months. Any program that extends the length of the program beyond 12 months must present an educational rationale consistent with the Program Requirements and the objectives for resident education.
2. Training in geriatric psychiatry that occurred during general residency training will not be counted toward meeting the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a two-year period.
4. Prior to entry in the program, each geriatric psychiatry resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular individual may not be changed without mutual agreement during his/her program unless there is a break in his/her training or the individual requires remedial training.

C. Educational Goals and Objectives
1. The goal of residency training in geriatric psychiatry is to produce specialists in the delivery of skilled and comprehensive psychiatric medical care of older adults suffering from psychiatric and neuropsychiatric disorders. Geriatric psychiatry programs must also provide advanced training for the resident to function as an effective consultant in the subspecialty. Programs must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions.
2. Clinical experience must include opportunities to assess and manage elderly inpatients and ambulatory patients of both sexes with a wide variety of psychiatric problems. Geriatric psychiatry residents must be given the opportunity to provide both primary and consultative care for patients in both inpatient and outpatient settings in order to understand the interaction of normal aging and disease as well as to gain mastery in assessment, therapy, and management.
3. The program must include training in the biological and psychosocial aspects of normal aging; the psychiatric impact of acute and chronic physical illnesses; and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age.
4. There must be a focus on multidimensional biopsychosocial concepts of treatment and management as applied both in inpatient facilities (acute and long-term care) and in the community or home settings. There must also be emphasis on the medical and iatrogenic aspects of illness as well as on sociocultural, ethnic, economic, ethical, and legal considerations that may affect psychiatric management.

II. Institutions

A. Sponsoring Institution
1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME. The program must function in close relationship with the general psychiatry residency.
3. The program must take place in facilities approved by the appropriate state licensing agencies and, where appropriate, by the Joint Commission on Accreditation of Healthcare Organizations.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program...
Program Requirements for Residency Education in Geriatric Psychiatry (Psychiatry)

director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of geriatric psychiatry, or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.
   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
   e. Supervising the recruitment and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. No applicants should be appointed to the program without written documentation of completion of a general psychiatry residency from the prior program director that verifies satisfactory completion of all educational and ethical requirements for graduation.
   f. Monitoring the progress of each geriatric psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as the evaluations of performance by supervisors and teachers. This record shall include a patient log that must document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
   g. Assuring that residents are provided written descriptions of the departmental policies regarding due process, sickness and other leaves, on-call responsibilities, and vacation time upon appointment to the program. All residents must be provided with written descriptions of the professional liability coverage provided for each clinical assignment.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. In addition to the program director, there must be at least one other faculty member who is certificated by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry or possess qualifications judged by the RRC to be acceptable.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry, or possess qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in their field.
   b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

2. Geriatric Care Team
Geriatric psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care team.

a. In addition to geriatric psychiatry, the Geriatric Care Team should include representatives from related clinical disciplines such as psychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacy, and nutrition.

b. A variety of individuals representing disciplines within medicine, such as family practice, internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation, should be available for participation.
on the Geriatric Care Team as needed for patient care and teaching purposes.

c. It is highly desirable that geriatric psychiatry residents have access to professionals representing allied disciplines (such as ethics, law, and pastoral care) as needed for patient care and teaching purposes.

d. Geriatric psychiatry residents should be provided with opportunities to participate as members of medical geriatric teams in institutions where such teams are present.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. An Acute Care Hospital: The psychiatry department sponsoring the program must be a part of or affiliated with at least one acute care general hospital that has the full range of services usually ascribed to such a facility, including both medical and surgical services, intensive care units, emergency department, diagnostic laboratory and imaging services, and pathology department. If the acute care hospital is specialized (such as in geriatric or psychiatric care) and does not itself have the full spectrum of services described above, the program must document that it has access for training purposes to other affiliated acute care facilities that have the remaining general services not present at the specialized facility.

2. A Long-Term Care Facility: Inclusion of at least one long-term care facility is an essential component of the geriatric psychiatry program. Such facilities may be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital. Suitable training sites include both nonpsychiatric facilities (such as a nursing facility or chronic care hospital) and psychiatric facilities.

3. An Ambulatory Care Service: The ambulatory care service must be designed to render care in a multidisciplinary environment such as a geriatric clinic, psychiatric outpatient department, or community mental health center where nonpsychiatric medical specialists are also available.

4. Ancillary Support Services: At all participating facilities, there must be sufficient administrative support to ensure adequate teaching facilities, appropriate office space, support personnel, and teaching resources.

5. Library: Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

a. Library services should include the electronic retrieval of information from medical databases.

b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The geriatric psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in the resident complement will require prior approval by the Residency Review Committee.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in geriatric psychiatry must not substantially dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components
a. The program curriculum must address, as a minimum, the following content and skill areas:

   (1) The current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of the aged. This includes specific knowledge of: the effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in the elderly; the differences and gradations between normal and abnormal age changes with particular reference to such areas as memory and cognition, affective stability, personality and behavioral patterns, and sexuality. There must be an understanding of successful and maladaptive responses to stressors frequently encountered in older adults such as retirement, widowhood, role changes, interpersonal and health status losses, financial reverses, environmental relocations, and increased dependency.

   (2) The relevance of cultural and ethnic differences, and the special problems of disadvantaged minority groups, as...
these bear upon distinguishing and treating abnormal and maladaptive clinical changes as well as the use of psychosocial support services.

(3) The epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in the elderly. Such disorders, seen alone and in combination, typically include but are not limited to affective disorders, dementias, delirium, late-onset psychoses, medical presentations of psychiatric disorders, iatrogenesis, adjustment disorders, anxiety disorders, sleep disorders, sexual disorders, substance-related disorders, personality disorders, and continuation of psychiatric illnesses that began earlier in life.

(4) The performance of mental status examination, including structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment. Such skills form the basis for formal multidimensional geriatric assessment using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others (such as family members, care givers, and other health care professionals). The multidimensional assessment is essential to short term and long-term diagnostic and treatment planning; training must be provided in formulating these various assessments into an appropriate and coherent treatment plan.

(5) The formal and informal administrative leadership of the mental health care team, including skills in communicating treatment plans to the patient and the family.

(6) The selection and use of clinical laboratory tests; radiologic and other imaging procedures; and polysonomographic, electrophysiologic, and neuropsychologic tests as well as making appropriate referrals to and consultations with other health care specialists.

(7) The initiation and flexible guidance of treatment with the need for ongoing monitoring of changes in mental and physical health status and medical regimens. Residents should be taught to recognize and manage psychiatric comorbid disorders (for example, dementia and depression) as well as the management of other disturbances often seen in the elderly such as agitation, wandering, changes in sleep patterns, and aggressiveness.

(8) The recognition of the stressful impact of psychiatric illness on caregivers. Attention should be placed on the appropriate guidance of and protection of caregivers as well as the assessment of their emotional state and ability to function.

(9) Recognition and assessment of elder abuse and appropriate intervention strategies.

(10) The appropriate use of community or home health services, respite care, and the need for institutional long-term care.

(11) The management of the care of elderly persons with emotional or behavioral disorders, including the awareness of appropriate modifications in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies.

(12) The indications, side effects, and therapeutic limitations of psychotropic drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, appropriate medication management and strategies to recognize and correct medication noncompliance. Attention should be given to the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.

(13) The use of nonpharmacologic approaches with particular reference to applications and limitations of behavioral therapeutic strategies, physical restraints, and the appropriate use and application of electroconvulsive therapy in the elderly.

(14) The appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in the elderly which may complicate the clinical presentation and influence the doctor-patient relationship or treatment planning.

(15) The appropriate use of psychotherapies as applied to the elderly.

(16) The ethical and legal issues especially pertinent to geriatric psychiatry, including competence, guardianship, right to refuse treatment, wills, informed consent, elder abuse, the withholding of medical treatments, and federal legislative guidelines governing psychotropic drug prescription in nursing homes.

(17) The current economic aspects of supporting services, including but not limited to Title III of the Older Americans Act, Medicare, Medicaid, and cost containment.

(18) The research methodologies related to geriatric psychiatry, including biostatistics, clinical epidemiology, medical information sciences, decision analysis, critical literature review, and research design (including cross-sectional and longitudinal methods).

b. Conferences

Conferences in geriatric psychiatry, such as grand rounds, case conferences, readings seminars, and journal club should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.

2. Clinical Components

a. Patient Population

There must be sufficient number and variety of patients in all institutions where training takes place to accomplish the educational goals. This should include not only the spectrum of psychiatric diagnoses, but also experience with a diversity of patients by sex, socioeconomic, educational, and cultural backgrounds.

b. The training program must include the following clinical components:

(1) Longitudinal Care Experience

All geriatric psychiatry residents should have the opportunity at a senior level of responsibility to follow and treat a sufficient number of patients requiring continuing care. This experience should be of sufficient duration for the resident to understand the problems and learn the skills associated with longitudinal management and treatment. Emphasis during this experience should be placed on approaches to consultation, diagnosis, and treatment of the acutely and chronically ill elderly in a diversity of care settings, both medical and psychiatric, including those with less technologically sophisticated environments. Training should include clinical experience in geriatric psychopharmacology; electroconvulsive therapy (ECT); the use of relevant individual and group psychotherapies; the use of activity therapies; the psychosocial impact of institutionalization; family dynamics in the context of aging, including intergenerational issues; teaching nonmental health professionals about mental health in the

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(2) Geriatric Psychiatry Consultation Experience
Attaining skills as a consultant is an essential part of training. Consultation experiences should be formally available on the nonpsychiatric services of an acute care hospital. They should include consultation to inpatient, outpatient, and emergency services. There should also be consultation experience in chronic care facilities. Familiarity with the organizational and administrative aspects of home health care services should be provided. Exposure to outreach services and crisis intervention services in both community and home settings should be provided.

(3) Other Medical Specialty Experience
There should be an identifiable, structured educational experience in neurology, physical medicine and rehabilitation, geriatric medicine or geriatric family practice, and palliative care relative to the practice of psychiatry that includes both didactic and clinical training methods. The curriculum should address functional assessment, altered signs and symptoms of physical illness that occur in the elderly, and the identification of physical illnesses and iatrogenic factors that can alter mental status and behavior.

c. Additional Educational Environment
The program must provide opportunities for the geriatric psychiatry resident to render continuing care and to exercise leadership responsibilities in organizing recommendations from the mental health team as well as in integrating recommendations and input from primary care physicians, consulting medical specialists, and representatives of other allied disciplines.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. Each resident shall have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. **At-home call (or pager call)** is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. **Moonlighting**
   1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
   3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of **internal moonlighting**.

E. **Oversight**
   1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
   2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. **Duty Hours Exceptions**
   An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMC, however, is required.

G. **Presence of Other Training Programs:**
   The program should provide peer interaction between its geriatric psychiatry residents and those of other medical specialties. To achieve this goal, there should be an ACGME-accredited training program in at least one relevant nonpsychiatric specialty such as neurology, internal medicine, family practice, geriatric medicine, or physical medicine and rehabilitation within the participating institutions of the geriatric psychiatry program. Peer interaction among the residents should occur in the course of clinical and/or didactic work but is most satisfactory when organized around joint patient evaluation and/or care.

H. **Resident Teaching Experiences:**
   The program should provide appropriate experiences designed to develop the administrative and teaching skills of the geriatric psychiatry residents. As the geriatric psychiatry residents progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, nurses and allied health professionals.

VII. **Evaluation**

A. **Resident**
   1. **Formative Evaluation**
      The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
      a. Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations of the knowledge, skills and professional growth of the residents using appropriate criteria and procedures. More frequent evaluations should be scheduled and documented if necessary. In addition, residents should be evaluated quarterly by all supervisors and the directors of clinical components of training should be completed. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   2. **Final Evaluation**
      The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. **Faculty**
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. **Program**
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GME of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates
on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry should communicate with the office of the Executive Vice President/Secretary of the Board regarding the full requirements for certification to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2003 Effective: July 2003
Editorial Revision (Common Program Requirements)
January 2005

Program Requirements for Residency Education in Pain Medicine (Psychiatry)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training
Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. Assignments must not be made to activities not directly related to pain medicine.

II. Institutional Organization

A. Relationship to Core Program
Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in psychiatry accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain medicine program is conducted. Rotations outside the institution in which the pain medicine program is based should not exceed 4 months.

B. Appointment of Residents
Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources
Because pain medicine is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director
The program director must be a psychiatrist who has been certified in pain medicine by the American Board of Psychiatry and Neurology or possess appropriate educational qualifications as judged by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator, and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director
The medical director of the pain medicine service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain medicine, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty
Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than psychiatry. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

At least three faculty with expertise in pain medicine should be involved in teaching pain medicine residents, and these should equal two or more full-time equivalents. A ratio of at least one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment
A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.
There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment

An accredited program in pain medicine must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components

There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain medicine. Subspecialty training in pain medicine must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cyrotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies

11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal rhizolysis
13. Peripheral neuroectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in pain medicine

In addition to the above skills, the pain medicine resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain medicine
4. Pharmacology of centrally acting drugs used in pain medicine
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain medicine
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain medicine
12. Principles and techniques of cancer pain medicine, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain medicine
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain medicine center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions
23. Psychological screening tools to evaluate pain disorders
24. History and physical examination skills, including indications/contraindications and interpretation of diagnostic studies relating to pain disorders

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.
E. Resident Teaching
The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences
Pain medicine conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain medicine resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and psychiatry pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:
A. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
B. Participation in journal clubs and research conferences.
C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals.
D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract, or publication.

VII. Evaluation
A. Faculty responsible for teaching subspecialty residents in psychiatry pain medicine must provide critical evaluations of each resident’s progress and competence. The program director or designee must inform each resident of the results of evaluations at least every 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in psychiatry pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in psychiatry pain medicine should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification
The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000 Effective: June 2000

Program Requirements for Residency Education in Psychosomatic Medicine (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction
A. Definition and Scope of the Specialty
Psychosomatic Medicine is the discipline encompassing the study and practice of psychosomatic disorders in patients with medical, surgical, obstetrical and neurological conditions, particularly for patients with complex and/or chronic conditions. Physicians specializing in psychosomatic medicine have expertise in the diagnosis and treatment of psychosomatic disorders in complex medically ill patients. The practice of psychosomatic medicine requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life; patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a physical condition; and patients with a psychiatric disorder that is the direct consequence of a primary medical condition.

B. Duration and Scope of Education
1. An accredited residency program in psychosomatic medicine must provide 12 months of supervised graduate education.
2. To be eligible for accreditation, the subspecialty program must function as an integral part of an accredited residency program in psychiatry. There must be a reporting relationship, to ensure compliance with the ACGME accreditation standards, from the program director of the subspecialty program to the program director of the parent psychiatry residency program.
3. Prior to entry into the program, each resident must be notified in writing of the required length of training.

II. Institutional Support
A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments to participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and ed-
ucational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and V.L.A of the Program Requirements;
   b. outline the educational outcomes to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

III. Resident Appointment

A. Eligibility Criteria
   1. The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
   2. Subspecialty training in psychosomatic medicine is a voluntary component in the continuum of the educational process; such training should take place on satisfactory completion of an ACGME-accredited program in psychiatry.

B. Number of Residents
   The RRC will approve the number of residents based on established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer
   To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   1. The appointment of other residents requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the Residency Review Committee at the time the program is site visited.
   2. The appointment of fellows and other specialty residents or students for special education must not dilute or detract from the educational opportunities of the regularly appointed psychosomatic residents. If such residents/trainees so appointed will, in the judgment of the Residency Review Committee, detract from the education of the regularly appointed psychosomatic residents, the accreditation status of the program may be adversely affected.

IV. Faculty
   The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
   2. The program director must
      a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
      b. be certified in psychosomatic medicine by the American Board of Psychiatry and Neurology or possess qualifications judged to be acceptable by the RRC.
      c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
   1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
   3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
   4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
   5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
   6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
      a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
      b. Change in the approved resident complement for those specialties that approve resident complement.
      c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
   1. The physician faculty must
      a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
b. be certified in psychosomatic medicine by the American Board of Psychiatry and Neurology or possess qualifications judged by the RRC to be acceptable.
c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. In addition to the program director, there must be a minimum of one additional physician faculty member who meets the requirements in IV.C. above.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process. The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for practice of the subspecialty.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management. The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's illness.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Components of the Educational Program
1. Curriculum
The training program must provide opportunities for residents to acquire advanced clinical knowledge and skills in the field of psychosomatic medicine. This objective must be accomplished by a combination of supervised clinical experiences and formal didactic conferences. The curriculum must assure residents the opportunity to acquire the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of a psychiatrist with added qualifications in psychosomatic medicine. All major dimensions of the curriculum must be structured educational experiences guided by written goals and objectives as well as by specified teaching and evaluation methods. Educational experiences must be planned and faculty must attend and meaningfully participate.

2. Didactic experiences in psychosomatic medicine must provide residents with sufficient opportunity to develop knowledge, skill and proficiency involving
a. the nature and extent of psychiatric morbidity in medical illness and its treatments,
b. the impact of comorbid psychiatric disorders on the course of medical illness,
c. understanding of how and why patients respond to illness,
d. knowledge of appropriate treatment interventions for co-existing psychiatric disorders in the medically ill,
e. psychological and psychiatric effects of new medical or surgical therapies,
f. the epidemiology of psychiatric illness and its treatment in medical disease, and,
g. knowledge of the nature and factors that influence the physician-patient relationship.

D. Clinical Components
1. Patient Population
There must be an adequate number of patients representing both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of the residents. The number of critically ill patients available for the residents at the primary clinical site should be sufficient to meet the educational goals of the program.
2. Clinical experiences in psychosomatic medicine must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving:
   a. psychiatric complications of medical illnesses,
   b. psychiatric complications of medical treatments, especially medications, new surgical or medical procedures, transplantation, and a range of experimental therapies,
   c. typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses,
   d. evaluation and management of delirium, dementia, and secondary (“organic”) psychiatric disorders,
   e. evaluation and management of somatoform disorders, and chronic pain
   f. assessment of capacity to give informed consent for medical and surgical procedures in the presence of cognitive impairment
   g. provision of non-pharmacologic interventions, including cognitive-behavioral psychotherapy, interpersonal psychotherapy, as well as focused, short-term psychotherapy in patients suffering the effects of complex medical disorders or their treatments,
   h. indications for, and use of, psychotropics in specific medical, neurological, obstetrical, and surgical conditions,
   i. interactions between psychotropic medications and the full-range of medications used for a variety of medical and surgical conditions,
   j. collaboration with other physicians, and other members of the multidisciplinary treatment team,
   k. teaching other physicians and other members of the multidisciplinary team how to recognize and respond to various psychiatric disorders,
   l. leading an integrated psychosocial health care team in the medical setting.

3. Residents must participate in continuity of patient care.

4. A written statement defining the role of related disciplines must be in place outlining requirements for multidisciplinary care and resident interactions with other specialties.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by participation or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
   e. The scholarship of development, as evidenced by the development of educational materials, the design of instructional strategies, or the facilitation of educational programs.
   f. The scholarship of education, as evidenced by teaching, mentoring, or advising.
   g. The scholarship of innovation, as evidenced by the development of new or improved technologies, methods, or practices.
   h. The scholarship of service, as evidenced by contributions to the community, the profession, or the institution.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Supervision of the residents by psychosomatic faculty members must be available at all times.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical care.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable per-
sonal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.  
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.  
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands or fatigue.  

4. Moonlighting  
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.  
b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.  
c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.  

5. Oversight  
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.  
b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.  

VI. Evaluation  

A. Resident Evaluation  
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include  
a. the use of methods that produce an accurate assessment of residents' competence,  
b. mechanisms for providing regular and timely performance feedback to residents that includes at least  
1) written semiannual evaluation that is communicated to each resident in a timely manner and  
2) the maintenance of a record of evaluation for each resident that is accessible to the resident,  
c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.  
2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution. The final evaluation of each resident must document proficiency in the following outcome areas:  
a. knowledge of abnormal behavior and psychiatric illnesses that occur among medical, neurological, obstetrics-gynecology, and surgical patients,  
b. knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases,  
c. ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients,  
d. understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system,  
e. ability to provide consultation in medical and surgical settings,  
f. facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals,  
g. ability to effectively supervise medical students and residents performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness,  
h. participation in the development of new knowledge, evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry,  
i. knowledge of the organizational and administrative skills needed to finance, staff, and manage a psychosomatic medicine service.  

B. Faculty Evaluation  
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.  

C. Program Evaluation  
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.  
1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements 1.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.  
2. Outcome assessment  
a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.  
b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. When averaged over any five-year period, a minimum of 80% of all program graduates must successfully complete the examinations of the American Board of Psychiatry and Neurology.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Psychiatry and Neurology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

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Program Requirements for Graduate Medical Education in Sleep Medicine (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:
1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education
1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
   a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
      (1) 3 years of internal medicine; or
      (2) 3 years of pediatrics
      (3) 4 years of psychiatry;
      (4) 4 years of neurology; or
      (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
   Cardiology
   Neurology
   Otolaryngology
   Oral Maxillofacial Surgery
   Pediatrics
   Pulmonary Medicine
   Psychiatry
   Psychology, including Neuropsychology
5. Relation of the Subspecialty to Core Programs
Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources
1. Patient Population
   a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing
disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.

b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.

2. Facilities
a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.

c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

3. Institutional Resources
a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.

4. Library
a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
b) Library services should include the electronic retrieval of information from medical databases.
c) There must be access to an on-site library or to a collection of proper and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME’s Accreditation Data System.
c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
   (1) the addition or deletion of a participating institution;
   (2) a change in the format of the educational program;
   (3) a change in the approved fellow complement for those specialties that approve fellow complement.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.

b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
Cardiology  
Neurology  
Otolaryngology  
Oral Maxillofacial Surgery  
Pediatrics  
Pulmonary Medicine  
Psychiatry  
Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers
To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio
The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities
Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies
The fellowship program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
   a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
   b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
   c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
   d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
   e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
   f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
   g) Administration and interpretation of psychological tests
   h) Financing and regulation of sleep medicine.
   i) Medical ethics and its application in sleep medicine.
   j) Legal aspects of sleep medicine.
   k) Research methods in the clinical and basic sciences related to sleep medicine.

l) Technical skills including:
   (1) Skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
   (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
   (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings

2. The Curriculum

The curriculum must include instruction in the following:

a) Fundamental mechanisms of sleep
b) Etiopathogenic characterization of sleep disorders
c) Clinical manifestations of sleep disorders
d) Diagnostic strategies in sleep disorders
e) Treatment strategies in sleep disorders
f) Epidemiological issues
g) Airway anatomy

3. Seminars and Conferences

   a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
   b) The training program must conduct seminars and core conferences, that include didactic instruction in the following, this instruction must be relevant for pediatric and adult patients:
      (1) Basic neurological sleep mechanisms
      (2) Chronobiological mechanisms
      (3) Respiratory physiology during sleep and pathophysiology
      (4) Cardiovascular physiology during sleep and pathophysiology
      (5) Endocrine physiology during sleep and pathophysiology
      (6) Gastrointestinal physiology during sleep and pathophysiology
      (7) Ontology of sleep
      (8) Sleep across the life span
      (9) Operation of polysomnographic monitoring equipment
      (10) Polysomnographic troubleshooting
      (11) Ambulatory monitoring methodology
      (12) Polysomnogram interpretation
      (13) SIDs and related respiratory distress
      (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
      (15) Evaluation of patients presenting with excessive sleepiness
      (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
      (17) Evaluation of patients presenting with parasomnias
      (18) Biological rhythm disorders
      (19) Pediatric and neonatal sleep medicine
      (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
      (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
      (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
      (23) Treatment approaches for parasomnias
      (24) Treatment of circadian rhythm disorders
      (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

1. Clinical Skills

   Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:
   a) interviewing
   b) clear and accurate history taking
   c) performing competent physical, neurological, and mental status examinations
   d) recording of findings completely and systematically
   e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
   f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
   g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
   h) formulating appropriate treatment plans and making appropriate referrals


2. Clinical Training

a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:

(1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders.

(2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.

(3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.

(4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and setup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies.

(5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

b) Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.

(1) Clinical experiences that provide for basic and advanced training and education, as well as professional development.

(2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations.

(3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders.

(4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.

(5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or family familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical, and psychiatric settings.

(6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.

(7) Supervised experience in teaching sleep medicine to students in the health professions.

(8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up
to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Fellow
1. Formative Evaluation
   The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.
   a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation
   The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation
   Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program
Program Requirements for Graduate Medical Education in Sleep Medicine (Psychiatry)

are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification
Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004   Effective: June 2004

Program Requirements for Graduate Medical Education in Diagnostic Radiology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

Preface
The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. Introduction

A. Definition and Scope of the Specialty
Diagnostic radiology encompasses a variety of diagnostic and image-guided therapeutic techniques, including all aspects of radiological diagnosis, nuclear radiology, diagnostic ultrasound, magnetic resonance, computed tomography, interventional procedures, and the use of other forms of radiant energy. The residency program in diagnostic radiology shall offer a quality graduate medical educational experience of adequate scope and depth in all of these associated diagnostic disciplines.

B. Duration and Scope of Education
Resident education in diagnostic radiology must include 5 years of clinically oriented graduate medical education, of which 4 years must be in diagnostic radiology. The clinical year must consist of Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent accredited training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these, or an ACGME or equivalent accredited transitional year.

If the clinical year is offered by the institution of the core residency, and it is not itself an ACGME accredited year, the program director will be responsible for assuring the quality of the year.

The diagnostic radiology program shall offer a minimum of 4 years of graduate medical education (including vacation and meeting time) in diagnostic radiology, of which at least 42 months of training must be in the parent or integrated institution(s). (Time spent attending the AFIP course is excluded.) The minimum period of training in nuclear radiology shall be 6 months. The maximum period of training in any subspecialty area shall be 12 months.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B. and VII.A. of the Program Requirements;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the RRC.

4. Integrated and Affiliated Institutions

   Institutions may participate on an affiliated or an integrated basis. When another institution is utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents and teaching staff, that institution is designated as integrated. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated. Rotations to affiliated institutions may not exceed 6 months during the 4 years of training. (Time spent attending the AFIP course is excluded.) Rotations to integrated institutions are not limited in duration. Participation by any affiliated institution providing more than 3 months of training must be approved by the RRC. Prior approval of the RRC must be obtained for participation of an institution on an integrated basis, regardless of the duration of the rotations.

   Affiliation shall be avoided with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences impractical, unless there is a comparable educational experience at the affiliated institution.

   Service responsibility alone at a participating institution does not constitute a suitable educational experience.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, including at least 3 years of participation as an active faculty member in an accredited residency program.
   b. The program director must be certified in the specialty by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.
   c. The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution to which rotations total 3 months or more; prior approval is required for addition or deletion of an integrated institution, regardless of the rotation duration;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement
      4) On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

5. The program director must be provided at least one day a week protected time to fulfill the responsibilities inherent in meeting the educational goals of the program, and must have appropriate authority to organize and fulfill administrative teaching responsibilities to achieve the educational goals.

6. A complete curriculum vitae of the program director shall be filed with the Executive Director of the RRC at the time of appointment and updated with each review of the program by the RRC.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. As noted (IV.B.2.), there must be at a minimum one full-time equivalent faculty member at the parent and integrated institutions for every resident in the program. All members of the faculty must have their academic appointment in the department of radiology.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b. The physician faculty must be certified in the specialty by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.

c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as the following:

a. the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b. the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c. the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a. Nonphysician faculty must be appropriately qualified in their field.

b. Nonphysician faculty must possess appropriate institutional appointments.

6. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. The teaching faculty responsible for the training in each designated subspecialty area must demonstrate a commitment to the subspecialty. Such commitment may be demonstrated by any of the following: (1) fellowship training or 3 years of subspecialty practice; (2) membership in a subspecialty society; (3) publications and presentations in the subspecialty; (4) annual CME credits in the subspecialty.

7. At least one physician faculty member must be designated to have primary responsibility for the educational content of each of the nine subspecialty areas. This individual must practice at least 50% of his or her time in the department. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology. No faculty member may have primary responsibility for the educational content of more than one subspecialty area, although faculty may have clinical responsibility and/or teaching responsibilities in several subspecialty areas. A pediatric radiologist may have a primary appointment at another institution and still be the designated faculty member supervising pediatric radiologic education.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program. A dedicated residency program coordinator is required.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. The program must provide not only adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in diagnostic radiology but also the modern facilities and equipment required in all of the subspecialty rotations.

2. There must be 24-hour access to an on-site departmental library or to a collection of journals, references, and resource materials pertinent to progressive levels of education in diagnostic radiology and associated fields in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must include standard diagnostic radiology and radiological subspecialty textbooks and major radiology journals.

3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The institutional library must have facilities for electronic retrieval of information from medical databases and on-line literature searches.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon the adequacy of resources for resident education, i.e., the quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The complement of residents must be commensurate with the total capacity of the program to offer an adequate educational experience in diagnostic radiology. A reasonable volume of radiologic examinations is no less than 7000 per year per resident. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure adequate training experience.

2. At a minimum, there must be one full-time equivalent faculty member at the parent and integrated institutions for every resident in training in the program.

3. Peer contact and discussion are as important to the learning process as contact with teaching faculty. The number of diagnostic radiology residents in the program must be sufficient to provide for frequent and meaningful discussion with peers as well as to provide adequate coverage for patient care. Appointment of a minimum of eight residents with, on average, two appointed each year, is required for an efficient learning environment. Prior approval by the RRC is required for an increase in the number of residents.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Components
The education in diagnostic radiology must occur in an environment that encourages the interchange of knowledge and experience among residents in the program and with residents in other major clinical specialties located in those institutions participating in the program.

Diagnostic radiologic physics, radiation biology, radiation protection, and pathology are required elements of the curriculum. In view of the importance of understanding pathology as a basis for radiologic diagnosis, emphasis should be placed on its study. Radiologic/pathologic conferences are required for those residents who do not participate in formalized extramural pathology teaching programs. Didactic instruction in molecular imaging should be offered.

Teaching files (electronic or film) of cases related to all aspects of diagnostic radiology must be available for use by residents. Aggregates of these files should contain a minimum of 1000 cases that are actively maintained and continually enhanced with new cases. The American College of Radiology learning file or its equivalent should be available to residents; this only partially meets the teaching file requirements.

Conferences and teaching rounds must be correlated and provide for progressive resident participation. There should be intradepartmental conferences as well as interdepartmental conferences of appropriate frequency with each major clinical department in which both residents and faculty participate on a regular basis.

F. Clinical Components
The program in diagnostic radiology must provide a sufficient volume and variety of patients to ensure that residents gain experience in the full range of radiologic examinations, procedures, and interpretations. A reasonable volume is no less than 7500 total radiologic examinations at the parent or integrated program, and no less than 7,000 radiologic examinations per year per resident. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure adequate training experience. If volume in any subspecialty area is less than acceptable, a plan must be developed to increase trainee exposure. The presence of residents and subspecialty residents from outside institutions for limited rotations should not dilute the educational experience of the core program residents.

The clinical training must provide for progressive, supervised responsibility for patient care and must ensure that the supervised resident performs those procedures commonly accepted in all aspects of diagnostic radiology. The training must include progressive...
study and experience in all of the diagnostic radiologic subspecialties. The training program should ensure sufficient time to gain experience in neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology. There must be a minimum of 12 weeks of clinical rotations in breast imaging. Each resident should have documentation of the interpretation/multi-reading of at least 240 mammograms within a 6-month period within the last 2 years of the residency program.

Additionally, each resident must have documented supervised experience in interventional procedures, for example, image-guided biopsies, drainage procedures, noncoronary angioplasty, embolization and infusion procedures, and percutaneous introduction techniques.

The program director must require that residents maintain a record (electronic or written) in which they document the performance, interpretation, and complications of vascular, interventional, and invasive procedures. The record must be reviewed by the program director or faculty designee on a yearly basis.

Training and clinical experience are required in plain film interpretation, computed tomography, magnetic resonance imaging, angiography, and nuclear radiology examinations of the cardiovascular system (heart and great vessels). This training must include both the adult and the pediatric age group. The program must also provide didactic instruction in cardiac anatomy, physiology, and pathology, including the coronary arteries.

Radiologic education in different organ systems must provide the opportunity for residents to develop adequate knowledge regarding normal and pathologic physiology, including the biologic and pharmacologic actions of materials administered to patients in diagnostic studies.

Each resident must have basic life-support training, and advanced cardiac life-support training is recommended.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Faculty supervision must be available at all sites of training. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

The responsibility or independence given to residents should depend on their knowledge, manual skills, and experience. The resident in the first year of training in the diagnostic radiology program must have a minimum of 6 months of training in diagnostic radiology prior to independent in-house on-call responsibilities. Residents must always have faculty backup when taking night or weekend call. All radiologic images must be reviewed and all reports must be signed by faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, residents may complete call activities and participate with faculty in read-out sessions of the previous night's cases.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as reading a new study or participating in an interventional procedure on a patient for whom the resident has not previously provided care.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not
interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

The RRC for Diagnostic Radiology will not consider requests for exception to the limit to 80 hours per week, averaged monthly.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. Assessment should include the regular and timely performance feedback to residents. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

Written evaluation of each resident's progress and competence should be conducted preferably at the end of each rotation, but no less than four times yearly. The program director or the program director's designee must meet with all the residents at least semiannually to discuss these written evaluations and provide feedback on performance.

Residents should be advanced to positions of higher responsibility only on the basis of their satisfactory progressive professional growth and scholarship. More frequent reviews of performance for residents experiencing difficulties or receiving unfavorable evaluations are required. When a resident fails to progress satisfactorily, a written plan identifying the problems and addressing how they can be corrected must be placed in his or her individual file.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. During the most recent 5-year period, at least 50% of its graduates should pass without condition the written and oral examinations on the first attempt. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Radiology should communicate with the Executive Director of the Board regarding the full requirements for certification, including duration of training.

Duty Hours and editorial revisions: July 1, 2003
Duty Hours section effective: July 1, 2003
Editorial revisions: December 2003
Revised common requirements: July 2004
Policies and Procedures for Residency Education in the Subspecialties of Diagnostic Radiology

Subspecialty programs must be administratively linked to an accredited core residency program in diagnostic radiology. (The only exception is pediatric radiology, as discussed below.) An application for accreditation of a new subspecialty program will be considered only if the core program has full accreditation. An application will not be accepted for review if the core program in diagnostic radiology is accredited on a provisional or probationary basis, or if it has been accredited with a warning that adverse action will be taken if it is not in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education at the time of the next review.

A subspecialty program in pediatric radiology may not necessarily be administratively linked to an accredited core residency program in diagnostic radiology if the pediatric radiology program is conducted in a children's hospital. In such a case, the subspecialty program may be considered free-standing and, therefore, not required to be under the sponsorship of a diagnostic radiology residency program.

An on-site survey of the proposed program is required for the initial review by the Residency Review Committee. Accreditation will be granted on the basis of the application and the written report from the on-site survey of the proposed program. Following the initial approval, the subspecialty program will be surveyed and reviewed in conjunction with the core diagnostic radiology program.

Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of the subspecialty program will be directly related to that of the core diagnostic radiology program, as follows:

Subspecialty programs may be cited for deficiencies and advised that either the deficiencies must be corrected by the specified time or accreditation will be withdrawn regardless of the accreditation status of the associated diagnostic radiology program.

If the associated diagnostic radiology program is accredited on a probationary basis, or accredited with a warning that adverse action will be taken, the subspecialty program will be informed that its accreditation status is also in jeopardy. Thereafter, accreditation of the subspecialty programs will be withdrawn if the Residency Review Committee finds that the sponsoring institution(s) is (are) not making satisfactory progress in addressing the adverse accreditation status of the core diagnostic radiology program.

Withdrawal of accreditation of the core diagnostic radiology residency program will result in simultaneous withdrawal of accreditation of the subspecialty program.

In the case of withholding of accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.

Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

Preface
The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

These requirements apply to all of the accredited subspecialty areas of diagnostic radiology and should be consulted along with the individual subspecialty Program Requirements

I. General Information
A. A residency education program in a subspecialty of diagnostic radiology is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

B. Residency education programs in the subspecialties of diagnostic radiology may be accredited only in institutions that either sponsor a residency education program in diagnostic radiology accredited by the ACGME or are integrated by formal agreement into such programs. (See Program Requirements for Pediatric Radiology for exceptions to this requirement.) Close cooperation between the subspecialty and residency program directors is required.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the diagnostic radiology residents in the core program.

II. Institutions
A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

A maximum of three months of the subspecialty program may be spent in rotations to affiliated institutions.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern the education of fellows during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the subspecialty program. The person designated with this authority is accountable for the operation of the program. In the event of a change of program director, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining appropriate continuity of leadership.

3. Qualifications of a program director are as follows:
   a. The program director must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in the specialty by the American Board of Radiology in Diagnostic Radiology or Radiology, or possess qualifications judged to be acceptable by the RRC, and shall have had postresidency experience in the subspecialty, preferably fellowship training.
      (See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements for the program director.)
   c. The program director must be appointed in good standing and based at the primary teaching site.
   d. The program director must be an experienced educator and supervisor of fellows in the subspecialty.
   e. The program director must be a member of the radiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate supervision of fellows at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the number of fellows for which the program is approved by the RRC.

   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the educational program of which they are a member, and a commitment to their own continuing medical education and participation in scholarly activities.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite subspecialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified by the American Board of Radiology in Diagnostic Radiology or Radiology, or possess qualifications judged to be acceptable by the RRC. (See Program Requirements for Residency Education in the individual subspecialties for faculty subspecialty certification requirements.)
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

Facilities and Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Space and Equipment
   (See Program Requirements for Residency Education in the individual subspecialties for space and equipment requirements.)

2. Library
   Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. Access to computerized literature search facilities is necessary. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria
   The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

   Prerequisite training for entry into a subspecialty fellowship program of Diagnostic radiology should include the satisfactory completion of a diagnostic radiology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

B. Number of Fellows
   The RRC will approve the number of fellows based upon the adequacy of resources for education (e.g., the quality and volume of patient care and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.
   (See Program Requirements for Residency Education in the individual subspecialties for required faculty to fellow ratio.)

C. Transfer of Fellows
   To determine the appropriate level of education for fellows who are transferring from another subspecialty fellowship program, the program director must receive written verification of previous educational experience and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship training for fellows who may leave the program prior to completion of their training.

D. Subspecialty Fellow/Core Residents
   The subspecialty fellowship program must not dilute or detract from the educational opportunities available to residents in the core Diagnostic Radiology residency program.

V. Program Curriculum

A. Program Design
   1. Format

V. Program Curriculum

A. Program Design
   1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

A subspecialty fellowship program must provide advanced education so that the fellows can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound judgment, and research creativity. The technical component must provide appropriate opportunity for the fellows to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum
   The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Clinical Components
   A sufficient number of patients must be available to ensure appropriate inpatient and outpatient experience for each subspecialty fellow without adversely affecting the experience of residents in the diagnostic radiology core program.

2. Didactic Components
   Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly scheduled. Active participation of the subspecialty fellow in the planning and the production of these meetings is essential.

C. Scholarly Activities: Fellows
   Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
   (See Program Requirements for Residency Education in the individual subspecialties for participation of fellows in research.)

VI. Duty Hours and the Working Environment
   Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and the well-being of the fellow. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows
   1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
   2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
   3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
A fellow must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for diagnostic radiology residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

There must be close interaction between the core residency program in diagnostic radiology and the subspecialty program. Lines of responsibility for the diagnostic radiology residents and the subspecialty fellow must be clearly defined. It is imperative that the educational program for the subspecialty fellow not adversely affect the education of the diagnostic radiology residents, in terms of either experience or patient responsibility.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the subspecialty program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous in-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, fellows may complete call activities and participate in read-out sessions with faculty of the previous night's cases.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as reading a new study or participating in an interventional procedure on a patient for whom the fellow has not previously provided care.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because subspecialty fellowship training is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception

The RRC for Diagnostic Radiology will not consider requests for exception to the limit to 80 hours per week, averaged monthly.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the subspecialty fellowship program must demonstrate that it has an effective mechanism for assessing performance of fellows throughout the program, and for utilizing the results to improve performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least quarterly written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a written final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be
Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology

Program Requirements for Residency Education in Abdominal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases may exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Abdominal radiology constitutes the application and interpretation of conventional radiology, computed tomography, ultrasonography, magnetic resonance (MR) imaging, nuclear medicine, fluoroscopy, and interventional methods customarily included within the specialty of diagnostic radiology as they apply to diseases involving the gastrointestinal tract, genitourinary tract, and the intraperitoneal and extra-peritoneal abdominal organs.

The program must be organized to enhance substantially the residents’ knowledge of the application of all forms of diagnostic imaging and interventional techniques to the unique clinical pathophysiologic problems encountered in diseases affecting the gastrointestinal and genitourinary systems. The program should include education in normal and pathologic anatomy and physiology of gastrointestinal and genitourinary disease and be structured to develop expertise in the appropriate application of all forms of diagnostic imaging and interventions to problems of the abdomen and pelvis.

B. Duration of Training

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

The director of the program in abdominal radiology must be an experienced educator and supervisor of residents in abdominal radiology. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology or possess equivalent qualifications, and shall have had postresidency experience in abdominal radiology, preferably fellowship training.

The faculty should include, in addition to the program director, at least one other full-time radiologist specializing in abdominal radiology. At a minimum, the program faculty must have two full-time equivalent faculty members dedicated to the program. Although it is desirable that abdominal radiologists supervise special imaging such as computed tomography, ultrasonography, and magnetic resonance imaging, in instances where they are not expert in a special imaging technique, other radiologists who are specialists in those areas must be part-time members of the abdominal radiology faculty. The faculty must provide didactic teaching and supervision of the residents’ performance and interpretation of all abdominal imaging procedures.

(See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in abdominal radiology. The minimum number of residents need not be greater than one, but at least two residents is desirable. To ensure adequate supervision and evaluation of the residents’ academic progress, the faculty/resident ratio should not be less than one faculty member to each resident.

III. Facilities and Resources

A. Space and Equipment

Modern imaging equipment and adequate space must be available to accomplish the overall educational program in abdominal radiology. There must be state-of-the-art equipment for conventional radi-
ography, digital fluoroscopy, computed tomography, ultrasonography, nuclear medicine, and magnetic resonance imaging. Laboratory and pathology services must be adequate to support the educational experience in abdominal radiology. Adequate areas for display of images, interpretation of images, and consultation with clinicians must be available.

B. Library
Ancillary teaching resources must include access to a medical library. A variety of textbooks, journals, and other teaching materials in abdominal radiology and related medical fields must be available. A subspecialty teaching file and in-house file must be actively developed and available for use by residents. The ACR teaching files in gastrointestinal and genitourinary radiology only partially meet this requirement.

IV. Educational Program
A. Clinical Components
The program must provide both clinical and didactic experiences that encompass the full breadth of diseases and their pathophysiology, including coverage of uncommon problems involving the gastrointestinal tract, genitourinary tract, and abdomen, including but not limited to the liver and biliary system, pancreas, stomach, esophagus, small bowel, colon, spleen, kidneys, adrenal glands, bladder, male and female reproductive systems, and lymphatic system.

The program must provide an adequate volume and variety of imaging studies and interventional procedures and must provide instruction in their indications, appropriate utilization, risks, and alternatives. The resident must have the opportunity to perform the abdominal imaging studies, including: urethrography; urography; cystography; hysterosalpingography; computed tomography; ultrasonography, MR imaging; and plain radiographic and fluoroscopic studies of the hollow gastrointestinal tract.

The resident also must gain experience in performing guided biopsies of intraperitoneal and retroperitoneal structures and aspiration and drainage of abscesses. The resident must be familiar with the indications and complications of percutaneous nephrostomy and transhepatic cholangiography and obtain experience in providing fluoroscopic guidance for the dilation of gastrointestinal, biliary, pancreatic, and ureteric duct strictures. Interpretation of endoscopic retrograde cholangiopancreatography (ERCP) and operative cholangiography must be taught. The program also should provide opportunity, through conferences and individual consultation, for the residents to integrate invasive procedures, where indicated, into optimal care plans for patients, even though formal responsibility for performing the procedures may not be part of the program.

The program must provide instruction in the indications for, as well as the complications of, certain procedures, such as visceral angiography, tumor embolization, radionuclide scintigraphy, lithotripsy, gastroscopy, nephrostomy, and cholecystostomy. Graded responsibility or independence given to residents should depend on their knowledge, technical skill, and experience. Attending faculty must be available to perform and/or supervise procedures as required.

B. Didactic Components
A major goal of the didactic portion of the training program should be to provide the resident with understanding of the pathophysiology of diseases that affect the gastrointestinal and genitourinary tracts. Diagnostic skill and understanding of uncommon problems in abdominal disease, as well as of the indications, risks, limitations, alternatives, and appropriate utilization of imaging and interventional procedures, should be part of the body of knowledge imparted.

Education must be available in the basic radiologic sciences, e.g., diagnostic radiologic physics, radiation biology, and the pharmacology of radiographic contrast materials.

There must be intradepartmental conferences, as well as conferences with related clinical departments, in which residents in abdominal radiology participate on a regular basis. These should include one or more weekly departmental conferences in abdominal radiology, and at least one monthly interdepartmental clinical conference.

Residents must be given the opportunity to present the radiologic aspects of cases in combined clinical conferences related to allied disciplines. They also should prepare clinically and/or pathologically proven cases for inclusion in an ongoing teaching file. There must be daily image interpretation sessions that require that residents reach their own diagnostic conclusions, which then are reviewed and critiqued by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style.

Residents should be encouraged to attend and participate in regional conferences. They should attend at least one national meeting or postgraduate course in abdominal radiology during the year of fellowship training.

C. Additional Required Components
There should be an ACGME-accredited residency or subspecialty training program available in general surgery, gastroenterology, oncology, urology, gynecology, and pathology; at a minimum there must be Board-certified (or equivalent) specialists in these areas to provide appropriate patient populations and educational resources in the institution. These specialists may serve as additional faculty.

D. Scholarly Activities
The training program should have a research component that offers an opportunity for residents to learn the fundamentals of design, performance, and interpretation of research studies, as well as how to evaluate investigative methods. Particular attention should be given to developing competence in critical assessment of new imaging modalities and of the radiologic literature, and residents will be expected to participate actively in research projects. The program must provide sufficient office space, supplies, and secretarial support to enable residents to conduct research projects as well as perform literature searches, manuscript preparation, statistical analysis, and photography.

V. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Evaluation
(See Program Requirements for the Subspecialties of Diagnostic Radiology for evaluation requirements.)

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Editorial Revision: June 6, 2002
Program Requirements for Residency Education in Cardiothoracic Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope, Duration, and Organization of Training

A. Definition and Scope of the Specialty
Special training and skill are required to enable the cardiothoracic radiologist to function as an expert diagnostic and therapeutic consultant and practitioner. The training program in the subspecialty of cardiothoracic radiology constitutes a closely supervised experience in the application and interpretation of imaging examinations and interventional procedures related to the lungs, pleura, mediastinum, chest wall, heart, pericardium, and the thoracic vascular system in the adult. The imaging methods and procedures include, but are not necessarily limited to, routine radiography, fluoroscopy, computed tomography (CT), magnetic resonance (MR) imaging, ultrasound, and interventional techniques.

The objective of training in this subspecialty of radiology is to provide trainees with an organized, comprehensive, and highly supervised full-time educational experience in the selection, interpretation, and performance of examinations and procedures related to cardiothoracic radiology; a thorough knowledge of the recent clinical aspects of diseases of the thorax; and opportunities and skills for research in the field of cardiothoracic radiology. The majority of the time in the program should be spent in clinical training in cardiothoracic radiology.

B. Duration of Training
The program shall offer 1 year of graduate medical education in cardiothoracic radiology. This year of training must follow successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in diagnostic radiology or its equivalent.

C. Institutional Organization
A cardiothoracic radiology training program should function in direct association and/or affiliation with an ACGME-accredited training program in general diagnostic radiology.

D. Faculty/Resident Numbers
There should be at least one trainee in the program. The total number of trainees must be commensurate with the capacity of the program to offer an adequate educational experience in cardiothoracic radiology. To ensure adequate supervision and evaluation of a trainee's academic progress, the faculty/trainee ratio should not be less than one full-time faculty person for every trainee in the program.

II. Faculty Qualifications and Responsibilities
The program director must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training in cardiothoracic radiology.

At a minimum, the cardiothoracic radiology faculty must include, in addition to the program director, one or more radiologists who commit a significant portion of their professional effort to cardiothoracic imaging and to the program. Faculty participating in cardiothoracic radiology training must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training. Faculty are strongly encouraged to spend the majority of their professional activity in the field of cardiothoracic radiology; however, individual faculty expertise may be limited to a segment of cardiothoracic radiology or a related discipline, such as cardiovascular and interventional radiology, CT, or MR imaging. The faculty must provide didactic teaching and supervision of all aspects of the trainees' performance and interpretation of cardiothoracic imaging procedures.

III. Facilities and Resources

A. Space and Equipment
Modern facilities and equipment with adequate space should be available. Access to conventional radiographic, fluoroscopic, CT, MR, and ultrasound equipment must be provided. Where possible, exposure to and use of computed or digital radiography, picture archiving and communications systems (PACS), and nuclear medicine are desirable. The interventional rooms should be equipped for monitoring so that examinations may be performed on high-risk patients. A room should be available near the procedure room for sterilization and preparation of instrument trays and other reusable supplies. There must be adequate space within the department to house these facilities. Adequate areas for image display, interpretation of images, and consultation with clinicians and adequate office space for cardiothoracic radiology faculty and trainees should be provided.

B. Office Space and Research Support
The institution should provide office space, computer facilities, office supplies, and secretarial help for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided. The institution should provide laboratory facilities to support research efforts. It is also desirable that there be an animal facility with radiographic-fluoroscopic equipment, particularly that which might be used for invasive diagnostic and therapeutic procedures.

C. Library
There should be ready access to a library of general medical texts and periodicals. A collection of the major diagnostic radiology journals and current textbooks in diagnostic radiology, cardiothoracic radiology, and anatomy should also be available. Computerized literature search facilities must be available, and the ACR (or comparable) teaching films and videotapes, including current sections of cardiothoracic radiology, should be available.

IV. The Educational Program

A. Clinical Components
The program must provide a sufficient volume and variety of pulmonary and cardiac disorders, including neoplastic, infiltrative, infectious, immunologic, vascular, traumatic, degenerative, and congenital disorders so that trainees gain adequate experience in the full gamut of cardiothoracic imaging techniques, procedures, and interpretations. The program must provide an adequate volume and variety of interventional cases, e.g., percutaneous aspiration and drainage procedures, and noninterventional examinations, e.g., CT, MR,
and radiographic studies. Clinical experience may be supplemented by training affiliations with other institutions.

The program must offer the opportunity for trainees to consult on, conduct, and interpret under close supervision invasive and noninvasive procedures in cardiothoracic radiology. Imaging studies shall include standard radiography and intensive care radiography, CT, and MR imaging. Experience in percutaneous biopsy procedures, ultrasound- and CT-guided thoracentesis, drainage procedures involving the pleural space, pulmonary angiography, and thoracic angiography, nuclear medicine (including positron-emission tomography) and computed radiography, and PACS, when possible, should be included in the program. Clinical experience in adult cardiac imaging, including chest radiographs, CT, and MR imaging, is a necessary component of the training program.

With regard to invasive procedures, trainees must be given graduated responsibility in the performance of procedures as their competence increases. Responsibility for these procedures should include preprocedural and postprocedural patient care. The program director should require that trainees maintain documentation of the interventional cases in which they have been the performing radiologist and should review the logs with them at least once in the course of the training year.

Strong clinical services in pulmonary medicine, cardiology, cardiothoracic surgery, and general thoracic surgery should be present in the institution sponsoring the cardiothoracic radiology program. There should be clinical and educational exposure to thoracic-oriented specialties such as cardiac and general thoracic surgery, pulmonary and critical care medicine, cardiology, thoracic trauma, oncology, and pathology. Access to both inpatients and outpatients is required.

The program should emphasize the importance of imaging protocols to ensure that excessive or inappropriate exams are not performed.

The subspecialty program in cardiothoracic radiology must not have any adverse impact, such as dilution of available clinical material, on the training of diagnostic radiology residents at the same institution. To ensure this, close cooperation between the subspecialty and residency program directors is required.

B. Supervision

All clinical training must be supervised. The responsibility or independence given to trainees should depend on their knowledge, manual and cognitive skills, and experience. Personnel must be available to perform or to supervise technical procedures.

C. Didactic Components

A written curriculum should be available and distributed to residents and faculty. The didactic component and teaching sessions should cover the principles of cardiothoracic radiology and the concepts of anatomy, physiology, internal medicine, and cardiothoracic surgery pertinent to the practice of cardiothoracic radiology.

Attendance and participation in regular image interpretation sessions is required. Intra- and interdepartmental conferences in cardiothoracic radiology should average approximately one per week. Regularly scheduled interdepartmental conferences that incorporate clinical cardiothoracic disciplines such as pulmonary medicine, cardiology, thoracic oncology, cardiothoracic surgery, general thoracic surgery, and pulmonary pathology are a necessary component of the program. Faculty and trainee attendance should be documented. Trainees should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in cardiothoracic radiology during the year in training. Trainees should be encouraged to present the radiologic aspects of cases that are discussed in clinical conferences with the allied disciplines, including formulation of a diagnosis and/or recommendations for further imaging or imaging-guided intervention. They should also prepare clinically or pathologically proven cases for inclusion in a teaching file. Diagnostic reports generated by trainees should be closely reviewed for content, grammar, and style.

D. Other Required Components

1. Trainee participation in research

The training period in cardiothoracic radiology should provide research opportunities for the trainee. S/he should be able to participate in the design, performance, and interpretation of research studies and have the opportunity to develop competence in critical assessment of investigative techniques. Completion of at least one clinical or basic research investigation during the period of training is encouraged.

2. Interchange with trainees in other specialties and students

The training program must allow close interaction with the diagnostic radiology residency program. Trainees should be encouraged to participate in research projects with persons in other specialties, particularly those related to cardiothoracic disease. They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and the preclinical teaching of subjects such as anatomy and physiology.

3. Duty hours and conditions of work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: June 2002 Effective: June 11, 2002

Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Radiology-Diagnostic)

I. Definitions and Objectives

Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:

A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.

B. Neurological examinations to evaluate patients with neurological disorders.

C. Pathophysiology and natural history of these disorders.

D. Indications and contraindications to endovascular surgical neuroradiology procedures.

E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.
F. Medical and surgical alternatives.
G. Preoperative and postoperative management of endovascular patients.
H. Neurointensive care management.
I. Fundamentals of imaging physics and radiation biology.
J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME) accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training

The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director

The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must have special expertise in endovascular surgical neuroradiology techniques and concentrate at least 50% of his/her practice in endovascular surgical neuroradiology therapy. In addition, the program director must devote sufficient time to the program to fulfill all the responsibilities inherent in meeting its educational goals. The program director should hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty

Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery departments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident's academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.

VI. Educational Program

A. Curriculum

The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements

   a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuroradiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.
   b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME accredited residency in neurological surgery.
      2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological surgery residency.
   c. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME-accredited residency in neurology;
      2) Completed an ACGME-accredited 1-year vascular neurology program;
      3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurology residency.
   d. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME-accredited surgical neuroradiology program, which may be acquired during elective time in neurological surgery.
      2) Completed 3 months of clinical experience in an ACGME-accredited surgical neuroradiology program, which may be acquired during elective time in diagnostic radiology.
      3) Completed 3 months of clinical experience in an ACGME-accredited surgical neuroradiology program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.
2. Endovascular surgical neuroradiology clinical training

A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The continuity of care must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.

The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:

a. Anatomical and physiologic basic knowledge:
   1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.
   2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.
   3) Collateral circulation

f. Specifically, the preparatory training must provide residents skills and knowledge in the following areas:
   1) The use of needles, catheters, guidewires, and angiographic devices and materials.
   2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.
   3) Angiography and image interpretation.
   4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging.
   5) The evaluation of patients with neurological disease.
   6) The basic and clinical neurosciences, including neuroanatomy, neurobiology, and the pathophysiology and natural history of neurologic disorders, especially cerebrovascular and neoplastic conditions.
   7) The clinical aspects of patient assessment, treatment planning, and patient management related to endovascular surgical neuroradiology therapy, including the fundamentals of invasive monitoring and neurointensive care management.
   8) The clinical indications, risks, and limitations of endovascular surgical neuroradiology procedures.
   9) The use and administration of analgesics, antibiotics, anticoagulation agents, neuroanesthetic agents, and other drugs commonly used in endovascular surgical neuroradiology procedures.
   10) The director of the Endovascular Surgical Neuroradiology Program is responsible for documenting that the applicant has completed the appropriate preparatory training.

b. Technical aspects of endovascular surgical neuroradiology, including:
   1) Catheter and delivery systems
   2) Embolic agents in cerebral, spinal, and head and neck embolization
   3) Flow-controlled embolization
   4) Complication of cerebral embolization
   5) Flow control between the extracranial and intracranial circulation
   6) Electrophylography
   7) Provocative testing (preratherapeutic evaluation)
   8) Complications of brain, spine, spinal cord, and head and neck embolization.

9) Imaging of vascular system

c. Pharmacology
   1) Contrast materials
   2) Provocative testing with anesthetics and sedatives
   3) Anticoagulants
   4) Thrombolytics

f. Tumors of the head, neck, spine, and central nervous system

g. Revascularization for occlusive vascular diseases
   1) Arteriopathie
   2) Atherosclerotic lesions
   3) Techniques of revascularization: balloon angioplasty, thrombolysis, and stenting.

h. Embolization for epistaxis or other causes of hemorrhage
   i. Invasive functional testing
   j. Balloon test occlusions

3. Conferences and didactic training

Residents must make daily rounds with the attending faculty during which patient management decisions are discussed and made. Conferences should be organized by the faculty and held to allow discussion of topics selected to broaden knowledge in the field of endovascular surgical neuroradiology. Specifically, teaching conferences should embrace the scope of endovascular surgical neuroradiology as outlined in Section I (Definitions and Objectives) of these Program Requirements. Conferences should include journal clubs, pathology meetings, and neuroanatomy dissection courses related to endovascular surgical neuroradiology.

There must be didactic and interactive conference time, including interdepartmental meetings with neurosurgeons and neuroradiologists. Regular review of all mortality and morbidity related to the performance of endovascular surgical neuroradiology procedures must be documented. Residents must participate actively in these reviews, which should be held at least monthly. Residents should be encouraged to attend and
participate in local extramural conferences and should attend at least one national meeting or postgraduate course in endovascular surgical neuroradiology therapy while in training.

VII. Patient Population
The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, brain arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training.

The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities
Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity.

This activity should include:
1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities

X. Research
A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

XI. Research Facilities
The institution should provide laboratory facilities to support research projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties and Students
Residents should be encouraged to participate in research activities with residents and staff in other related specialties. They also should be encouraged to attend and participate in clinical conferences. It is desirable that they participate in the clinical teaching of neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

XIV. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment. The program director, with participation of members of the teaching staff, shall:
1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation must be part of the resident's permanent record maintained by the institution.
B. Faculty
Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

ACGME: June 26, 2000  Effective: June 27, 2000

Program Requirements for Residency Education in Musculoskeletal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases may exceed the common requirements.

I. Scope and Duration of Training
A. Definition and Scope of the Subspecialty
The musculoskeletal radiology training program constitutes a closely supervised experience in the application and interpretation of all imaging examinations and procedures as they relate to the analysis of disorders of the musculoskeletal system, including bones, joints, and soft tissues. The imaging methods and procedures include, but are not necessarily limited to, routine radiography, computed tomography, ultrasonography, radionuclide scintigraphy, magnetic resonance, arthrography, and image-guided percutaneous biopsy techniques. The objective of training in musculoskeletal radiology is to provide an organized, comprehensive, supervised, and progressively responsible full-time educational experience in the selection, interpretation, and performance of these examinations and procedures. A further objective is to provide the resident an opportunity to develop skills necessary for clinical and/or basic research in the subspecialty of musculoskeletal radiology.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities
The program director must be certified in diagnostic radiology or radiology by the American Board of Radiology or possess equivalent qualifications.

In addition to the program director, the program must include at least one person experienced in musculoskeletal radiology who has a substantial commitment to the training program. If necessary, other radiologists with expertise in certain imaging methods or procedures may function at least as part-time members of the training program. To ensure adequate supervision of the residents, there must be at least one full-time faculty person available for each two residents in the program.

III. Facilities and Resources
A. Space and Equipment
Modern facilities and equipment and adequate space must be available to ensure an adequate educational experience for the resident. Access to routine radiographic, computed tomographic, scintigraphic, magnetic resonance, and ultrasound equipment must be provided. Adequate space for film display, film interpretation, and consultation with referring physicians must be available, and adequate office space, office supplies, and secretarial help for the conduct of research projects should be provided for musculoskeletal radiology faculty and residents. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Library
The training program must provide ancillary teaching resources including access to a medical library with a sufficient number of textbooks and journals related to musculoskeletal diseases and electronic literature search capabilities. A musculoskeletal radiology/pathology teaching file must be developed and available for use by the residents. The American College of Radiology teaching file will only partially meet this requirement.

IV. Educational Program
A. Clinical Components
Residents in musculoskeletal radiology must be provided access to a variety of patients encompassing the entire range of disorders of the musculoskeletal system, including articular, degenerative, metabolic, hematopoietic, infectious, traumatic, vascular, congenital, and neoplastic diseases. The imaging methods and procedures available for training should include routine radiography, computed tomography, ultrasonography, radionuclide scintigraphy, magnetic resonance, arthrography, and image-guided percutaneous biopsy techniques.

The program curriculum must provide clinical experience and didactic sessions encompassing the entire spectrum of musculoskeletal diseases. This must include both the axial and the appendicular skeletons of both adult and pediatric patients. The resident must interpret, under appropriate supervision, diagnostic examinations that include routine radiology, computed tomography, magnetic resonance, and magnetic resonance. Furthermore, the resident must perform and interpret arthrograms. The program must provide experience with image-guided percutaneous biopsy procedures and exposure to ultrasonography, bone densitometry, and radionuclide scintigraphy as they relate to diseases of the musculoskeletal system. A log must be kept by each resident documenting the types of arthrographic and biopsy procedures that she or he performs. With regard to invasive procedures, residents are to be given graduated responsibility as competence increases; such responsibility should include preprocedural and postprocedural patient care. Emphasis is placed on close coordination and cooperation with referring physicians, including orthopedic surgeons, rheumatologists, and emergency department specialists, and on establishment of proper imaging protocols to ensure that excessive or inappropriate examinations are not ordered and performed. Access to both inpatients and outpatients is required.
I. Introduction

A. Definition and Scope of the Subspecialty

The body of knowledge and practice of neuroradiology comprises both imaging (plain film interpretation, computed tomography, magnetic resonance imaging, ultrasonography, nuclear radiology) and invasive procedures related to the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) in adults and children. Special training and skills are required to enable the neuroradiologist to function as an expert diagnostic and therapeutic consultant and practitioner. In addition to knowledge of imaging findings, the resident must learn the fundamentals of pathology, pathophysiology, and clinical manifestations of the brain, spine and spinal cord, head, neck, and organs of special sense. The program must provide residents with an organized, comprehensive, and supervised full-time educational experience in the selection, interpretation, and performance of neuroradiologic examinations and procedures. The program must also provide residents with opportunities to conduct research in the field of neuroradiology.

The training program must provide the resident with the opportunity to develop, under supervision, progressively independent skills in the performance and interpretation of neuroradiologic imaging studies and invasive procedures. At the culmination of training, the resident should be capable of independent and accurate clinical decision making in all areas of neuroradiology.

B. General Information

The program shall offer 1 year of graduate medical education in neuroradiology. All of the program components specified in the Program Requirements must be offered in the first year, which is the year that is accredited. Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

A. Program Director

The program director must be certified by the American Board of Radiology in diagnostic radiology or radiology, or possess appropriate educational qualifications, and shall have a certificate of Added Qualifications in Neuroradiology. The program director must be a credentialed member of the radiology faculty and must spend at least 80% of his or her clinical and academic time in neuroradiology. The program director shall select and supervise the residents and select other neuroradiology faculty members. The program director shall perform quarterly reviews of the residents and obtain feedback from the residents on the program and the faculty.

B. Faculty

The neuroradiology faculty must include, in addition to the program director, one or more neuroradiologists who spend at least 80% of their time in the practice of neuroradiology. The faculty must provide teaching and supervision of the residents' performance and interpretations of neuroradiologic procedures.

C. Faculty/Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in neuroradiology and not to have a negative impact on the core diagnostic radiology program. The minimum number of residents need not be greater than one, but two or more residents are desirable. To ensure adequate supervision and evalua-

Program Requirements for Residency Education in Musculoskeletal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.
tion of a resident's academic progress, the faculty/resident ratio must be at least one full-time faculty person for each resident.

III. Facilities and Resources

A. Equipment and Space

The following equipment, which must be "state of the art," must be available: magnetic resonance scanner, computed tomography (CT) scanner, digital subtraction angiography equipment, a radiographic-fluoroscopic room(s) with tilt table suitable for performing myelography, ultrasound equipment with Doppler capability, and conventional radiographic equipment. Physiological monitoring must be available. There must be adequate facilities adjacent to or within examination rooms, for storing supplies needed for the conduct of invasive neuroradiologic procedures. There must be appropriately trained nurses and technologists for these invasive procedures. A crash cart for emergency ventilation and cardiopulmonary support must be available.

Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. There must be adequate office space and support space for neuroradiology faculty/staff and residents.

The program should provide adequate office space and supplies and secretarial support for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Laboratory

The institution should provide laboratory facilities to support research projects.

C. Library

There should be ready access to a library of current general medical texts and periodicals. In particular, there should be periodicals and texts in the fields of neuroradiology, diagnostic radiology, head and neck radiology, neurology, neurosurgery, neuroanatomy, physics, neuropathology, otolaryngology, neurophysiology, and orthopedic surgery. Computerized literature search facilities and Internet access must be available. A film-based, web-based, or electronic neuroradiology teaching file containing or providing access to a minimum of 500 cases must be available for use by the neuroradiology residents. The available teaching material should be enhanced with new cases when appropriate.

IV. Educational Program

A. Curriculum

The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic and interventional procedures under supervision. The procedures shall include diagnostic catheter-based cerebral angiography; other percutaneous minimally-invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation); CT, MRI, MR/CT angiography; ultrasound of the central nervous system (including its vascular structures); plain film radiography related to the brain, head (including organs of special sense), skull base, and neck and spine; and nuclear medicine studies of the central nervous system. MR techniques such as magnetic resonance spectroscopy, functional activation studies, diffusion, and perfusion imaging should be incorporated into the training program. Residents must be given graduated responsibility in the performance and interpretation of the noninvasive and invasive procedures. Responsibility for these procedures should include pre- and postprocedural patient care. The resident must be thoroughly familiar with all aspects of administering and monitoring sedation of the conscious patient. They also must have advanced cardiopulmonary life support training and certification.

B. Clinical Components

The program in neuroradiology must provide a sufficient volume and variety of patients with neurological, neurosurgical, ophtalmological, otolaryngological, and other pertinent disorders so that residents gain adequate experience in the full gamut of neuroradiologic examinations, procedures, and interpretations. The neuroradiology training program should provide a minimum number of procedures per year as follows:

1. 2500 total examinations (including plain radiographs, CT, MR, ultrasound, catheter angiograms, and image-guided invasive procedures). Of these 2500 examinations, there should be at least:
   a. 1000 neuroradiological CT scans;
   b. 1000 neuroradiological MR scans.

2. Residents must have participated in and documented the following:
   a. At least 50 catheter-based angiographic procedures.
   b. At least 50 image-guided invasive procedures (CT, MR, or fluoroscopically guided).
   c. Participation in at least five intracranial microcatheter procedures is highly recommended.

3. The 12-month training program must consist of at least:
   a. Four weeks or equivalent dedicated training in pediatric neuroradiology.
   b. Four weeks or equivalent dedicated training in head and neck radiology.
   c. Four weeks or equivalent dedicated training in spine radiology including image-guided procedures.
   d. Six to 8 weeks or equivalent dedicated training in vascular neuroradiology. During this period there should be a special emphasis on catheter neuroangiography. Experience in microcatheter techniques for thrombolysis treatment of acute stroke is strongly recommended. The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic catheter-based cerebral angiography, other percutaneous minimally invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation), CT, MRI, MR/CT angiography, ultrasound of the central nervous system (including its vascular structures), and plain film radiography related to the brain, head (including organs of special sense), skull base, neck, and spine.
   e. Two to 4 weeks or equivalent dedicated experience performing and interpreting vascular sonography.
   f. Twenty-four to 26 weeks or equivalent dedicated training in general adult diagnostic neuroradiology.

C. Conferences

Residents must participate in one or more weekly departmental conferences in neuroradiology and one or more interdepartmental conferences with allied clinical departments (e.g., neurology, neurosurgery, orthopedic surgery, neuropathology, head and neck surgery, and ophthalmology), as well as institutional conferences in clinical neurosciences (e.g., grand rounds) that are held at least monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in neuroradiology while in training.

Residents should be encouraged to present the radiological aspects of cases that are discussed during daily work rounds and in clinical conferences related to allied disciplines such as neurosurgery and the neurological sciences. They should also prepare
clinically or pathologically proved cases for inclusion in the teaching file.

There must be daily interpretation sessions requiring residents to reach their own diagnostic conclusions, which must then be reviewed by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style. Feedback must be provided and the reports must be signed by a neuroradiology staff physician.

The residents are required to maintain documentation (procedure log) of the invasive cases that they have performed. The program director must review the log with the resident at least quarterly.

Residents should be encouraged to participate in the teaching of diagnostic radiology residents and medical students, including the presentation of at least one didactic lecture.

D. Other Required Components
1. Resident participation in research
   The residents should learn the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical, or health services research projects and be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for residents to develop their competence in critical assessment of new imaging modalities and of new procedures in neuroradiology.

2. Duty hours and conditions of work
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

3. Interchange with students and residents in other specialties
   Neuroradiology residents should be encouraged to participate in the research projects of staff persons and residents in other specialties. They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and also in the preclinical curriculum in subjects such as neuroanatomy and neurophysiology.

V. Evaluation of Residents, Faculty, and Program
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

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Program Requirements for Residency Education in Nuclear Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Introduction
A. Definition and Scope of the Specialty
   Nuclear radiology is defined as a clinical subspecialty of radiology involving the diagnostic and therapeutic use of radioactive materials using unsealed sources. The three basic applications include:
   1. diagnostic imaging by external detection of radionuclides and/or bio-distribution by external detection of radionuclides in the body;
   2. diagnostic in-vivo or combination in-vivo/in-vitro procedures that involve the administration and detection of radioactivity by non-imaging methods;
   3. Therapeutic administration of radionuclides (excluding sealed sources).

B. Duration and Scope of Education
   The program shall offer 1 year of graduate medical education in nuclear radiology.

C. Prerequisite Training
   The year of nuclear medicine training should follow successful completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or other training judged suitable by the program director.

II. Institutional Organization
   A training program in nuclear radiology will be accredited only in those institutions that have an accredited training program in diagnostic radiology. The nuclear radiology program will be reviewed and accredited in conjunction with the review and accreditation of the residency program in diagnostic radiology.

   Those aspects of institutional support that pertain to residencies in diagnostic radiology shall also apply to programs in nuclear radiology; e.g., administrative support, facilities, and clinical resources.

III. Faculty Qualifications and Responsibilities
   The program director is responsible for the Instructional program and for supervision of the nuclear radiology fellows. The program director shall be certified by the American Board of Radiology in Diagnostic Radiology or Radiology and have subspecialty certification (CAQ) in Nuclear Radiology; or shall be certified by the American Board of Nuclear Medicine; or possess qualifications judged acceptable by the RRC for Diagnostic Radiology. It is desirable that faculty members be certified in boards appropriate to those areas in which they are assigned to instruct and supervise fellows. They must contribute sufficient time to the program to provide adequate instruction and supervision.

   A faculty (nuclear medicine physician)-to-fellow ratio of 1:2 should adequately provide for teaching and supervisory responsibilities.

IV. Facilities and Resources
   State-of-the-art nuclear imaging, including positron emission tomography (PET) and radiation detection equipment, should be available for instructional purposes.

V. Educational Program
   The educational program must provide for well-balanced and progressive participation of the fellow through examination of a diverse patient population, with continuous teaching and an active research effort in nuclear radiology.
A. Clinical Component
1. The training program shall include graduated study, experience, and responsibility in all facets of nuclear radiological diagnosis and therapy, medical nuclear and diagnostic radiological physics, radiobiology, health physics and protection, nuclear medical instrumentation, radiopharmaceutical chemistry and instrumentation, clinical applications of nuclear radiology, and pathology.
2. The program must provide adequate opportunity for a fellow to participate in and personally perform a broad range of nuclear radiological procedures, including PET scanning.

B. Didactic Components
1. Formal instruction is required in diagnostic radiologic and medical nuclear physics, instrumentation, radiation protection and safety, radiobiology, conventional radionuclide imaging, molecular imaging, fusion imaging, diagnostic in-vivo or combination in-vivo/in-vitro procedures, therapeutic administration of radionuclides, and radiopharmaceutical chemistry.
2. Appropriate emphasis must be placed on the educational value of teaching rounds and conferences. In addition, there should be frequent correlative and interdepartmental teaching conferences.

C. Research
The program should provide an environment in which the fellow is encouraged to engage in investigative work with appropriate faculty supervision. Documentation of this environment should be made in the application and indicated by papers published by fellows and/or clinical faculty.

D. Teaching File
A teaching file of images referable to all applicable aspects of nuclear radiology must be available for use by fellows. This file should be indexed, coded, and regularly maintained.

E. Trainee Policies
1. Supervision
   The responsibility or independence given to fellows should depend on their knowledge, skills, and experience. Additional personnel must be available within an appropriate time interval to perform or to supervise procedures.
2. Duty Hours and Conditions of Work
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

VI. Evaluation
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

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Program Requirements for Residency Education in Pediatric Radiology (Radiology-Diagnostic)
In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
The training program in the subspecialty of pediatric radiology constitutes a supervised experience in the pediatric applications and interpretation of radiography, computed tomography, ultrasonography, angiography, interventional techniques, nuclear radiology, magnetic resonance, and any other imaging modality customarily included within the specialty of diagnostic radiology.

The program should be structured to enhance substantially the subspecialty fellow's knowledge of the applications of all forms of diagnostic imaging to the unique clinical/pathophysiological problems of the newborn, infant, child, and adolescent. The fundamentals of radiobiology, radiologic physics, and radiation protection as they relate to the infant, child, and adolescent should be reviewed during the pediatric radiology training experience. The program must provide fellows direct and progressively responsible experience in pediatric imaging as they advance through training. This training must culminate in sufficiently independent responsibility for clinical decision making such that the program is assured that the graduating resident has achieved the ability to execute sound clinical judgment.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Objectives and Goals
The educational program in pediatric radiology shall meet training objectives so that on completion of the program the fellow is able to:
1. Understand the developmental and acquired disease processes of the newborn, infant, child, and adolescent that are basic to the practice of pediatric and adolescent medicine.
2. Perform and interpret radiological and imaging studies of the pediatric patient.
3. Supervise and teach the elements of radiography and radiology as they pertain to infants and children.
4. Understand how to design and perform research
5. Prepare material suitable for presentation and publication.

II. Institutional Organization
A program of pediatric radiology training should function whenever feasible in direct association and/or affiliation with an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in diagnostic radiology.

III. Faculty Qualifications and Responsibilities
A. Program Director
The program director must have sufficient academic and administrative experience to ensure effective implementation of these program requirements and should have had at least 5 years of participation as an active faculty member in an accredited pediatric radiology program. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology and must have received the Certificate of Added Qualifications in Pediatric Radiology granted by the American Board of Radiology, or have appropriate educational qualifications, as so judged by the RRC. The director must devote sufficient time to the program to fulfill all of the responsibilities inherent in meeting the educational...
goals of the program. The program director is responsible for establishing the curriculum as well as procedures for evaluation of the fellow's competency. Evaluation of the fellow at least quarterly with a formal semiannual meeting with the fellow and written feedback is required. The program director shall select and supervise the fellows and shall select pediatric radiology program faculty members.

B. Faculty
There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise no fewer than two experienced radiologists, including the program director, who work full-time in pediatric radiology and its related subspecialty areas and are able to devote adequate time to the program. The minimum faculty requirement may be met by the program director and one other full-time equivalent, ie a total of two or more individual faculty members. A ratio of at least one pediatric radiologist for every subspecialty fellow is essential to provide adequate opportunity for teaching and supervision. It is desirable that pediatric radiologists supervise special imaging, such as angiography, interventional radiology, nuclear radiology, computed tomography, magnetic resonance.

IV. Facilities and Resources
A. Space and Equipment
Modern facilities and equipment in adequate space must be available and functioning to accomplish the overall educational program in pediatric radiology. Diagnostic imaging modalities shall include radiography, computed tomography, ultrasonography, radionuclide scintigraphy, angiography, and magnetic resonance imaging. The department must have a minimum of one radiographic/fluoroscopic room, one ultrasound unit, one angiographic room, one CT scanner, one MR unit, and one nuclear radiology gamma camera. All equipment must be up-to-date. There must be justification for continued use of any equipment that is more than 10 years of age.

In general hospitals that treat patients of all ages, pediatric radiology often is a section of the radiology department; similarly, special imaging services of such departments are separate sections. In such cases, there should be recognition within the special imaging sections of the particular needs of the pediatric radiology program. There should be low-dose roentgenographic/fluoroscopic facilities specifically for children and minimizing CT radiation dose in children should be emphasized. The availability of all special imaging services for pediatric radiology fellows is essential. Laboratory and pathology services must be adequate to permit fellows to enhance their educational experience during the diagnostic imaging and care of patients and obtain timely correlation with diagnostic imaging studies.

B. Inpatient and Outpatient Services
The hospital must have sufficient inpatient and outpatient services in general and subspecialty pediatrics to ensure a broad and in-depth exposure to pediatrics.

C. Library
Learning resources should include access to an institutional and/or departmental library with current journals and textbooks sufficient to cover the specialty of pediatrics and pediatric subspecialties, radiology, and related fields. The library must contain journals and current textbooks on all aspects of pediatric radiology. The institutional library must have a librarian and internet access to electronic database searches. Moreover, the methods of performing such electronic database searches must be taught to fellows. A pediatric radiology teaching file must be available for use by pediatric radiology fellows. This teaching file should contain a minimum of 500 cases that are indexed, coded, actively maintained, and continually enhanced with new cases. Availability of the American College of Radiology pediatric learning file or its equivalent is desirable; this only partially meets the teaching file requirements.

D. Other Accredited Programs
There should be an ACGME-accredited residency in pediatrics, as well as pediatric medical and surgical subspecialty programs, to provide an appropriate patient population and educational resources in the institution. In addition to full-time pediatricians, there should be one or more pediatric surgeons, one or more pediatric pathologists, as well as a broad range of pediatric medical and surgical subspecialists.

V. Educational Program
A. Curriculum
The training should consist of didactic and clinical experiences that encompass the scope of pediatric radiology from the neonate to the adolescent. Every organ system should be studied in the contexts of growth and development, congenital malformations, diseases peculiar to infants and children, and diseases beginning in childhood but causing substantial residual impairment in adulthood. The didactic component should promote scholarship, self-instruction, self-evaluation, teaching, and research activity. It should foster the development of analytic skills and judgment. The clinical component should facilitate skillful technical performance of low radiation dose procedures on all organ systems that are examined in the practice of pediatric radiology. The pediatric imaging experience should include both inpatient and outpatient studies.

The fellows must have graded responsibility and supervision in the performance of procedures and the perfection of technical and interpretive skills. It is essential that the pediatric radiology fellow be instructed in common pediatric imaging technical procedures and their indications, limitations, judicious utilization, and risks, including radiation dose considerations. The pediatric radiology fellow must also be instructed in the risks and benefits of pediatric sedation; this includes an understanding of the physician's role in the monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. Where the program is conducted in a general hospital, the pediatric radiology fellow must have training in imaging examinations of pediatric patients. The scope of a 1-year training program in pediatric radiology shall include all diagnostic imaging applicable to the pediatric patient. The 1-year training program should include no more than 4 weeks' vacation. The curriculum must include the central nervous, musculoskeletal, cardiopulmonary, gastrointestinal, and genitourinary systems. In each organ system, the effective and appropriate use of imaging modalities, including ultrasound, computed tomography, magnetic resonance, nuclear radiology, and vascular/interventional radiology, should be taught. The fellow is responsible for following the imaging workup of the patient and must be substantially involved in the performance and interpretation of examinations that utilize various modalities. Correlation of radiologic findings with the clinical management and outcome aspects of the pediatric patient is essential.

B. Clinical Component
The institution's pediatric population must include patients with a diversity of pediatric illnesses from which broad experience can be gained. The number of pediatric radiology fellows in a program at any given time should reflect the patient census to ensure each trainee of an adequate experience. The program must have sufficient volume and variety of patients to ensure that fellows gain experience in the full range of pediatric radiologic examinations, pro-
The pediatric radiology training program should provide a minimum number of procedures available per year per resident as follows:

- 300 fluoroscopic procedures
- 300 ultrasound examinations
- 200 body imaging (CT/MR) examinations

The procedures available for the pediatric radiology fellow should not have an adverse impact on the education of the residents of the core diagnostic radiology residency program in the same institution.

The pediatric radiology fellow must have experience in each of the following specialized areas: pediatric neuroradiology; vascular/interventional radiology; and nuclear radiology. There must be direct clinical experience as the primary or secondary operator, which should be supplemented by lectures and conferences. Supervised instruction should be provided by physicians with special expertise in those disciplines. It is acceptable to supplement the pediatrics experience with adult patients in some specialties, such as vascular and interventional radiology, to enhance teaching. The program must require fellows to maintain a logbook to document their training in nuclear radiology, neuroradiology, and vascular/interventional radiology. The log should be reviewed periodically with the program director. The logbook should include the patient name, medical record number, and procedure(s) performed. The minimum numbers of procedures per resident performed in these specialized areas of pediatric radiology are as follows:

- 50 pediatric nuclear radiology studies
- 200 neuroimaging studies
- 25 vascular/interventional studies

The fellows should serve as pediatric radiologic consultants, under the supervision and mentoring of faculty pediatric radiologists. The teaching experience should include pediatric- and radiologic-oriented conferences with medical students, residents, medical staff, and health care professionals.

C. Didactic Component

Study of clinical and basic sciences as they relate to radiology and pediatrics shall be a part of the didactic program. Subspecialty conferences, seminars, and academic review activities in pediatric radiology must be regularly scheduled. It is essential that the fellow participate in the planning and presenting of conferences. In addition to conferences, study is integrated with the performance and interpretation of roentgenographic and other imaging examinations. Fellows must attend a minimum of 3 departmental or interdepartmental conferences per week dedicated to pediatric radiology, which may include rounds with pediatric services. A journal club or research club must meet monthly.

The fellow must also be involved in teaching conferences for medical students, radiology residents, other residents rotating on the pediatric radiology service, and other health professional training programs.

D. Supervision

The responsibility or independence given to residents should depend on their knowledge, skills, and experience. Additional personnel must be available within an appropriate time interval to perform or to supervise procedures.

E. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

F. Subspecialty Fellow Participation in Research

The training program in pediatric radiology should have a research component that will offer the fellow an opportunity to learn the fundamentals of design, performance, interpretation of research studies, and evaluation of investigative methods. Trainees should develop competence in critical assessment of imaging research, patient outcomes data, and the scientific literature.

The fellow should participate in clinical, basic biomedical, or health services research projects and submit at least one scientific paper or exhibit to a regional or national meeting. The fellow should participate in the quality improvement program of the department.

G. Other Residents/Fellows

The training program should have close interaction with a diagnostic radiology residency. Shared experience with residents in general pediatrics and with fellows in the pediatric-related subspecialties, i.e., surgery, pathology, and cardiology, is strongly encouraged; where appropriate, supervision and teaching by expert faculty in these disciplines should occur.

The subspecialty program in pediatric radiology must not have an adverse impact, such as by dilution of the available clinical material, on the education of the diagnostic radiology residents in the same institution.

V. Evaluation

The RRC will consider as one measure of a program's quality the performance of its graduates on the examination of the American Board of Radiology for the Certificate of Added Qualifications in Pediatric Radiology. All program graduates should take the examination.

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for additional evaluation requirements.)

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Program Requirements for Residency Education in Vascular and Interventional Radiology
(Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases exceed the common requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

The unique clinical and invasive nature of practice in vascular and interventional radiology requires special training and skills. The educational program in the subspecialty of vascular and interventional radiology must be organized to provide comprehensive, full-time training and a supervised experience in the evaluation and management of patients potentially requiring diagnostic
vascular imaging guided interventional procedures. The training must include a supervised experience in performance of imaging-guided diagnostic and interventional procedures used to treat a variety of disorders. Vascular and interventional procedures are guided by a number of imaging modalities, including fluoroscopy, angiography, computed tomography, ultrasonography, magnetic resonance imaging, radionuclide scintigraphy, and others included within the specialty of radiology. The training program must be structured to enhance substantially the subspecialty fellows' knowledge of the performance and interpretation of vascular and interventional procedures.

The program in vascular and interventional radiology must be structured to enhance the subspecialty fellows' knowledge of the signs and symptoms of disorders amenable to diagnosis and/or treatment by percutaneous techniques. The program must assure that the fellow is proficient in taking a history and in the performance of an appropriate physical exam. The significance of the signs and symptoms must be understood, as well as the pathophysiology and natural history of the disorders. Fellows must know the indications for, contraindications to, and risks of vascular and interventional procedures, and understand the medical and surgical alternatives to those procedures. The vascular and interventional radiologist must have a complete understanding of imaging methods used to guide percutaneous procedures. Fellows must learn and participate in appropriate follow-up care, including inpatient rounds and longitudinal management of outpatients via clinic visits. Fellows must become skilled in the technical aspects of percutaneous procedures. The fundamentals of radiation physics, radiation biology, and radiation protection should all be reviewed during the vascular and interventional training experience. In addition, training should provide opportunities for research into new technologies and evaluation of the clinical outcomes of interventional radiology.

B. Duration and Scope of Education
The program shall offer 1 year of graduate medical education in vascular and interventional radiology. Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Faculty/Fellow Numbers
To ensure an adequate educational experience, as well as adequate supervision and evaluation of a fellow's academic progress the faculty-to-fellow ratio must not be less than one full-time faculty person for every fellow.

II. Program Director/Faculty
A. Program Director
The program director must be certified by the American Board of Radiology in Diagnostic Radiology or Radiology and have subspecialty certification (CAQ) in Vascular and Interventional Radiology from the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.

B. Faculty
There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise at least two full-time vascular and interventional radiologists, including the program director. While the expertise of any one faculty member may be limited to a particular aspect of vascular and interventional radiology, the training program must provide experience that includes all aspects of vascular and nonvascular interventional radiology, and including both the technical aspects as well as clinical patient evaluation and management. The faculty must provide didactic teaching and direct supervision of fellows' performance in clinical patient management, as well as in the procedural, interpretative, and consultative aspects of vascular and interventional radiology. The faculty must demonstrate a commitment to the subspecialty of vascular and interventional radiology. Such commitment includes membership in professional societies in this field, publications in this field, and/or a minimum of 30 hours of CME Category 1 credit per year. (See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)

III. Facilities and Resources
A. Space and Equipment
Modern imaging/procedure rooms and equipment in adequate space must be available to permit the performance of all vascular and interventional radiologic procedures. Imaging modalities in the department should include fluoroscopy, digital subtraction angiography, computed tomography, ultrasonography, magnetic resonance imaging, and radionuclide scintigraphy. Fluoroscopic equipment should be high resolution and have digital display with post-procedure image processing capability. Rooms in which vascular and interventional procedures are performed must be equipped with physiologic monitoring and resuscitative equipment. Suitable recovery and patient holding areas should be available. Adjacent to or within procedure rooms, there should be facilities for storing catheters, guide wires, contrast materials, embolic agents, and other supplies. There must be adequate space and facilities for image display, image interpretation, and consultation with other clinicians. Space, separate from the procedure rooms, should be available for patient consultations and non-procedural follow-up visits. The space should be conducive to patient privacy and the conducting of physical examinations. There must be adequate office space and support space for vascular and interventional radiology faculty or staff and fellows.

B. Patient Population
The institution's patient population must have a diversity of illnesses from which a broad experience in vascular and interventional radiology can be obtained. There must also be an adequate variety and number of interventional procedures for each fellow. Fellows must document their direct participation in a minimum of 600 vascular and interventional procedures that cover the entire range of the specialty. These procedures should be recorded in a personal case log that should be reviewed quarterly with the program director. Clinical experience may be supplemented by training affiliations to other institutions.

C. Library
Teaching resources must include a medical library with access to a variety of textbooks and journals in radiology, vascular and interventional radiology, and related fields. There should be a coded vascular and interventional radiology learning file. Fellows should have access to computerized literature search facilities.

D. Support Services
Pathology and medical laboratory services and consultation must be regularly and conveniently available to meet the needs of patients, as determined by the medical staff. Services should be available 24 hours a day. At least one qualified medical technologist must be on
duty or available at all times. Diagnostic laboratories for the noninvasive assessment of peripheral vascular disease also must be available. Nursing support must be readily available.

E. Research Facilities

The institution should provide laboratory and ancillary facilities to support research projects. These laboratory facilities and research opportunities may be made available to vascular and interventional radiology fellows through cooperative arrangements with other departments or institutions.

IV. The Educational Program

A. Clinical Components

The training program curriculum must include didactic and clinical experiences that encompass the full clinical spectrum of vascular and interventional radiology. Fellows must have the opportunity to carry out all of the following under close, graded responsibility and supervision: clinical pre-procedure evaluation of patients, interpretation of diagnostic studies, consultation with clinicians on other services, performance of vascular and interventional procedures, generation of formal consultation reports, procedural reports, follow-up communications with referring physicians and delivery of both short- and long-term follow-up care, including both in-patient rounds and scheduled out-patient clinical responsibilities. The continuity of care must be of sufficient duration to enable fellows to obtain appropriate comment regarding the management of patients under their care.

Both vascular and nonvascular interventional procedures must be included in the training program. Examples of vascular procedures include but are not limited to arteriography, venography, lymphography, angioplasty, vascular stenting, percutaneous revascularization procedures, embolotherapy, transcatheter infusion therapy, intravascular foreign body removal, and percutaneous placement of endovascular prostheses such as stent grafts and inferior vena cava filters and insertion of vascular access catheters. Examples of nonvascular procedures include, but are not limited to, percutaneous imaging-guided biopsy; percutaneous gastrostomy; percutaneous nephrostomy; ureteral stenting and other transcatheter endoluminal procedures for diagnosis and for treatment of lithiasis, obstruction, and fistula; percutaneous transhepatic and transcholecystic biliary procedures; percutaneous drainage for diagnosis and treatment of infections and other fluid collections; and percutaneous imaging-guided procedures such as ablation of neoplasms and cysts. Fellows must have specific clinical time dedicated to the performance and interpretation of vascular ultrasound studies, magnetic resonance angiograms, and CT angiograms.

The responsibility or independence given to fellows must depend on an assessment of their knowledge, manual skill, and experience. In supervising fellows during vascular and interventional procedures, faculty members should reinforce the understanding gained during fellowship training of x-ray generators, image intensifiers, film processing, ultrasonography, computed tomography, and other imaging modalities. Fellows must be provided with instruction in the use of needles, catheters, guide wires, balloons, stents, and other interventional devices, and must be directly supervised and given graduated responsibility in the performance of procedures as competence increases. A thorough understanding of the clinical indications, risks, interpretation, and limitations of vascular and interventional procedures is essential to the practice of vascular and interventional radiology. Fellows must be instructed in these areas. Fellows should also be instructed in proper use and interpretation of laboratory tests and in methods that are adjunctive to vascular and interventional procedures, such as use of physiologic monitoring devices, noninvasive vascular testing, and noninvasive vascular imaging. There shall be specific instruction in the clinical aspects of patient assessment, patient treatment, planning, and patient management related to vascular and interventional radiology in both inpatient and outpatient settings. There also shall be instruction in the use of analgesics, antibiotics, and other drugs commonly employed in conjunction with these procedures. Fellows must be thoroughly familiar with all aspects of administering and monitoring sedation of the conscious patient. They also must have advanced cardiac life support training and certification.

Fellows must be given graded responsibility with respect to longitudinal inpatient and outpatient care for disease processes diagnosed and treated by interventional radiology. Fellows should serve as consultants under the supervision of staff vascular and interventional radiologists. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record. Reports for the medical record generated by fellows should be closely reviewed by faculty for accuracy of content, grammar, style, and level of confidence. The vascular and interventional fellows should also assist and train diagnostic radiology residents in the performance and interpretation of procedures.

B. Didactic Components

There shall be scheduled intradepartmental conferences as well as conferences with related clinical departments in which fellows participate on a regular basis. These should include one or more specific weekly departmental conferences and at least one interdisciplinary conference per week at which attendance is required. In particular, interdepartmental conferences with the surgical specialties should be an important teaching component. The fellows' teaching experience should include conferences with medical students, graduate medical staff, and allied health personnel. Scheduled presentations by fellows during these conferences should be encouraged.

Clinical and basic sciences as they relate to radiology and vascular and interventional radiology should be part of the didactic program. This should include but not be limited to the anatomy, physiology, and pathophysiology of the hematological, circulatory, respiratory, gastrointestinal, genitourinary, and musculoskeletal systems. Relevant pharmacology, patient evaluation and management skills, and diagnostic techniques also should be addressed.

There must be documented regular review of all mortality and morbidity related to the performance of interventional procedures. Fellows must participate actively in this review, which should be held not less frequently than monthly. Fellows should be encouraged to attend and participate in local extramural conferences and to attend at least one national meeting or postgraduate course in interventional radiology while in training. Participation in local or national vascular and interventional radiology societies should be encouraged. Fellows should be encouraged to present the radiologic aspects of cases that are discussed in multi-disciplinary conferences. They also should prepare clinically or pathologically proven cases for inclusion in the learning file.

C. Other Required Components

1. Participation of Fellows in Research

The program should provide instruction in the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical or health services research projects, and should be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for fellows...
to develop their competence in critical assessment of new imaging modalities and of new procedures in vascular and interventional radiology.

2. Duty Hours and Conditions of Work
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Board Certification
   The Residency Review Committee will consider as one measure of a program's quality the performance of its graduates on the examination of the American Board of Radiology for subspecialty certification in Vascular and Interventional Radiology. All program graduates should take the examination.

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Program Requirements for Residency Education in Radiation Oncology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition
   Radiation oncology is that branch of clinical medicine concerned with the causes, prevention, and treatment of cancer and certain nonneoplastic conditions utilizing ionizing radiation. Radiation oncologists are an integral part of the multidisciplinary management of the cancer patient, and must collaborate closely with physicians in related disciplines and their roles in the management of the patient.

   The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients. To accomplish this goal, adequate structure, facilities, faculty, patient resources, and educational environment must be provided.

B. Duration and Scope of Training
   Resident education in radiation oncology must include 5 years of accredited, clinically-oriented graduate medical education. The first year of postgraduate clinical training must be spent in internal medicine, family practice, obstetrics/gynecology, surgery or surgical specialties, pediatrics, a year of categorical radiation oncology, or a transitional-year program. This clinical experience must then be followed by 4 years focused in radiation oncology. The PG-1 year must include at least 9 months of direct patient care in medical and/or surgical specialties other than radiation oncology.

   No fewer than 36 months of the 4-year program must be spent in clinical radiation oncology. In addition, the program must provide a 2-month rotation in medical oncology, to include adult and pediatric patients, as well as exposure to oncologic pathology and diagnostic imaging by a one-month rotation for each discipline. The medical oncology requirement may be met by documented attendance at regularly-scheduled multidisciplinary conferences (at least 4 hours per month during the clinical rotations). The pathology and diagnostic imaging requirements may be satisfied through multidisciplinary conferences if pathology and imaging material for both pediatric and adult patients are shown and discussed (at least one hour per month during the clinical rotations for each discipline). The remaining months must allow for in-depth experience in individually-selected areas applicable to clinical radiation oncology, as described in Section VB, Clinical Curriculum. A research component, either clinical or basic laboratory research, is desirable.

II. Institutions

A. Sponsoring Institution
   One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

   1. The administration of the institution sponsoring the program in radiation oncology must provide funding for space, equipment, staff, nonprofessional personnel, and residents. It must assist the program director in teaching and recruiting faculty, as well as in...
selecting, evaluating, and dismissing residents whose performance is unsatisfactory.

2. Education in radiation oncology must occur in an environment that encourages the exchange of knowledge and experience among residents both in the program and in other oncology specialties within the sponsoring institution. There should be other residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), including internal medicine and general surgery, in the institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. The preponderance of the educational experience must take place in the parent institution. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. Outside institutions may participate on an affiliated or integrated basis.

a) The program may establish an affiliated relationship with another institution for the purpose of limited rotations. Affiliated institutions must provide additional resources and experience, and must not be added primarily for the purpose of meeting service needs.

(1) The program director must obtain prior approval from the Residency Review Committee (RRC) when the outside rotation totals more than 3 months.

(2) Arrangements for rotations should not be made with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences difficult.

(3) Rotations away from the primary and integrated institution may not exceed a total of 6 months over the course of the 4 years of radiation oncology.

b) An institution is considered integrated when the program director (a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated institution; (b) determines all rotations and assignments of residents; and (c) is responsible for the overall conduct of the educational program in the integrated institution. There must be a written agreement between the parent institution and the integrated institution stating that these provisions are in effect; this agreement must be approved by the RRC prior to implementation. Rotations to integrated institutions are not limited in duration.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:

a) identify the faculty who will assume both educational and supervisory responsibilities for residents;

b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

c) specify the duration and content of the educational experience;

d) state the policies and procedures that will govern resident education during the assignment; and

e) specify the number and types of patients and procedures available to the residents.

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follow:

a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

b) The program director must be certified in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.

c) The program director must be appointed in good standing and based at the primary teaching site.

d) The program director must be licensed to practice medicine in the state(s) where the institution that sponsors the program is located (certain federal programs are exempted).

A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment, and updated with each review of the program by the RRC.

4. Responsibilities of the program director are as follows:

a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

(1) the addition or deletion of a participating institution;
(2) a change in the format of the educational program;
(3) a change in the approved resident complement for those specialties that approve resident complement. On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
e) In addition, the executive director of the RRC must be promptly notified, in writing as they occur, of any changes that might significantly alter the educational experience (e.g., changes in faculty, the number of residency positions offered, institutional affiliation, or equipment.)

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
a) The program must provide a minimum of 4 full-time equivalent faculty radiation oncologists who devote their professional time to the program for the teaching of clinical radiation oncology.
b) In addition, the faculty must include one full-time radiation biologist or cancer biologist, who must also be on site, for the teaching of radiation and cancer biology, and one full-time faculty medical physicist, who also must be on-site, for the teaching of radiation physics.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b) The physician faculty must be certified in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.
c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
a) Nonphysician faculty must be appropriately qualified in their field.
b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
1. Facilities
A training program in radiation oncology must have adequate space and equipment to train residents in state-of-the-art radiation oncology. There must be 2 or more megavoltage machines, a machine with a broad range of electron beam capabilities, a dedicated therapy simulator, three-dimensional conformal computerized treatment planning, a system for the construction of treatment aids, and equipment to perform interstitial and intracavitary brachytherapy. Access to kilovoltage capability is desirable.
2. Other Services
Adequate medical services must be available in the specialties of medical oncology, surgical oncology and its subspecialties, gynecologic oncology, and pediatric oncology. There must be access to current imaging techniques, nuclear medicine, pathology, a clinical laboratory, and a tumor registry.
3. Library Resources
A sufficient variety of journals (hard copy or online), reference books, and resource materials pertinent to radiation oncology, associated fields in oncology, and basic sciences must be provided in a radiation oncology library, and must be immediately accessible at all times, including nights and weekends, for resident study. In addition, residents must have access to a general medical library. The sponsoring institution must provide residents with ready access to a computerized search system and rapid access to national databases in medicine to permit timely literature review.

IV. Resident Appointments
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.
1. The RRC recognizes the importance of peer interaction among residents themselves, as well as of interactions between faculty and residents in the conduct of conferences and patient care. A minimum number of residents is essential to provide an opportunity for meaningful interaction throughout the training period. Each program must be structured to have a minimum of 4 residents.
2. The faculty (full-time equivalent staff radiation oncologist) to resident ratio must be a minimum of 1 faculty member for every 1.5 residents during training in clinical radiation oncology. Staff radiation oncologists should be certified by the American Board of Radiology or be in the process of obtaining certification.
3. Approval must be obtained from the RRC before increasing the number of resident positions. Such an increase must be based on educational considerations, not the fulfillment of service requirements.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Components
1. Conferences and teaching rounds must provide for progressive participation of residents. There must be adequate frequency of conferences, with attendance by residents, radiation oncologists, and other staff. Adequate conference room and audiovisual facilities must be provided.
2. The clinical and basic sciences must be taught through regularly-scheduled lectures, case presentations, conferences, and discussions relevant to the practice of radiation oncology. The training program must provide curricula for the teaching of basic sciences essential to training in radiation oncology, including radiation and cancer biology and medical physics. The curriculum in medical physics must include didactic lectures and laboratory demonstrations of radiation safety procedures, calibration of radiation therapy machines, the use of the computer for treatment planning, the construction of treatment aids, and the safe handling of sealed and unsealed radionuclides. Safe handling of unsealed sources should address quality control procedures for instruments used to determine the activity of dosages and procedures used to perform checks for proper operation of survey meters. The radiation and cancer biology curriculum must include didactic lectures on all aspects of radiation effects on normal and neoplastic tissues, as well as the fundamental biology of the causes, prevention, and treatment of cancer. The program also must familiarize the resident with medical statistics, through an organized program of lectures or conferences; oncologic pathology, with special emphasis on neoplasia and radiation effects; and diagnostic imaging.
3. There must be didactic instruction in the potential value and limitations of other oncologic disciplines, such as medical oncology (both adult and pediatric), surgical oncology and the various surgical specialties, and gynecologic oncology, which play a role in the management of the patient. This shall be accomplished by attendance at multidisciplinary and departmental conferences.
4. There must be intradepartmental clinical oncology conferences, including new patient conferences, weekly chart reviews, problem case conferences, continuous quality improvement, morbidity and mortality, physics, dosimetry, radiation and cancer biology, and journal review.

F. Clinical Components
1. Clinical Resources
   To ensure adequate numbers and variety of patients for resident training, at least 600 patients must receive external beam irradiation yearly in the parent institution or integrated program, and the number of patients treated with external beam irradiation by each resident must be no fewer than 150 per year (determined by the number of patients simulated), or a minimum of 450 during the clinical radiation oncology rotations. A resident should not treat more than 250 patients with external beam irradiation in any 1 year. Only cases for which the resident has primary responsibility may be counted.
2. Clinical Curriculum
   a) The program must provide the resident with the opportunity to gain in-depth knowledge of clinical radiation oncology, including the indications for irradiation and special therapeutic con-
3. Resident Logs

b) The clinical core curriculum shall include experience with lymphomas and leukemias, gastrointestinal, gynecologic, genitourinary, breast, soft tissue and bone, skin, head and neck, lung, pediatric, and central nervous system tumors, and treatment of benign diseases for which radiation is utilized. In addition, the curriculum must provide instruction in the physics, radiation, and cancer biology, and clinical applicability of the following areas: radiosurgery, intraoperative radiation therapy, three-dimensional conformal treatment planning and delivery, radioimmunotherapy, unsealed sources, total body irradiation, kilovoltage irradiation, plaque therapy, particle therapy, intravascular brachytherapy, and any others that may be developed as they apply to the core curriculum.

c) The resident must also be trained in the use of external beam modalities, including megavoltage irradiation, electron beam, simulation using conventional and/or CT simulators to localize anatomy, and computerized treatment planning. The faculty must ensure that the resident personally performs technical procedures, including treatment setups as well as intracavitary and interstitial placement of radiation sources.

d) During the course of training, the resident must perform no fewer than 5 interstitial implants in at least 5 patients, perform 10 intracavitary implants in at least 5 patients, and observe an additional 5 interstitial implants in at least 5 patients and 10 intracavitary implants in at least 5 patients. In addition, residents must participate in the administration of no fewer than 6 procedures using radioimmunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed radioactive sources.

e) Residents must treat no fewer than 12 pediatric patients of whom a minimum of 9 have solid tumors. Follow-up of the irradiated patients by the resident, including pediatric patients, on an inpatient or outpatient basis is a required part of resident training, and must be demonstrated by the program to ensure that residents have the opportunity to learn about the problems of recurrent and disseminated tumors and of late aftereffects and complications of radiation therapy.

3. Resident Logs

a) The resident must keep a detailed, well-organized, and accurate electronic log of these procedures to include patients simulated, procedures performed and observed, and modalities used, for semiannual review by the program director.

b) The program director must:
   1. review the logs with all residents at least semiannually to ensure accuracy and to verify that the case distribution meets the standards specified;
   2. provide documentation of these discussions for the resident's record maintained by the institution; and
   3. submit the cumulative experience of graduating residents to the RRC office annually in accordance with the format and the due date specified by the RRC.

G. Resident Investigative Project

During their training, residents shall be required to complete an investigatory project under faculty supervision. This may take the form of biological laboratory research, clinical research, medical physics research, or the retrospective analysis of data from treated patients. The results of such projects shall be suitable for publication in peer-reviewed scholarly journals or presentation at scientific meetings.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and well-being of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities,
transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements: III.D.3.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

VII. Evaluation

A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. The review should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program. The RRC will use program data for the most recent 5- and 10-year periods, and will take into consideration notable improvements or declines during the period considered. Poor performance will be cited if the number of candidates passing both the written and oral board examinations on the first opportunity is consistently at or below the 25th percentile of all programs in the nation.
Program Requirements for Residency Education in Radiation Oncology

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Radiation Oncology should communicate with the office of the board regarding the full requirements for certification.

Editorial Revisions: March 2003
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Program Requirements for Residency Education in Surgery
Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
The goal of a surgical residency program is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a board-certified specialist. The education of surgeons for the practice of general surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge, and maturity in the acquisition of surgical judgment. The educational program should include the fundamentals of basic science as applied to clinical surgery, including: the elements of wound healing, homeostasis, hematologic disorders, oncology, shock, circulatory physiology, genitourinary physiology, surgical endocrinology, surgical nutrition, fluid and electrolyte balance, metabolic response to injury including burns, musculoskeletal biomechanics and physiology, immunobiology and transplantation, applied surgical anatomy, and surgical pathology.

B. Duration and Scope of Education
Five years of graduate training in surgery following graduation from a medical school accredited by the Liaison Committee for Medical Education (LCME) is required for the acquisition of the necessary knowledge, technical skill, and judgment. Each resident must be notified in writing of the length of the program prior to admission to the program. All years must be in an accredited program under the guidance of the program director in surgery, regardless of assignments to other disciplines.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions (a participating institution is defined as any institution to which residents rotate for an assigned experience).

1. The program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its equivalent, and must be classified as general hospitals. These institutions, by definition, must include facilities and staff for a variety of services, including radiology and pathology.

2. There must be at least one additional residency program, in internal medicine or pediatrics or family practice whose residents rotate through the same integrated institution(s) as the surgery residents.

3. Adequate educational, clinical and support services must be provided.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. Identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.
3. Integrated Institutions
   a. Institutions may be integrated with the sponsoring institution through an integration agreement that must additionally specify that the program director must:
      1) appoint the members of the teaching staff at the integrated institution
      2) appoint the chief or director of the teaching service in the integrated institution
      3) appoint all residents in the program
      4) determine all rotations and assignments of both residents and members of the teaching staff.
   b. As a general rule, integrated institutions must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.
   c. Integration will not be approved between two institutions, each with an accredited residency program in the same specialty.
4. Prior approval must be obtained from the RRC for:
   a. a portion of the chief year to be spent at a participating institution
   b. participating institutions where each resident will be assigned for 6 months or more, as well as for all integrations
   c. educational assignments requiring 1 year or more in total spent away from the sponsoring or integrated institution(s).

III. Program Personnel and Resources

A. Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
   2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The term of appointment, as a normal rule, must be for at least the duration of the program plus 1 year, i.e., a minimum of 6 years.
   3. Qualifications of the program director are as follows:
      a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
      b. The program director must be certified in the specialty by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.
      c. The program director must be appointed in good standing and based at the primary teaching site.
      d. be licensed to practice medicine in the state where the institution that sponsors the program is located
      e. demonstrate scholarly activity in at least 1 of the areas listed in sections III.B.4. of this document.
4. Responsibilities of the program director are as follows:
   a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
   c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      1) the addition or deletion of a participating institution;
      2) a change in the format of the educational program;
      3) a change in the approved resident complement for those specialties that approve resident complement.
      On review of a proposal for any such major change in the program, the RRC may determine that a site visit is necessary.
   e. The program director must devote his/her principal effort to the program's management and administration, as well as to teaching, research, and clinical care at the sponsoring or integrated institution.
   f. The program director must designate other well-qualified surgeons to assist in the supervision of the residents so that in addition to the program director for each approved chief residency position, there is at least one additional geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff.
   g. The program director is responsible to assign clinical rotations and staff appointments of attending surgeons on the teaching services for the sponsoring and all integrated institutions.
   h. The program director is responsible to prepare and implement the academic and clinical program for resident education to include a comprehensive effective, well organized curriculum, both academically and clinically.

B. Faculty
   1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and
IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Residency positions must be allocated to one of three groups: categorical, designated preliminary, and nondesignated preliminary positions.

2. Documentation of these residents' continuation in graduate education must be provided. Letters of commitment must be on file for each of these residents.

3. The number of designated preliminary positions shall not be specifically limited, as long as the total number of residents does not exceed the educational capacity of the surgical program.

C. Non-designated preliminary residents (NDP) are accepted into the general surgical program for 1 or 2 years but at the time of recruitment have not determined further residency training.

1. The number of nondesignated preliminary positions in the PG1 and PG2 years combined shall not exceed 200% of the number of categorical chief resident positions.

2. Documentation of these residents' continuation in graduate medical education must be provided.

3. Exceptions to the number of nondesignated preliminary positions will require not only adequate documentation of continuing in graduate medical education in another program, but will also require clear evidence of educational benefit to the overall program.

D. Both temporary and permanent increases in resident complement must be approved in advance by the RRC. A permanent increase in categorical resident positions may be requested only in conjunction with a site visit. Any increase in the resident complement must be justified in terms of the educational goals of the program.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.
1. All fellows and other students in both ACGME accredited and non-accredited programs in the sponsoring and integrated institutions that might affect the experience of the general surgery residents must be identified, e.g., vascular surgery, oncologic surgery, head and neck surgery, critical care, trauma, endoscopy, gastroenterology, transplantation, pediatric surgery, and endocrine surgery. The relationship of these fellow(s) to the residents in the general surgery program must be detailed.
2. A chief resident and a fellow must not have primary responsibility for the same patients.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.
1. Academic Component
The written course of study should reflect careful planning with evidence of a cyclical presentation of core specialty knowledge, including teaching in critical thinking, design of experiments, and evaluation of data; and technological advances that relate to surgery and the care of patients with surgical diseases.
   a. Conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented.
   b. The following types of conferences must exist within a program:
      (1) A weekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies.
      (2) A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to surgery in general; sole reliance on textbook review is inadequate.
      (3) Regular, organized, clinical teaching such as grand rounds, ward rounds, and clinical conferences.
2. Clinical Component
   Operative skill is essential and can be acquired only through personal experience and training. The program must provide for sufficient operative experience to educate qualified surgeons, taking into account individual capability and rate of progress.
   a. The 5-year clinical program should be organized as follows
      (1) No more than 12 months may be devoted to education in a single surgical discipline other than the principal (essential) components of surgery
      (2) No more than 6 months may be allocated to nonsurgical clinical disciplines such as internal medicine, pediatrics, gastroenterology, anesthesiology, or surgical pathology
      (3) At least 54 months must be clinical surgery, with experience in endoscopy, surgical intensive care, and emergency care included in this category
      (4) Thirty-six (36) of the 54 months must include the principal (essential) components of general surgery
   b. The volume and variety of operative experience must ensure a sufficient number and distribution of complex cases, as determined by the RRC, for the achievement of adequate operative skill, surgical balance, and experience for each resident in the principal (essential) components of general surgery, i.e., abdomen; alimentary tract, breast, skin, and soft tissues; the comprehensive management of trauma, and emergency surgery; endocrine surgery; head and neck surgery; surgical critical care; and the vascular system.
   c. A resident is considered to be the surgeon when he or she can document a significant role in the following aspects of management: determination or confirmation of the diagnosis, provision of preoperative care, selection and accomplishment of the appropriate operative procedure, direction of the postoperative care, and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is inadequate.
   d. Numbers of Operative Cases
      (1) While the total number of major operations to be performed by each resident is not specified, the RRC will consider the range of 500 to 1000 major cases as acceptable in aggregate for all 5 years, including 150 to 300 major cases in the chief year.
      (2) The operative experience for any 1 resident in excess of 450 cases for the chief year or 1,500 cases for all 5 years must be justified by the program director.
   e. When operative experience justifies a teaching role, residents should act as teaching assistants and should list such cases for the fourth and fifth years only.
   f. The Chief Year
      (1) The program must commit the chief clinical year to the principal (essential) components of general surgery at the sponsoring or integrated institution(s). Primary responsibility for surgical specialty cases of patients on a general surgical service is permissible.
      (2) The majority of the 12 months of the chief year must be served in the final year of the program. (To take advantage of a unique educational opportunity in a program during a resident’s final year, a portion of the chief year may be served in the next to the last year, provided it is not earlier than the fourth clinical year and it has been approved in advance by the RRC.)
      (3) No more than 4 months may be devoted exclusively to any 1 principal (essential) component of general surgery.
      (4) With prior approval of the RRC, assignment to a pediatric surgical service may be acceptable under the following conditions:
         1. The resident’s experience in the principal (essential) components of general surgery is adequate
Program Requirements for Residency Education in Surgery

Program Requirements

1. The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health. Surgical residents must:
   a. demonstrate manual dexterity appropriate for their training level.
   b. be able to develop and execute patient care plans appropriate for the resident's level.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences, as well as the application of this knowledge to patient care. Surgical residents are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Surgical residents are expected to:
   a. critique personal practice outcomes.
   b. demonstrate a recognition of the importance of lifelong learning in surgical practice.

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Surgical residents are expected to:
   a. communicate effectively with other health care professionals.
   b. counsel and educate patients and families.
   c. effectively document practice activities.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Surgical residents are expected to:
   a. maintain high standards of ethical behavior.
   b. demonstrate a commitment to continuity of patient care.
   c. demonstrate sensitivity to age, gender and culture of patients and other health care professionals.

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Surgical residents are expected to:
   a. practice high quality, cost effective patient care.
   b. demonstrate a knowledge of risk-benefit analysis.
   c. demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority over assigned duties. Duty hour assignments must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

A. **Supervision of Residents**

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

4. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although senior residents require less direction than junior
residents, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

5. A fellow may not supervise chief residents.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before surgery.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements III.D.1.k.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

4. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

5. Duty Hours Exceptions
The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. The evaluations must be related to the goals and objectives for each program assignment.
   a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Each evaluation is to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
3. Although each program is encouraged to develop its own cognitive testing instruments, the American Board of Surgery (ABSITE) Examination is considered a highly desirable test of surgical knowledge. These test results should not be the sole criterion of resident knowledge and should not be used as the sole criterion for promotion to a subsequent PG level.

B. Faculty
The performance of the faculty must be evaluated by the program at least twice as frequently as at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent 5-year period, 60% of the graduates must pass the qualifying and certifying examination. The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the subspecialty programs of surgery.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the general surgery residents in the core program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

ACGME: September 1995 Effective: July 1996
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Program Requirements for Residency Education in the Subspecialties of General Surgery

I. General Information
A. A residency education program in a subspecialty of general surgery is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Subspecialty education is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Ordinarily the subspecialty education will follow completion of an accredited general surgery residency program.

B. Residency education programs in the subspecialties of general surgery may be accredited only in institutions that either sponsor a residency education program in general surgery or pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or are integrated by formal agreement into such programs. The subspecialty programs will be approved only as an administratively integrated part of the approved core program in general surgery. Rotations to affiliated institutions can be approved for a period not exceeding 25% of the total program; adequate educational justification for such rotations must be provided to the RRC prior to implementation.

The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the subspecialty programs of surgery.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the general surgery residents in the core program.

II. Program Director and Teaching Staff
Subspecialty education programs must provide a scholarly environment for acquiring the necessary cognitive and procedural clinical skills essential to the practice of the specific subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise educational goals and objectives.

A. Program Director
There must be a single program director responsible for the program.

1. Qualifications of the Program Director:
   The subspecialty program director must be a surgeon who is qualified to supervise and to educate residents appropriately in the specific subspecialty.
   a. The director must either be certified in the subspecialty by the American Board of Surgery or possess equivalent qualifications, as determined by the RRC.
   b. The director must have an appointment in good standing to the medical staff of an institution participating in the program.
   c. The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
2. Responsibilities of the Program Director:
It is the responsibility of the subspecialty program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:

a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.

b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

e. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

f. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

g. Preparation of an accurate statistical and narrative description of the program.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination of the program director.

4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Educational Principles

The principles of education enumerated in the Program Requirements for Residency Education in General Surgery are also applicable to the subspecialty programs.

A. The program directors for both the subspecialty and the core programs, as well as the institution itself, are responsible for ensuring that adequate facilities and resources are available to achieve the educational objectives.

B. A postgraduate residency must provide advanced education so that the residents can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

C. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home vis-a-vis actual hours worked. The ratio of hours worked and on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.

D. During the on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in noneeducational activities that can be discharged properly by other personnel.

IV. Educational Components

Subspecialty programs must include the following educational components:

A. A sufficient number of patients must be available to assure appropriate inpatient and outpatient experience for each subspecialty resident, without adversely affecting the experience of residents in the general surgery core program. There must be adequate responsibility for continuity of care, to include prehospital and posthospital experience.

B. Subspecialty conferences, including review of all current complications and deaths; seminars; and clinical and basic science instruction must be regularly scheduled. Active participation of the subspecialty resident in the planning and the production of these meetings is essential.

C. A resident must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for other residents, medical stu-
Program Requirements for Residency Education in the Subspecialties of General Surgery

...dents, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. There must be close interaction between the core residency program in general surgery and the subspecialty program. Lines of responsibility for the general surgery residents and the subspecialty resident must be clearly defined. It is imperative that the educational program for the subspecialty resident not adversely affect the education of the general surgery residents, either in terms of operative experience or patient responsibility. In particular, the following are noted:

1. A subspecialty surgical resident may be a teaching assistant for residents other than general surgery chief residents.
2. Unless explicitly allowed by the Program Requirements for Residency Education in the specific subspecialty of general surgery, a chief resident in general surgery and a subspecialty resident may not have primary responsibility for the same patients.

The subspecialty resident should maintain a close working relationship with residents and fellows in general surgery and in other disciplines such as radiology, pathology, medicine, and pediatrics.

E. A subspecialty program must offer supervised training to assure the acquisition of the necessary preoperative, operative, and postoperative skills integral to the subspecialty discipline. Instruction and experience must be sufficient for the residents to acquire an understanding of the common procedures of the subspecialty, their indications, risks, and limitations.

F. Adequate and appropriate supervision of subspecialty residents must be provided at all times in accord with their level of experience and expertise.

V. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

B. Research

A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VI. Evaluation

A. Residents

Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:

1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation is required for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program Director

The subspecialty program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the program director, the core General Surgery program director, and by the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

D. Efficacy of the Program

An important measure of the efficacy of the program is the performance of its graduates on the certification examinations offered by the American Board of Surgery. It is expected that 60% or more of the graduates of the program will become certified on their first attempt.

ACGME: September 1996 Effective: July 1997
Program Requirements for Residency Education in Surgical Critical Care (Surgery)

I. Introduction

A. Definition and Scope of the Specialty
1. Surgical critical care deals with complex surgical and medical problems in critically ill surgical patients. Institutions sponsoring graduate educational programs in surgical critical care must provide the educational, clinical, and administrative resources to allow residents to develop advanced proficiency in the management of critically ill surgical patients, to develop the qualifications necessary to supervise surgical critical care units, and to conduct scholarly activities in surgical critical care. The educational program must be an integral part of and enhance an accredited core program in general surgery.

2. Completion of at least 3 clinical years in an accredited graduate educational program in the disciplines of general surgery, neurosurgery, urology, or obstetrics and gynecology is a prerequisite. A subspecialty educational program in surgical critical care is in addition to the requirements for critical care education set forth in the Program Requirements for these core programs. There should be an institutional policy governing the educational resources committed to critical care programs and ensuring cooperation of all involved disciplines.

3. Residents in one of the surgical disciplines listed in Section I.A.2 who enter the program prior to completing a residency must have a categorical residency position in their specialty available to them on satisfactory completion of the critical care fellowship.

B. Duration and Scope of Training
1. Graduate education in surgical critical care shall be 12 months, of which 2 months may be elective rotations. These 12 months must be devoted to advanced educational and clinical activities related to the care of critically ill patients and to the administration of critical care units.

2. A surgical critical care program must include primary educational activities in a surgical critical care unit with pediatric and/or adult patients, located in an institution that has been approved by the Residency Review Committee (RRC) for surgery as an integrated institution (as defined in the Program Requirements for General Surgery) with a core general surgery program.

Training may take place in various settings that provide for the care of critically ill adult and/or pediatric surgical patients, including those with general surgical conditions such as trauma, burns, and surgical oncology; with cardiothoracic, neurosurgical, and high risk pregnancy conditions; and with organ transplantation.

3. In some instances residents may devote up to 25% of their time to direct operative care of critically ill patients. During such operative care, the critical care resident and chief resident in general surgery may not share primary responsibility for the same patient. However, in the nonoperative management of critically ill surgical patients the surgical critical care residents and general surgery residents may interact as long as they share primary responsibility in patient management decisions. The final decision and responsibility rests with the supervising attending surgeon.

C. Objectives
1. The completion of an accredited surgical residency training program qualifies the surgeon to manage critically ill surgical patients. Therefore, the surgical critical care program must enable the resident to acquire an advanced body of knowledge and level of skill in the management of critically ill surgical patients in order to assume a leadership role in teaching and in research in surgical critical care. This advanced body of knowledge and level of skill must include the mastery of (1) the use of advanced technology and instrumentation to monitor the physiologic status of children or adults of both sexes, including those in the neonatal, pediatric, child-bearing, or advanced years; (2) organizational and administrative aspects of a critical care unit; and (3) ethical, economic, and legal issues as they pertain to critical care.

2. In addition, individuals completing a training program in surgical critical care will be expected to be able to
a. teach the specialty of surgical critical care.
b. undertake investigations into the various areas of surgical critical care, such as new instrumentation, identification of important physiologic parameters, evaluation of pharmacologic agents in critically ill patients, or health outcomes and/or health policy issues related to surgical critical care.
c. administer a surgical critical care unit and appoint, train, and supervise specialized personnel, establish policy and procedures for the unit, and coordinate the activities of the unit with other administrative units within the hospital.

II. Institutional Organization
A. Residency education programs in surgical critical care may be accredited only in institutions that either sponsor a residency education program in general surgery or pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or are integrated by formal agreement into such programs. The critical care program will be approved only as an administratively integrated part of the approved core program in general or pediatric surgery.

Rotations to affiliated institutions can be approved for up to 3 months; adequate educational justification for such rotations must be provided to the RRC prior to implementation. The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the critical care program.

B. A critical care program will not be approved if it has substantial negative impact on the education of the general surgery residents in the core program.

III. Faculty Qualification and Responsibilities

A. Program Director
1. The critical care training program must be under the direction of a surgeon who is certified in surgical critical care by the American Board of Surgery or judged by the RRC to possess appropriate educational qualifications and documented experience in surgical critical care.

2. The program director of the critical care program must be the director or co-director of one or more of the critical care units in which the clinical aspects of the critical care program take place, and he or she must be personally involved in clinical supervision and teaching of general surgery and surgical critical care residents in that unit.

3. The program director shall have administrative responsibility for the surgical critical care educational program and shall appoint
all residents and teaching staff to the program and determine their duties.

B. Responsibilities of the Program Director

It is the responsibility of the critical care program director to support the residency educational program by devoting time and effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:

1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.

2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

5. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

6. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

7. Preparation of an accurate statistical and narrative description of the program.

C. Faculty

1. In the teaching environment of the surgical critical care unit, it is recognized that the teaching staff in surgery, medicine, pediatrics, obstetrics and gynecology, anesthesiology, and other disciplines may all be involved in the care of specific patients. Therefore, a collegial relationship must exist between the surgical director of the critical care educational program and the teaching staff to enhance the educational opportunities for all residents and trainees.

2. The teaching staff must be specifically qualified in the care of critically ill surgical patients and must provide the program director with regular evaluations of the residents. At least one surgeon qualified in surgical critical care must be appointed to the teaching staff for every surgical critical care resident enrolled in the program.

3. The teaching staff must have real and demonstrated interest in teaching and set an example for residents by documented engagement in scholarly pursuits, to include (1) participation in their own continuing education in surgical critical care, (2) participation in regional and national surgical scientific societies, and (3) demonstration of an active interest in research as it pertains to critical care problems.

4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Working Environment and Hours

A. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. Residents' work schedules must be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home vis-à-vis actual hours worked. The ratio of hours worked and on-call time will vary particularly at the senior levels and therefore necessitates flexibility.

B. During the on-call hours, residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in non-educational activities that can be discharged properly by other personnel.

V. Facilities and Resources

The surgical critical care program must function in a unit that has sufficient numbers of knowledgeable personnel and the necessary equipment to care for critically ill surgical patients.

A. Personnel should include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.

B. The critical care unit must be located in a designated area within the hospital, constructed and designed specifically for the care of critically ill patients.

C. Equipment and personnel in the critical care unit should be centrally concentrated to provide efficient and expeditious operation.

D. There should be a supporting laboratory available to provide complete and prompt laboratory evaluation.

E. The objectives of a surgical critical care program can be achieved only when the program is based within an institution that has an accredited residency program in general surgery. It is desirable for the institution to have accredited residencies in the surgical specialties and in disciplines that particularly relate to sur-
The program must provide supervised training that will enable the resident to gain competence in the performance and application of the following critical care skills:
1. Respiratory: airway management, including endoscopy and management of respiratory systems
2. Circulatory: invasive and noninvasive monitoring techniques, including transesophageal and precordial cardiac ultrasound and application of transvenous pacemakers; computations of cardiac output and of systemic and pulmonary vascular resistance; monitoring electrocardiograms and management of cardiac assist devices
3. Neurological: the performance of complete neurological examinations; use of intracranial pressure monitoring techniques and of the electroencephalogram to evaluate cerebral function; application of hypothermia in the management of cerebral trauma
4. Renal: the evaluation of renal function; peritoneal dialysis and hemofiltration; knowledge of the indications and complications of hemodialysis
5. Gastrointestinal: utilization of gastrointestinal intubation and endoscopic techniques in the management of the critically ill patient; application of enteral feedings; management of stomas, fistulas, and percutaneous catheter devices
6. Hematologic: application of autotransfusion; assessment of coagulation status; appropriate use of component therapy
7. Infectious disease: classification of infections and application of isolation techniques, pharmacokinetics, drug interactions, and management of antibiotic therapy during organ failure; nosocomial infections; indications for applications of hyperbaric oxygen therapy
   a. Nutritional: application of parenteral and enteral nutrition; monitoring and assessing metabolism and nutrition
   b. Monitoring/bioengineering: use and calibration of transducers, amplifiers, and recorders
   c. Miscellaneous: use of special beds for specific injuries; employment of pneumatic antishock garments, traction, and fixation devices

VI. The Educational Program
A. Curriculum Overview
The program must provide the opportunity for residents to acquire advanced knowledge of the following aspects of critical care, particularly as they relate to the management of patients with hemodynamic instability, multiple organ failure, and complex coexisting medical problems:
1. Cardiorespiratory resuscitation
2. Physiology, pathophysiology, diagnosis, and therapy of disorders of the cardiovascular, respiratory, gastrointestinal, genitourinary, neurologic, endocrine, musculoskeletal, and immune systems, as well as of infectious diseases
3. Metabolic, nutritional, and endocrine effects of critical illness
4. Hematologic and coagulation disorders
5. Critical obstetric and gynecologic disorders
6. Trauma, thermal, electrical, and radiation injuries
7. Inhalation and immersion injuries
8. Monitoring and medical instrumentation
9. Critical pediatric surgical conditions
10. Pharmacokinetics and dynamics of drug metabolism and excretion in critical illness
11. Ethical and legal aspects of surgical critical care
12. Principles and techniques of administration and management
13. Biostatistics and experimental design

B. Critical Care Skills
The program must provide supervised training that will enable the resident to gain competence in the performance and application of the following critical care skills:
1. Respiratory: airway management, including endoscopy and management of respiratory systems

C. Documentation of Experience
The program must document to the site visitor that residents in the surgical critical care program have had direct involvement in the management of a broad spectrum of critically ill surgical patients. In addition, each resident must submit an operative log of the number and type of operative experiences while a surgical critical care resident.

VII. Program Research and Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
A. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.
B. A critical care program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

VIII. Evaluation

A. Residents
Critical care program directors must establish clearly defined procedures for regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:
1. At least semi-annually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

B. Program Director
The critical care program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality and the curriculum and the extent to which the educational goals have been met by residents must be assessed by the program director, the core general surgery program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

D. Efficacy of Program
An important measure of the efficacy of the program is the performance of its graduates on the certification examinations offered by the American Board of Surgery. It is expected that 60% or more of the graduates of the program will become certified on their first attempt.

ACGME: June 1992  Effective: July 1, 2001

Program Requirements for Residency Education in Hand Surgery (Surgery)

I. Introduction

A. Definition of the Specialty
Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education
1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization

A. Sponsoring Institution
The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty; financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions
1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents
1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A single program director must be responsible for the program.
1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
   d. Appointments in good standing to the medical staff of an institution participating in the program.
   e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.

2. Responsibilities of the program director
   a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
   b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
   c. Select and supervise the faculty and other program personnel at each participating institution.
   d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must:
      1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.
   f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
   h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.
   i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.
   j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.
   k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.
   l. Advise applicants of the prerequisite requirements of the appropriate specialty board.
   m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.
   n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including
      1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair, and
      2. changes in administrative structure that affect the status of the parent department in the institution.
   o. Obtain prior RRC approval for the following changes in the program:
      1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
      2. any change in the approved resident complement of the program; and
      3. any change in the length or format of the program.

B. Faculty
1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.
Program Requirements for Residency Education in Hand Surgery (Surgery)

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include:
1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities
1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suites and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities
Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities
1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design
1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component
1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
   a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
   b. Fingertip injuries
   c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
   d. Tendon transfer and tendon balancing
   e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
   f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
   g. Bone grafts
   h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
   i. Pollicization or ray transfer
   j. Foot to hand transfer
   k. Tumors, benign and malignant
   l. Dupuytren's contracture
   m. Replantation, revascularization
   n. Amputations
   o. Fasciectomy, deep incision and drainage for infection, and wound débridement
   p. Congenital deformities, including syndactyly and others
   q. Management of upper extremity vascular disorders and insufficiencies
r. Foreign body, implant removal
s. Thermal Injuries
t. Arthroscopy
u. Upper extremity pain medicine

C. Didactic Components
1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.8.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery. Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.
3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision
1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours
1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time on noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents
1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation
A. Resident Evaluation
The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation
1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation
1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by the American Board of Surgery. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification
Residents who plan to seek hand surgery certification as administered by the American Board of Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998
Program Requirements for Residency Education in Pediatric Surgery (Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

A residency program in pediatric surgery is an educational experience designed to provide advanced knowledge and skills in the surgery of infants and children. At the completion of this education, pediatric surgery residents should function as competent pediatric surgeons.

B. Duration and Scope of Education

1. Admission Prerequisites

The resident applicant must have satisfactorily completed a program in general surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, be admissible to examination by the American Board of Surgery (or its equivalent), or be certified by that board.

2. Program Length

a. The program length is 2 years, of which 18 months must be clinical pediatric surgery. The remaining 6 months may be devoted to related clinical disciplines designed to enhance the educational experience or to scholarly activities.

b. The last 12 months of clinical education must be at the chief level with responsibility for patient management and semi-independent operative experience under appropriate supervision.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. A pediatric surgery program should be offered in institutions accredited by the JCAHO or its equivalent and classified as general hospitals or Children's Hospitals. These institutions must include facilities and staff with a variety of services, including adequate inpatient surgical admissions, intensive care units for both infants and older children, and radiology, pathology, and an emergency department in which infants and children can be managed 24 hours a day.

2. There must be at least one additional residency program in pediatrics whose residents rotate through the same integrated institution(s) as the pediatric surgical residents.

B. Participating Institutions (defined as any institution to which residents rotate for assigned experiences)

1. Assignments to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

3. Clinical assignments of 3 months or less may be spent at participating institutions at the discretion of the program director during the first year of the residency program without advance RRC approval.

4. Assignments to participating institutions outside the sponsoring or integrated institutions may not exceed a total of 6 months during the 24-month program and requests for integration must be approved in advance by the RRC.

5. Institutions may be integrated with the sponsoring institution through an integration agreement specifying that the program director must:
   a. appoint the members of the faculty at the integrated institution
   b. appoint the chief or director of the teaching service in the integrated institution
   c. appoint all residents in the program
   d. determine all rotations and assignments of both residents and members of the faculty.

6. As a general rule, integrated institutions must be in close geographic proximity as to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews regularly and in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

f. Advance approval from the RRC must be obtained for all integrations.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either the program director or the department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System (WebADS) of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and all other members of the program are essential to maintaining such an appropriate continuity of leadership. The length of the appointment, as a normal rule, must be for at least the duration of the program plus 1 year, i.e., a minimum of 3 years.

3. Qualifications of the program director are as follows:
   a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b. The program director must be certified in surgery and pediatric surgery by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.
c. The program director must be appointed in good standing
and based at the primary teaching site.
d. The program director must be licensed to practice medicine in
the state where the institution that sponsors the program is
located.
e. The program director must demonstrate scholarly activity in at
least one of the areas listed in section B4 below of this
document.

4. Responsibilities of the program director are as follows:
a. The program director must oversee and organize the activities
of the educational program in all institutions that participate
in the program. This includes selecting and supervising the
faculty and other program personnel at each participating
institution, appointing a local site director, and monitoring appropriate resident supervision at all
participating institutions.
b. The program director is responsible for preparing an accurate
statistical and narrative description of the program as
requested by the RRC, as well as updating annually both
the program and resident records through the ACSME
Accreditation Data System (ADS).
c. The program director must ensure the implementation of
fair policies, grievance procedures, and due process, as
established by the sponsoring institution and in compliance
with the Institutional Requirements.
d. The program director must seek approval of the RRC for
any changes in the program that may significantly alter the
educational experience of the residents. Such changes, for
example, may include:

   (1) the addition or deletion of a participating institution;
   (2) a change in the format of the educational program;
   (3) a change in the approved resident complement for
      those specialties that approve resident complement.
On review of a proposal for a major change in a program, the RRC
can determine that a site visit is necessary.

B. Faculty
1. At each institution participating in the program, there must
   be a sufficient number of faculty with documented qualifications
to instruct and supervise adequately all residents in the
   program. In addition to the program director, for each approved
   chief resident position, there must be at least 1 geographic
   full-time faculty member whose major function is to support the
   residency program. These faculty appointments must be of
   sufficient length to ensure continuity in the supervision and
   education of the residents.
2. The faculty, furthermore, must devote sufficient time to the
   educational program to fulfill their supervisory and teaching
   responsibilities. They must demonstrate a strong interest in
   the education of residents, and must support the goals and
   objectives of the educational program of which they are a
   member.
3. Qualifications of the faculty are as follows:
   a. The physician faculty must possess the requisite specialty
      expertise and competence in clinical care and teaching
      abilities, as well as documented educational and administra-
      tive abilities and experience in the field.
   b. The physician faculty must be certified in surgery and pedi-
      atric surgery by the American Board of Surgery, or possess
      qualifications judged to be acceptable by the RRC.
   c. The physician faculty must be appointed in good standing
to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an envi-
   ronment of inquiry and scholarship rests with the faculty, and
   an active research component must be included in each pro-
   gram. Scholarship is defined as the following:
   a. the scholarship of discovery, as evidenced by peer-reviewed
      funding or by publication of original research in a
      peer-reviewed journal;
   b. the scholarship of dissemination, as evidenced by review
      articles or chapters in textbooks;
   c. the scholarship of application, as evidenced by the publica-
      tion or presentation of, for example, case reports or clini-
      cal series at local, regional, or national professional and
      scientific society meetings.
   Complementary to the above scholarship is the regular
   participation of the faculty in clinical discussions, rounds,
   journal clubs, and research conferences in a manner that
   promotes a spirit of inquiry and scholarship (e.g., the offer-
   ing of guidance and technical support for residents involved
   in research such as research design and statistical analy-
   sis); and the provision of support for residents' participa-
   tion, as appropriate, in scholarly activities.
   d. Participation and productivity in scholarly activities by the
      faculty is a required attribute for an accredited program.
   e. Documented leadership in major medical specialty
      organizations.
   f. Mentorship of junior faculty, residents, and fellows.
5. Qualifications of the nonphysician faculty are as follows:
   a. Nonphysician faculty must be appropriately qualified in
      their field.
   b. Nonphysician faculty must possess appropriate institutional
      appointments.

C. Other Program Personnel
Additional professional, technical, and clerical personnel must
be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., suffi-
cient laboratory space and equipment, computer and statistical
consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria
The program director must comply with the criteria for resident
eligibility as specified in the institutional requirements.

B. Number of Residents
The RRC will approve the number of residents based upon estab-
lished written criteria that include the adequacy of resources for
resident education (e.g., the quality and volume of patients
and related clinical material available for education), facul-
ty-resident ratio, institutional funding, and the quality of fac-
ulty teaching.
   Both temporary and permanent increases in resident comple-
ment must be approved in advance by the RRC. A permanent in-
crease in resident complement may be requested only in conjunc-
tion with a site visit. Any increase in complement must be justified
in terms of the educational goals of the program.

C. Resident Transfers
To determine the appropriate level of education for a resident
who is transferring from another residency program, the pro-
gram director must receive written verification of the previous
educational experiences and a statement regarding the
performance evaluation of the transferring resident, prior to accep-
tance into the program. A program director is required to pro-
Program Requirements for Residency Education in Pediatric Surgery (Surgery)

The program must possess a well-organized and effective process for verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

V. Program Curriculum

A. Program Design
1. The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
   The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical.

1. Academic Component
   a. The academic component of the program should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity.
   b. A course or structured series of conferences in the basic and clinical sciences fundamental to pediatric surgery should be provided in: embryology; genetics; wound healing; hemostasis and blood disorders; immunobiology; transplantation; physiology and pathology of the circulatory, respiratory, gastrointestinal, genitourinary, and endocrine systems; fluid and electrolyte balance; infection; metabolic response to injury; and anesthesiology.
   c. Structured educational activities must include
      1) Teaching rounds with bedside teaching conducted by the surgical faculty
      2) Conferences, held at least twice monthly, to include pediatric surgical grand rounds, morbidity and mortality conferences, and radiology conferences
      3) Other relevant multidisciplinary conferences, including surgical pathology and tumor conferences.
      4) During the chief year, the resident should personally organize the formal pediatric conferences, grand rounds, and mortality and morbidity conferences, and be directly responsible for presentations and discussions at these conferences.
      5) Pediatric surgery residents should have significant teaching responsibilities for junior residents and medical students assigned to the service.
      6) The program should provide residents with familiarity in the design, implementation, and interpretation of clinical research studies.
   
2. Clinical Component
   a. Residents must be given responsibility for surgical management to demonstrate competence and attain detailed knowledge and experience of
      1) congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs; the blood and vascular system; the integument; the diaphragm and thorax, exclusive of the heart; the endo-
      2) traumatic conditions of the abdomen, chest, head and neck, and extremities with sufficient experience in the management of children who have sustained injuries to multiple organs;
      3) nonoperative management of surgical patients;
      4) endoscopy of the airway and gastrointestinal tract, including laryngoscopy, bronchoscopy, esophagoscopy, and gastroduodenoscopy; lower intestinal endoscopy, laparoscopy and cystoscopy; and the study and performance of new and evolving endoscopic techniques;
      5) the complete care of the critically ill infant or child, including: (a) cardiopulmonary resuscitation, (b) the management of patients on respirators, (c) invasive monitoring techniques and interpretation, (d) nutritional assessment and management, and (e) the recognition and management of clotting and coagulation disorders.

b. Residents must have the opportunity to gain adequate knowledge of the basic principles of cardiothoracic surgery, gynecology, neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, vascular surgery, transplant surgery, and the management of burns. Although clinical assignments to these services are highly desirable, an understanding of the principles of these subspecialties by a structured curriculum that adequately deals with these surgical areas is sufficient.

c. Operative Experience
   1) The pediatric surgical service should document a minimum of 900 operations per year, including neonatal and major solid tumor procedures.
   2) Residents must document an appropriate breadth, volume, and balance of operative experience.
   3) The chief resident must document at least 250 pediatric surgical operations under supervision during the chief year.
   4) For residents other than surgery chief residents, the pediatric surgical resident may act as a teaching assistant when their operative experience justifies a teaching role.
   5) A pediatric surgery resident and a surgery chief resident may not have primary responsibility for the same patients.

d. Outpatient Experience
   1) An effective mechanism for follow-up must be provided for all patients, whether in clinics or private office settings.
   2) Residents must have the opportunity to evaluate patients, make appropriate provisional diagnoses, initiate diagnostic procedures, form preliminary treatment plans, and have the opportunity for outpatient follow-up care of surgical patients.
   3) Follow-up care should include not only short-term but long-term evaluation and progress, particularly with major congenital anomalies or neoplasm cases.

e. Pediatric surgical residents must provide care as consultants under appropriate supervision in the emergency department and with other specialists such as neonatologists and intensivists.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research and other scholarly activities, and residents must participate actively in such scholarly activities.
D. ACGME Competencies (Note: This section does not apply to this subspecialty.)

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of resident time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
4. The attending physician has both an ethical and legal responsibility for the overall care of the individual patient and for the supervision of residents. Although senior residents require less direction than junior residents do, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care. Such judgments shall be based on the attending surgeon's direct observation and knowledge of the pediatric surgery resident's skill and ability.
5. The pediatric surgery resident may not supervise a chief surgery resident.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
3. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The pediatric surgery resident should evaluate the patient before surgery.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception
An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.
VII. Evaluation

A. Resident
   1. Formative Evaluation
      The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
      a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, and systems-based practice.
      b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
      c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the residents' performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
   The performance of faculty must be evaluated by the program no less frequently than at the mid-point of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative personnel (i.e., at least the program director, representative faculty and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct formal documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action which should be approved by the faculty and documented in the minutes of the meeting.
   2. The program should use resident performance and outcomes assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure if evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation and innovative projects that may deviate from the program requirements may be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Surgery should communicate with the office of the board regarding the full requirements for certification.

Approved: 1993
Approved: 1998
Approved: 1999
Common Program Requirements Editorial Revision: July 2004

Program Requirements for Residency Education in Vascular Surgery (Surgery)

I. Introduction

A. Definition and Scope of the Specialty
   1. Graduate training programs in vascular surgery should be designed to provide the educational resources appropriate for the development of proficiency in the diagnosis and treatment of diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those components intrinsic to the heart and intracranial vessels. The foregoing definition describes what is hereinafter referred to as the vascular system. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
   2. The training of surgeons for the practice of vascular surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge and maturity, and acquisition of surgical judgment regarding the vascular system.
   3. The goal of a vascular surgery residency program is to prepare residents to function as a qualified practitioner of vascular surgery at the high level of performance expected of a board-certified specialist; the educational components of the program, therefore, must be of the highest priority. Residents must be provided adequate time and sufficient facilities for study and be assured of a rotation schedule that provides an equivalent educational opportunity for each resident. While every graduate education program carries with it a commitment of service to patients in the institution, the service responsibilities must support and not detract from the educational activities.

B. Types of Programs
Subspecialty education in vascular surgery is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Appropriate education and training in vascular surgery may be attained through two types of programs:
1. A vascular surgery residency that follows the completion of an accredited residency program in general surgery.
2. A vascular surgery residency that is a component of an accredited cardiothoracic surgery program, in which patient material is adequate to fulfill the requirements of both areas of training.

Specialized training in vascular surgery as part of an accredited cardiothoracic surgery program is in addition to the 2-year requirement for completion of standard cardiothoracic surgery program.

C. Duration of Training
The vascular surgery program must be of sufficient duration to allow residents to acquire an advanced level of skill in the diagnosis and treatment of vascular diseases. The program shall not be less than 12 months in duration and shall be exclusively devoted to vascular surgery. It shall be in addition to the training required for certification in either general surgery or thoracic surgery. Any program that extends clinical training beyond these minimum requirements must present a clear educational rationale consonant with the program requirements and objectives for residency training. The program director must obtain approval of the RRC prior to implementation and at each subsequent review of the program. Prior to entry into the program, each resident must be notified in writing of the required length of training.

D. Number of Approved Residency Positions
The number of positions in the training program must be approved by the RRC. This number will include all residents who are appointed for a full academic year in the training program. Any request for changes in the resident complement must be justified in terms of the educational goals of the program.

E. Interaction with General Surgery Residents
Lines of responsibility for general surgery residents and vascular surgery residents must be clearly defined when both rotate in the same institution. Ideally, the roles of general and vascular surgery residents should complement each other for a mutual educational benefit in terms of operative experience, patient responsibility, and faculty interaction. The following are noted in particular:
1. A vascular surgery resident may be a teaching assistant for residents other than general surgery chief residents.
2. Although a vascular surgery resident and a chief resident in general surgery may function together on a service with the same junior residents, they may not have primary responsibility for the same patients.

In addition, general surgery and vascular surgery program directors should confer and agree about proposed changes in either program that might adversely affect the other, such as changes in the total number of resident positions.

II. Institutional Requirements

A. Sponsoring Institution
1. Inasmuch as vascular surgery is a discipline of great breadth and is often consultative in nature, the program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent and classified as general hospitals. These institutions, which by definition must include facilities and staff for a variety of services, including radiology and pathology, must also have a demonstrated commitment to graduate medical education and research.
2. Residency education programs in vascular surgery may be accredited in institutions that sponsor accredited residency programs in general surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited general surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

B. Participating Institutions
An institution that cannot provide sufficient resources and clinical experience within its own facilities may make arrangements with other institutions through formal written agreements to provide additional resources and experience. All such agreements are subject to approval by the RRC, for either affiliated or integrated institutions, as indicated below:
1. Institutions may be affiliated with the parent institution through an Affiliation Agreement, which must cover the areas specified in the Institutional Requirements of the ACGME. Affiliated institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.
2. Rotations to affiliated institutions can be approved for a period not exceeding 3 months; adequate educational justification for such rotations must be provided to the RRC prior to implementation.
3. Institutions may be integrated with the parent institution through an Integration Agreement that must specify—in addition to the Institutional Requirements—that the program director of the parent institution (1) appoint the members of the teaching staff at the integrated institution, (2) appoint the chief or director of the teaching service in the integrated institution, (3) appoint all residents in the program, and (4) determine all rotations and assignments of both residents and members of the teaching staff. As a general rule, institutions integrated with parent hospitals must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

C. Vascular Service
1. The institution, department, or service accredited to conduct a program of graduate education in vascular surgery must be able to provide a sufficient number and variety of vascular surgery patients to ensure that residents have an adequate exposure to a wide spectrum of lesions of the vascular system.
2. To provide an effective training program, a vascular surgery service must be organized as an identifiable unit, even though it is within the framework of a larger administrative entity such as a department of surgery or general surgery or thoracic surgery. It is highly desirable that all patients with vascular disease who are available for teaching purposes be admitted to this unit so that the patients may be centralized and utilized most efficiently for teaching.
3. Privileges on the vascular surgery teaching service should be granted to surgeons only with the understanding that their patients are to be available for coordinated graduate education of residents.

III. Teaching Staff
The establishment of an inquiring and scholarly environment in the parent and integrated institution(s) is the primary responsibility of the teaching staff in a vascular surgery training program. Only in such a milieu can residents develop the facility for critical analysis and further growth potential necessary to a lifetime of self-education after the completion of formal residency training. The teaching staff responsible for the direction and execution of the program must be well qualified to create and maintain such an environment...
and be of sufficient diversity of interest that the many facets of vascular surgery are represented. There must be a single program director responsible for the program. The program director and teaching staff must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to these goals.

A. Qualifications of the Program Director
1. Documented qualification in vascular surgery, requisite administrative abilities and experience, and dedication to surgical education and scholarship, as evidenced by his or her curriculum vitae.
2. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
3. Certification in vascular surgery by the American Board of Surgery, or suitable equivalent qualifications as determined by the RRC.
4. Appointment in good standing to the medical staff of the parent or one of the integrated institutions participating in the program.
5. Appointment for at least 3 years. Persons appointed or elected for short duration or in an honorary capacity cannot serve as program directors.

B. Responsibilities of the Program Director
1. Support the residency training program by devoting his or her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the parent or integrated institution(s).
2. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
3. Designate other well-qualified surgeons to assist in the supervision of the resident staff, but maintain continuous responsibility and authority for administrative and teaching policies of the service.
4. Be responsible for rotations and staff appointments of attending surgeons on the teaching services in the parent and in all integrated institutions.
5. Select residents for appointment to the program in accordance with institutional and departmental policies and procedures, make resident assignments, and be responsible for the proper conduct of the educational activities; namely, for their supervision, direction, and administration in all participating institutions.
6. Provide residents with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
7. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
8. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified as further described in Section IV.B.
9. Provide complete and accurate program information forms and resident operative records to the RRC so that an appropriate assessment of the program can be made.

C. Other Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise the residents in the program. In addition to the program director, for each approved residency position there must be at least one geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff. Surgeons with teaching responsibilities should be certified by the American Board of Surgery or possess suitable equivalent qualifications, as determined by the RRC. At a minimum, one surgeon on the teaching staff, in addition to the program director must be certified in vascular surgery by the American Board of Surgery, or have suitable equivalent qualifications as determined by the RRC. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. The teaching staff must include members with diverse expertise to meet the needs of the training program. All members of the staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. A resident representative should participate in these reviews.
5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Faculty Scholarly Activity
1. Scholarly activity of the faculty at the parent and integrated institutions is of paramount importance to the program. Staff activity at affiliated institutions cannot substitute for this effort. Adequate documentation of scholarly activity on the part of the program director and the teaching staff at the parent and integrated institutions must be submitted at the time of the program review.
2. Documentation of scholarly activity is based on participation in continuing surgical education; participation in regional or national surgical scientific societies; presentation and publication of scientific studies; and demonstration of an active interest in research as it pertains to their own special surgical interests.
3. Commitment of the faculty to research will be judged based on projects that are funded following peer review; publications in peer-reviewed journals; presentations at national and regional scientific meetings; and research protocols that have been approved by appropriate institutional committees or other organizations.
4. While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in vascu-
lar surgery at the parent and integrated institution(s). Research on the part of residents is not a substitute for the involvement of the program director and teaching staff. The staff as a whole must document active involvement in all phases of scholarly activity as defined above if they are to be considered adequate to conduct a program of graduate education in vascular surgery.

E. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Environment and Resources

A. Library

1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

B. Working Environment and Hours

1. Graduate education in vascular surgery requires a commitment to continuity of patient care. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.
2. The program director must establish an environment that is optimal both for resident education and for patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. A distinction must be made between on-call time in the hospital and on-call availability at home and their relation to actual hours worked. The ratio of hours worked to on-call time will vary each week and therefore necessitates flexibility. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Residency training in vascular surgery is a full-time responsibility; activities outside the educational program must not interfere with the residents' performance in the educational process, as determined by the program director, nor must they interfere with the residents' opportunities for rest, relaxation, and study.

C. Logistics

During in-hospital on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. Support services must be such that residents do not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

V. The Educational Program

A. Curriculum

1. The curriculum for the vascular surgery program should encompass the entire vascular system as defined in section I.A.I. Clinical, vascular laboratory and basic science curricula developed by the Association of Program Directors in Vascular Surgery are useful in this regard. Instruction in each area should be associated with relevant patients whenever possible. However, if direct patient exposure is not possible in some specific areas, instructional materials must be provided to ensure adequate education in all areas.
2. The program must provide instruction and require residents to become knowledgeable in the fundamental sciences, including anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions.
3. Residents must be provided with progressive senior surgical responsibilities in the total care of vascular surgery patients, including preoperative evaluation, therapeutic decision making, operative experience, and postoperative management. The focus of the program is clinical education; research, laboratory, and nonvascular clinical assignments should be related to this focus.
4. Residents must acquire familiarity with special diagnostic techniques for the management of vascular lesions. It is essential that residents have an acquaintance with the methods and techniques of angiography and competence in the interpretation of angiographic findings. Residents must also have experience in the application, interpretation, and limitations of noninvasive vascular diagnostic techniques.
5. Residents must have the opportunity to provide consultation with faculty supervision. They should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of vascular surgery.
6. Continuity of primary responsibility for patient care must be taught in a longitudinal way, and include: ambulatory care; inpatient care; referral and consultation; utilization of community resources.
7. The program must provide teaching in critical thinking, design of experiments, and evaluation of data as well as in technological advances that relate to vascular surgery and the care of patients with vascular diseases. The program must encourage participation by the residents in clinical and/or laboratory research and make appropriate facilities available.

B. Volume and Complexity of Operative Experience

1. Operative skill is essential for surgeons and can be acquired only through personal experience and training. The program must provide sufficient operative experience to train qualified vascular surgeons, taking into account individual capability and rate of progress. A sufficient number and distribution of complex cases, as determined by the RRC, must be provided for the achievement of adequate operative skill and surgical judgment.
2. Residents must be afforded the opportunity to have chief or senior resident responsibility in the operative management of patients who require the wide range of reconstructive and nonreconstructive vascular procedures within the scope of vascular surgery. This must include experience in endovascular procedures. Chief or senior operative experience is defined as activity in the course of which the resident functions as the operating surgeon or performs the critical technical portions of the operation. Residents should perform a minimum of 100 major vascular reconstructive procedures that reflect an adequate representa-
Program Requirements for Residency Education in Vascular Surgery (Surgery)

The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of residents involved in the care of that patient. Judgments on the delegation of this responsibility to vascular surgery residents must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

2. Supervision of residents must be specified in the bylaws, policies, procedures, rules, and/or regulations of the department, which must not be less demanding than those of the institution.

3. Evidence that adequate supervision exists within a program must be provided to the site visitor at the time of program review in the form of signed notes in the patient charts and/or other such records, as well as through personal interviews of residents.

4. Proper supervision must not conflict with progressively more independent decision making on the part of the residents; thus, the degree of supervision may vary with the clinical circumstances and the experience of each resident. However, to exercise their responsibilities properly, members of the teaching staff always must be immediately available for consultation and support.

D. Outpatient Responsibilities

To be adequate, a program must document both inpatient and outpatient activities. Outpatient activities constitute an essential component of adequate experience in continuity of patient care. These activities should be conducted in such a way that residents have an opportunity to examine patients preoperatively, have ample opportunity to consult with the attending surgeon regarding operative care, and have an opportunity to participate in the operation and in the immediate postoperative care until release from the facility. To participate in post-hospital care, residents have the responsibility for seeing patients personally in an outpatient setting and consulting with the attending surgeon regarding follow-up care. As a guideline, approximately 1 day per week should be devoted to these outpatient activities.

E. Educational Conferences

Educational conferences must be adequate in quality and quantity to provide a review of vascular surgery as well as recent advances. The conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented. Active participation by vascular surgery residents in the planning and production of these conferences is essential.

The following types of conferences must exist within a program:

1. At least biweekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant

2. A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery; sole reliance on textbook review is inadequate

3. Regular organized clinical teaching, such as ward rounds and clinical conferences

4. A regular review of recent literature, such as a journal club format.

VI. Evaluation

A. Evaluation of Residents

1. There must be adequate, ongoing evaluation of the knowledge, competency, attitudes, and performance of the residents. Written evaluation of each resident's knowledge, skills, professional growth and performance, using appropriate criteria and procedures, must be accomplished at least semiannually. This assessment must include cognitive, motor, and interpersonal skills, as well as surgical judgment. Evaluations must be communicated to residents in a timely manner.

2. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

3. The program director and faculty are responsible for provision of a written evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

4. A system for documentation of residents' experiences must be utilized to monitor the educational experience and to provide documentation for future hospital privileges.

B. Evaluation of the Program and Faculty

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. All teaching faculty must also be evaluated on a regular basis, including teaching ability, availability, attitudes, scholarly contributions, interpersonal skills, and communication abilities. Written evaluations by residents of the program and faculty should be utilized in this process. Resident feedback should be anonymous if feasible, and under no circumstance should it result in any negative program or faculty response directed toward the residents. In addition, internal review of the program should be conducted by the Institutional Review Committee on a regular basis.

C. Other Evaluation Tools

A program must strive for the highest possible quality of educational experience for the residents; it will be judged on this basis. One measure of the quality of a program is the performance of its graduates with respect to the American Board of Surgery certification process. Graduates of ACGME-accredited programs are expected to complete this process successfully. At a minimum, for the most recent 5-year period, 60% of the graduates must have passed the qualifying and certifying examinations in vascular surgery on their first attempt.

ACGME: June 1999 Effective: January 2000
Program Requirements for Residency Education in Thoracic Surgery

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Thoracic Surgery encompasses the operative, perioperative, and critical care of patients with pathologic conditions within the chest. This includes the surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the great vessels and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm; and management of chest injuries.

B. Duration and Scope of Education
1. Before admission to a thoracic surgery residency program, the resident must have documented completion of a general surgery residency program accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program required for the acquisition of the necessary knowledge, judgment, and technical skills in the specialty is 2 years. Any program extended beyond these minimum requirements must present a clear educational rationale consistent with these program requirements and must be approved in advance by the Residency Review Committee (RRC).
3. Prior to admission to the program, each resident must be notified in writing of the length of the program.

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
1. The sponsoring institution must ensure an administrative and academic structure that provides for educational and financial resources dedicated to the needs of the program; i.e., the appointment of teaching faculty and residents, support for program planning and evaluation, the ensuring of sufficient ancillary personnel, provision for patient safety, and the alleviation of resident fatigue.
2. Library services, including electronic retrieval of information, and a collection of appropriate texts and journals should be readily available at all clinical sites.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

3. Integrated Institutions
   A formal, written integration agreement is required that specifies, in addition to the points above, that the program director:
   a) appoints the members of the teaching staff at the integrated institution;
   b) appoints the chief or director of the teaching service in the integrated institution;
   c) appoints all residents in the program; and
   d) determines all rotations and assignments of both residents and members of the teaching staff.
4. Multiple abbreviated assignments among several institutions or simultaneous assignments to more than one institution are not acceptable.
5. Assignments of 4 months or more to any participating institution must be prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Thoracic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
1. The addition or deletion of a participating institution or integrated institution;
2. A change in the format of the educational program;
3. A change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e) The program director must promptly notify the executive director of the RRC using the ADS of a change in program director or department chair, or of any additional change in the program that may significantly alter the educational experience for the residents.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. One designated cardiothoracic faculty member should be responsible for coordinating multidisciplinary clinical conferences and for organizing instruction and research in general thoracic surgery.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including documented participation in the undergraduate curriculum. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Thoracic Surgery, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. A minimum of one thoracic surgery resident must be appointed in each year to provide for sufficient peer interaction.

C. Resident Transfer

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education. Such verification must include documentation of the resident's operative experience.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component.
The educational program must be designed to provide a broad academic experience in esophageal; pulmonary, mediastinal, and chest wall; diaphragmatic, and cardiovascular disorders in all age groups.

a) The program director is responsible for providing separate and regularly-scheduled teaching conferences, mortality and morbidity conferences, rounds, and other educational activities in which both the thoracic surgery faculty and the residents attend and participate.

b) Conferences should be under the direction of qualified thoracic surgeons and other faculty in related disciplines.

c) Records of conference attendance must be kept and must be available for review by the site visitor.

2. Clinical Component

The program director is responsible for providing an organized written plan and a block diagram for the clinical assignments to the various services and institutions in the program.

a) The clinical assignments should be carefully structured to ensure that graded levels of responsibility, continuity in patient care, a balance between education and service, and progressive clinical experiences are achieved for each resident.

b) The resident must have the opportunity, under supervision, to:

   (1) provide preoperative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures;

   (2) provide postoperative management of thoracic and cardiovascular patients;

   (3) provide critical care of patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required;

   (4) correlate the pathologic and diagnostic aspects of cardiothoracic disorders, demonstrating skill in diagnostic procedures (e.g., bronchoscopy and esophagoscopy), and to interpret appropriate imaging studies (e.g., ultrasound, computed tomography, roentgenographic, radionuclide, cardiac catheterization, pulmonary function, and esophageal function studies); and

   (5) demonstrate knowledge in the use of cardiac and respiratory support devices.

c) The minimum operative experience of each resident must include:

   (1) an annual average of 125 major operations from those listed on the program information forms;

   (2) an adequate distribution of categories and complexity of procedures to ensure each resident a balanced and equivalent operative experience;

   The categories of procedures must include but are not limited to the: lungs, pleura, and chest wall; esophagus, mediastinum, and diaphragm; thoracic aorta and great vessels; congenital heart anomalies; valvular heart diseases; and myocardial revascularization.

   (3) Additional experiences should include: cardiac pacemaker implantation, mediastinoscopy, pleuroscopy, and flexible and rigid esophagoscopy and bronchoscopy.

d) Credit for operative experience may be documented when the resident:

   (1) participated in the diagnosis, preoperative planning, and selection of the operation for the patient;

   (2) performed those technical manipulations that constituted the essential parts of the patient's operation;

   (3) was substantially involved in postoperative care; and

   (4) was supervised by responsible faculty/teaching staff.

e) Assignments to nonsurgical areas (i.e., cardiac catheterization and esophageal or pulmonary function labs) may not exceed a total of 3 months during the clinical program, and may not occur in the chief year.

f) The chief year must be spent in the sponsoring or integrated institutions for the program. Exceptions require advance approval by the RRC. During this year, the resident must assume senior responsibility for the pre-, intra-, and post-operative care of patients with thoracic and cardiovascular disease.

3. Outpatient responsibilities constitute an essential component for providing adequate experience in continuity of patient care.

a) The resident should have an opportunity to examine the patient preoperatively, to consult with the attending surgeon regarding operative care, and to participate in the surgery and postoperative care.

b) Outpatient care activities include resident responsibility for seeing the patient personally in an outpatient setting and, as a minimum in some cases only, consulting with the attending surgeon regarding the follow-up care rendered to the patient in the doctor's office.

  c) The policies and procedures governing pre-hospital and post-hospital involvement of the residents must be documented. Documentation of this process must be available to the site visitor at the time of program review.

d) Permission for performing an autopsy should be sought in all deaths, to include the appropriate review of autopsy material by teaching staff and residents.

4. Thoracic surgery residents should have the opportunity for peer interaction with residents in related specialties at all participating institutions.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities. A protected research assignment is not permitted during the program; resident participation in scholarly activities should be encouraged.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

   Residents are expected to develop and execute patient care plans, demonstrate technical ability, use information technology, and evaluate diagnostic studies.

2. **Medical Knowledge** about established and evolving biomed-

cial, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

   residents are expected to know current medical information, and critically evaluate scientific information.

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

   residents are expected to demonstrate the ability to practice lifelong learning, analyze personal practice outcomes, and use information technology to optimize patient care.

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
Residents are expected to communicate with other health care professionals, counsel and educate patients and families, maintain appropriate records documenting practice activities and outcomes, and function as a team member and/or leader.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds; Residents are expected to maintain high standards of ethical behavior; demonstrate continuity of care (i.e., preoperative, operative and postoperative); demonstrate sensitivity to age, gender, culture and other differences; and demonstrate honesty, dependability, and commitment.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Residents are expected to practice cost-effective care without compromising quality, promote disease prevention, demonstrate risk-benefit analysis, and know how different practice systems operate to deliver care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allocation of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both in-patient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the thoracic surgery service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.

4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Because the program of thoracic surgery education is demanding, moonlighting is strongly discouraged.

2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
F. Duty Hours Exceptions
The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents. Because of the small resident cohort in each program, assurance that the content of resident evaluations does not adversely affect resident progression is required.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Thoracic Surgery should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 1992 Effective: September 1993
Minor Revision: November 2001
Competency revisions: July 2002
Editorial Revisions: January 2003 and July 2004
Common PR Revisions effective: July 1, 2004
Program Requirements for Residency Education in Urology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Specialty

Urology is the medical and surgical specialty involving disorders of the genitourinary tract, including the adrenal gland. Specialists in this discipline must demonstrate the knowledge, skill, and understanding of the pertinent basic medical sciences. Residency programs must educate physicians in the prevention of urologic disease, and in the diagnosis, medical and surgical treatment, and reconstruction of neoplasms, deformities, and injuries.

B. Duration and Scope of Education

Each program must document the following sequence of requirements in the 60-month program of postgraduate medical education: 12 months of general surgery in a program accredited by the ACGME that comprises the pre-urology year; this is to be followed by 36 months of clinical urology that includes the final 12 months of chief residency with appropriate clinical responsibility, under supervision, and in institutions approved as a part of the urology residency program. This additional 12 months of education must be composed of general surgery or urology or of fields directly related to urology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

   a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c) specify the duration and content of the educational experience; and
   d) state the policies and procedures that will govern resident education during the assignment.

3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals, as well as educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).

a) The RRC considers 4 participating institutions or fewer as optimal to promote educational and peer activities. Due to the importance of peer interaction, experiences outside the sponsoring institution should not be assigned to a single resident.

b) Assignments to institutions distant from the sponsoring institution are to be considered an exception; such affiliations must be justified, and must provide educational experiences otherwise not available in the program.

c) A single resident should not be assigned to a participating institution unless special resources or opportunities are offered at that institution that are not otherwise available in the educational program.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The term of appointment, as a normal rule, must be at least the duration of the program plus one year (i.e., a minimum of 5 years).

3. Qualifications of the program director are as follows:

   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

   b) The program director must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.

   c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.

   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

      1) The addition or deletion of a participating institution;
      2) A change in the format of the educational program;
5. The Program Director is responsible to compile annually an accurate statistical and narrative description of the program as requested by the RRC. The log must include a comprehensive record of the number and types of operative procedures performed by each resident completing the program, together with all of the procedures in which the resident was either surgeon or assistant surgeon; the log must be signed by both the resident and the program director as a statement of its accuracy. The log must also include ambulatory or outpatient procedures performed by the resident in office practice or ambulatory facilities. This information must be provided in the format and form specified by the RRC.

6. The program director must notify each resident prior to admission and in writing of the required length of the educational program. The required length of the educational program may not be changed without mutual agreement with the resident unless there is a significant break in his or her educational program or unless the resident requires remedial education. All changes to the length of the educational program for any resident must be approved in advance by the RRC.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

d) To provide the greatest depth of knowledge in a variety of subjects, the faculty should possess special knowledge in all of the urological domains: extracorporeal shock wave lithotripsy, impotence, infertility, female urology, pediatric urology, renovascular disease, laparoscopy, neuro-urology, behavioral disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma, and urodynamics.

e) In addition to the program director, there must be a minimum of 2 clinical urology faculty committed fully to the educational objectives of the residency program who devote sufficient time to the supervision and teaching of the residents. A faculty-to-resident ratio of at least 1:2 in the total program is required. The program director may be counted as one of the faculty in determining the ratio. The program director must notify the RRC if the number of clinical urology faculty members drops below 2, or if the ratio falls below 1:2 and remains below that level longer than one year.

f) There must be a qualified urologist (the local site director) appointed by and responsible to the program director in each geographically separate institution. This urologist must be responsible for the education of the residents, and must supervise the educational activities of the urology faculty in that institution. The urology director at each participating institution must have the majority of his or her clinical responsibilities based at that institution.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. There must be adequate space and equipment for the educational program, including meeting rooms and classrooms with audiovisual and other educational aids; office space for staff; diagnostic, therapeutic, and research facilities; and outpatient facilities, clinic, and office space accessible to residents for preoperative evaluation and postoperative follow-up. Library services should include the electronic retrieval of information from medical databases.

2. Technologically-current diagnostic and treatment facilities such as cystoscopy, imaging with biopsy, imaging with percutaneous access to the kidney, ultrasound with biopsy, endourology, laparoscopy, laser, and urodynamics equipment should be present. The use of video imaging for educational purposes is desirable.

3. An extracorporeal shock wave lithotripsy facility must be available for resident education in the treatment of urinary calculi.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC for Urology will approve the number of residents based upon established written criteria that include the adequacy of
resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Programs may not graduate more residents in any given year than the number of residents approved by the RRC. Any change in the number of residents by year, or any change in the total number of residents, whether permanent or temporary, must receive prior approval of the RRC. Requests for changes in the resident complement of a program must include a strong educational rationale. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed urology residents.

Any program with fellows must submit a clear statement of the areas of education, clinical responsibilities, and duration of the educational program. This impact statement must be supplied to the RRC at the time of the site visit. A log, grouped by procedure, that details the operative experience of the fellow must be submitted with the urology resident logs at the time of the site visit.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component
   a) The didactic conferences must include a combined morbidity and mortality conference for all participating hospitals, urological imaging, urological pathology, and journal review.
   b) Urologic core knowledge must include: adrenal disease and endocrinology, andrology, calculi disease, endourology, extracorporeal shock wave lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma, and urodynamics.

   c) A list of conferences must be maintained and available for review at the time of the site visit. The list should include the names of those attending, the subjects discussed, and the principal speakers.
   d) Conferences must be well attended by both residents and faculty, and such attendance should be documented. A faculty member must supervise each conference.

2. Clinical Component
   a) A sufficient number and variety of inpatient and ambulatory adult and pediatric patients with urologic disease must be available for resident education.
   b) Generally-equivalent and adequate distribution of operative urologic procedures among the residents must be demonstrated. Significantly unequal experience in volume and/or complexity of operative procedures among the residents demonstrates noncompliance with these requirements.
   c) Graded responsibility.
      The responsibility given to residents for patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.
   d) Progressive patient management.
      The program must provide residents with experience in direct and progressively responsible patient management as they advance through the program. The resident should have responsibility under supervision for the total care of the patient, including initial evaluation, establishment of diagnosis, selection of appropriate therapy, implementation of therapy, and management of complications.
   e) Continuity of patient care.
      The resident must participate in the continuity of patient care through preoperative and postoperative clinics and inpatient contact. When residents participate in preoperative and postoperative care in a clinic or private office setting, the program director must ensure that the resident functions with an appropriate degree of responsibility.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds; 
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

**VI. Resident Duty Hours and the Working Environment**

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

**A. Supervision of Residents**
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

**B. Duty Hours**
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

**C. On-call Activities**
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient to whom the resident has not previously provided care.

4. **At-home call (or pager call)** is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**D. Moonlighting**
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

**E. Oversight**
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

**F. Duty Hours Exceptions**
The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

**VII. Evaluation**

**A. Resident**
1. **Formative Evaluation**
The faculty must evaluate in a timely manner the residents throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' performance.

2. **Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.**

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   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds; 
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

**VI. Resident Duty Hours and the Working Environment**

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

**A. Supervision of Residents**
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

**B. Duty Hours**
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
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**C. On-call Activities**
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient to whom the resident has not previously provided care.

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   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**D. Moonlighting**
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

**E. Oversight**
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

**F. Duty Hours Exceptions**
The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution’s GMEC, however, is required.

**VII. Evaluation**

**A. Resident**
1. **Formative Evaluation**
The faculty must evaluate in a timely manner the residents throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents’ performance in patient
care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents’ competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program at least less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Urology should communicate with the office of the board regarding the full requirements for certification.

ACGME: June 2003  Major revision effective: July 2003
Common PR Editorial revisions effective: July 1, 2004

Program Requirements for Residency Education in Pediatric Urology (Urology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Scope of Education

Subspecialty education in pediatric urology involves all aspects of congenital anomalies, childhood-acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence. The subspecialty education in pediatric urology must provide an experience of sufficient level for the pediatric urology resident to acquire advanced skills in the management of congenital anomalies and pediatric urologic problems.

B. Duration of Education

A pediatric urology program is a continuous clinical year taken subsequent to the completion of an accredited residency in urology. A pediatric urology educational program can be provided only in conjunction with an ACGME accredited urology residency program.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The pediatric urology program must be situated at a children’s hospital or a medical center with pediatric medical, surgical, and radiologic subspecialties. The sponsoring institution of the pediatric urology program may seek a complementary affiliation with other institutions that offer significant educational opportunities to the residency program.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

a) identify the faculty who will assume both educational and supervisory responsibilities for residents;

b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
c) specify the duration and content of the educational experience; and
d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
   a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
   b) The program director must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
   c) The program director must be appointed in good standing and based at the primary teaching site.
   d) The program director must be dedicated to and actively engaged in pediatric urology education.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME’s Accreditation Data System.
   c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
   d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
      (1) the addition or deletion of a participating institution;
      (2) a change in the format of the educational program;
      (3) a change in the approved resident complement for those specialties that approve resident complement. All permanent or temporary increases in resident complement must be approved in advance by the RRC.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e) Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures
f) Selection and supervision of the faculty and other program personnel at each institution participating in the program
g) Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances
h) Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.

Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the presentation or publication of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.
C. Other Program Personnel
Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources
The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

Diagnostic facilities should include body-imaging equipment suitable for the care of pediatric patients.

IV. Resident Appointments
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers
To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum
A. Program Design
1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Clinical Experiences
a. The institution sponsoring the pediatric urology program must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the pediatric urology resident without compromising the quality of resident education in general urology.

b. To be considered for accreditation, the institution should have the following resources available for resident education: a broad spectrum of urologic diseases; a sufficient volume and broad variety of pediatric urology surgical procedures consisting of 200 major, 300 intermediate, and 100 minor procedures per year; and 2000 pediatric urologic outpatient visits per year, including urology subspecialty clinics.

Representative examples of these classifications include minor: circumcision, meato-therapy, diagnostic endoscopy, percutaneous aspiration or tube insertion; intermediate: therapeutic endoscopy, inguinal surgery > 2 years, distal hypospadias with no urethroplasty, diagnostic laparoscopy; major: all abdominal surgery, flank surgery, hypospadias, laparoscopic surgery, valve ablation, inguinal surgery < 2 years.

c. The clinical component of the program must include experience in:
   i. The surgical aspects of pediatric urology. Such experience must be documented in an accurate, comprehensive, operative log maintained by the resident and reviewed by the program director quarterly. All operative procedures in which the pediatric urology resident acts as surgeon or teaching assistant should be separately documented.
   ii. Inpatient consultation and outpatient management of pediatric urologic disease, with graded responsibility for patient care, which must be similarly documented and maintained.
   iii. Body imaging modalities used in the care of pediatric patients.
   iv. Performance and evaluation of urodynamic studies.
   v. Multidisciplinary management of patients with urologic tumors.
   vi. Multidisciplinary management of patients with urologic trauma.
   vii. Multidisciplinary management of nephrological disease.
   viii. Neonatal and intensive care unit treatment for all pediatric ages.
   ix. Multidisciplinary management of myelomeningocele and other neuropathic bladder entities.
   x. Multidisciplinary management of patients with problems relating to sexual development and medical aspects of intersex states.
   xi. Performance of genetic counseling for renal and genital anomalies.

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies
(N.B.: Section V. D. does not apply to this subspecialty.)

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient to whom the resident has not previously provided care.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
   a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight
1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semianual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   a) The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
Program Requirements for Residency Education in Pediatric Urology (Urology)

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of Urology should communicate with the office of the board regarding the full requirements for certification.

ACGME approved: February 1990
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Editorial Revision: July 2004

Program Requirements for the Transitional Year

Common Program Requirements appear in bold.
Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Purpose of a Transitional Year
The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specific specialty. The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

The transitional year must be designed to fulfill the educational needs of medical school graduates who

1. have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, 1 year of fundamental clinical education, which may also contain certain specific experiences for development of desired skills; or
2. have not yet made a career choice or specialty selection and desire a broad-based year to assist them in making that decision; or
3. are planning to serve in organizations such as the public health service or on active duty in the military as general medical officers or primary flight/undersea medicine physicians prior to completing a program in graduate medical education; or
4. desire or need to acquire at least 1 year of fundamental clinical education prior to entering a career path that does not require broad clinical skill, such as administrative medicine or nonclinical research.

The sponsoring institution and the transitional year program must demonstrate substantial compliance with both the Institutional Requirements of the Essentials of Accredited Residencies and the Program Requirements that follow.

B. Duration and Content of Program

1. The duration of the transitional year program must be 1 year (12 calendar months).
2. At least 24 weeks of each resident’s curriculum must be provided by a discipline or disciplines that offer fundamental clinical skills, that is, emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics or surgery.
3. Other rotations should be a minimum of 4 weeks in duration to ensure reasonable continuity of education and patient care.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institution.

1. The transitional year program must be offered by an institution and its affiliate(s) conducting two or more Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs, in good standing. Two of these accredited programs must be designated as sponsors of the transitional year program. One of the sponsors must be in a discipline that provides fundamental clinical skills training. Those disciplines considered to provide these experiences are emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery. (See V.D.2, Skill Development)
2. Together the sponsors must provide at least 25% of each resident's clinical experience.

3. The program director or a designee from each of the sponsors must participate in the organization of the didactic curriculum components of the program.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and V.I.A. of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Institutional Coordination Committee
1. An institutional coordination committee (ICC) must be appointed and have major responsibility for conducting and monitoring the activities of the transitional year program. The ICC may be a freestanding committee or may be a subcommittee of the Graduate Medical Education Committee (GMEC). The ICC should be convened by the parent institution at least four times a year. The membership of this committee should be composed of not limited to the transitional year program director, the program directors (or designees) of disciplines regularly included in the curriculum, the program directors (or designees) of each program sponsor; a resident member nominated by his or her peers, and the chief executive officer (CEO) (or designee in hospital administration) of the parent institution. The CEO or the designee must not be the transitional year program director.

2. The responsibilities of the committee must include the following:
   a. To recommend to the governing body of the sponsoring institution policies that establish the educational content of the transitional year and the allocation of resources for the effective conduct of the program.
   b. To ensure that the quality of medical care provided by transitional year residents is equivalent to that expected of first-year residents in other ACGME-accredited programs within the institution.
   c. To monitor the impact of the transitional year program on the categorical residents' programs to ensure that there is no compromise of the educational resources. This includes monitoring the adequacy of the number of patients, variety of illnesses, educational materials, teaching/attending physicians, and financial support.
   d. To review at least twice a year the evaluations of the transitional year residents' performance and the residents' assessment of the components of the transitional year, including the faculty.
   e. To ensure that the educational opportunities provided transitional year residents are within acceptable standards of medical care and are equivalent to those provided first-year residents in the categorical programs in which the transitional year residents participate.
   f. To ensure that the quality of education provided by the nonaccredited components of the program is reasonably comparable to that provided to the first-year residents in accredited programs.
   g. To approve the curriculum of each transitional year resident, which has been planned with the transitional year program director in accordance with the individual needs of the residents and the Program Requirements of the Transitional Year.
   h. To ensure that the transitional year program undergoes a periodic internal review in accordance with the general institutional requirements.
   i. To maintain records documenting the committee's activities for each of the above requirements and to have copies of these records available for transmission to the Transitional Year Review Committee.
   j. To review ACGME letters of accreditation for program sponsors and to monitor areas of noncompliance.

D. Support Facilities/Departments
1. Pathology, radiology and nuclear medicine facilities must exist in the parent and affiliated institutions. These disciplines must be directed by qualified physicians who are committed to medical education and to providing competent instruction to the transitional year residents when patients require these diagnostic and/or therapeutic modalities.

2. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements and select the residents for appointment to the program in accordance with institutional policies and procedures.

B. Number of Residents
The Transitional Year Review Committee will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program should have at least four residents in training to foster a sense of identity for the transitional year residents and to provide appropriate peer interaction during all phases of the transitional year program. Program applications will be reviewed for
assurance that there is an appropriate balance between the number of transitional year residents in training and the educational resources available to them.

2. Any proposed change in the number of transitional year residents must receive prior approval by the Transitional Year Review Committee. Programs that consistently fail to fill the designated number of approved positions may be asked to reduce the number offered, but to no fewer than four residents.

3. Residents who have successfully completed 12 months of transitional year training are not eligible to receive additional credit for subsequent rotations taken.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership for a minimum of 3 years.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. The process by which the program director of the transitional year program is appointed must be consistent with the policies for the appointment of other program directors in the sponsoring institution.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including the ability to devote the time required for program development, administration, and supervision.
   b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.
   c. be appointed in good standing and based at the primary teaching site.
   d. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempt.)

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the Transitional Year Review Committee as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the Transitional Year Review Committee, using ADS, of a change in program director as well as of changes in the accreditation status of sponsoring programs when they occur.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the Transitional Year Review Committee for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.

   On review of a proposal for a major change in a program, the Transitional Year Review Committee may determine that a site visit is necessary.

7. Maintaining records of (1) all residents appointed to the transitional year program; (2) the transitional year objectives, curriculum content offered by the program, and the curriculum under taken by each resident; (3) the performance evaluations; (4) the residents' subsequent training or other professional activities. Tracking of graduates must be accomplished either until the transitional year graduate enters a formal medical educational program or for at least 5 years following graduation. A record of these graduates must be available for review.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.
   c. be appointed in good standing and based at the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications...
tions to instruct and supervise adequately the residents in the program. The teaching and supervision of transitional year residents must be the same as that provided residents in the participating categorical programs.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, must coordinate the educational experiences within the separate categorical programs and participating disciplines. He/she is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

4. counseling transitional year residents in the development of a curriculum appropriate to their individual learning needs and career goals.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components
1. The curriculum should include a broad range of clinical and biomedical problems and discussions of moral, ethical, legal, social, and economic issues.

2. All disciplines participating in the transitional year program must provide planned educational experiences for transitional year residents which should include:

   a. morbidity and mortality conferences,
   b. journal review,
   c. seminars,
   d. presentation of specialty topics, and
e. grand rounds.

Attendance should be monitored and documented.

D. Clinical Components
1. The transitional year program must be designed to meet the educational needs of the residents. Service obligations of the sponsoring institution must be secondary to the transitional year educational objectives.

2. Skill Development
   a. The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.
   b. To acquire fundamental clinical skills, the transitional year resident should have developed the following competencies before completion of the transitional year:

   1) obtain a complete medical history
   2) perform a complete physical examination
   3) define a patient's problems
   4) develop a rational plan for diagnosis, and
   5) implement therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases.

c. Educational experiences must ensure development not only of cognitive and procedural/technical skills but also of humane qualities that enhance interactions between the physician and the patients/patients' families.

3. Electives
   a. The transitional year resident must have no fewer than 8 weeks of electives, which may not include vacation time. Elective rotations should be determined by the educational needs of the individual resident.
   b. A maximum of 8 weeks may be designated for nonclinical patient care experience, e.g., research, administration, and computer science.

4. Emergency Medicine
   a. The transitional year residents must have at least a 4-week rotation (minimum of 140 hours) in emergency medicine under
the supervision of qualified teaching staff within the sponsoring or an affiliated institution.

b. The transitional year residents must have the opportunity to participate in the evaluation and management of the care of all types of patients who present to an institution's emergency department.

5. Ambulatory Care

a. The transitional year residents must have at least 140 hours of documented experience in ambulatory care other than that acquired in the emergency department. This experience may consist of a 1-month block or be divided into lesser periods of time to ensure a total of 140 hours.

b. Outpatient experience must be obtained from ambulatory experiences provided by family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery at the sponsoring or affiliated institution(s)/sites.

c. Outside rotations not part of ACGME-accredited programs must be designated as electives. The program director must provide a complete description of the experience, to include curriculum objectives, resident responsibilities, and the faculty assigned for supervision.

d. Outside rotations must be evaluated by the residents, and the performance of each resident must be evaluated by the respective faculty. Evaluations are to be reviewed and kept on file by the program director.

e. The program director must give consideration to the resident's liability coverage and state licensing requirements prior to approving the rotation.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Outside rotations must be taken away from the institution and its affiliates provided that there is educational justification for the outside rotations and that the following policies are met:

a. No more than 8 weeks of transitional year rotations may be taken away from the institution and its affiliates.

b. Outside required rotations must be taken in an ACGME-accredited program.

c. Outside rotations not part of ACGME-accredited programs must be designated as electives. The program director must provide a complete description of the experience, to include curriculum objectives, resident responsibilities, and the faculty assigned for supervision.

d. Outside rotations must be evaluated by the residents, and the performance of each resident must be evaluated by the respective faculty. Evaluations are to be reviewed and kept on file by the program director.

e. The program director must give consideration to the resident's liability coverage and state licensing requirements prior to approving the rotation.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clin-
ies, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
d. At-home call (pager call) is defined as call taken from outside the assigned institution.
   1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.
5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
6. Duty Hours Exception
   The Transitional Year Review Committee will not grant exceptions for up to 10% of the 80-hour limit, to individual programs.

VI. Evaluation
A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents by the faculty of the participating discipline on each resident's completion of a rotation in that discipline that includes at least:
      1) a written evaluation at least three times a year that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner:
1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
   c. If more than 20% of the transitional year graduates, when averaged over 5 years, do not enter a Graduate Medical Education program, such will be considered as evidence that a program is not achieving its essential objectives and may be cause for an adverse accreditation action.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
Program Requirements for the Transitional Year

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be prior-approved by the Transitional Year Review Committee and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

ACGME: June 1999  Effective: January 2000
Minor Revision Effective: April 12, 2002
Common Program Requirements: July 1, 2003
Section III
Accredited Graduate Medical Education Programs

Introduction
This section of the Directory contains a list of graduate medical education (GME) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Programs are listed by specialty under the state and city of the sponsoring institution (refer to sample, below). Listed under the program name is the institution that sponsors the residency program, followed by the major participating institution(s), if any, which are recognized by at least one ACGME Residency Review Committee (RRC) as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the Directory.

Listings contain the program director's name and program address, telephone and fax numbers, and e-mail address. Newly appointed program directors since the publication of last year's Directory are noted with an asterisk. Additional information on each program includes the ACGME-accredited length of the program and number of ACGME approved/offered positions. (Note: The published program length reflects the length approved by the RRC. The program may require or offer additional years; these data are included in FREIDA Online, at www.ama-assn.org/go/freida, and the GME Library on CD-ROM.) The program identification number appears at the bottom of each listing; the first three digits of this number indicate the specialty/subspecialty code (see "Specialties/Subspecialties with ACGME Program Requirements," p 549) and the next two the state code.

Sample Listing

Title of the Program

Sponsor: The program's sponsoring institution
The program's major participating institution(s) (if any)
Program Director: Name (* = new director since publication of last Directory)
Address
City, state, zip code
Telephone number, fax number
E-mail address
Length: Program length
ACGME Approved/Offered Positions:
Program ID: 000-00-00-000

The Role of the ACGME

The population of programs listed in Section III is set by the ACGME, which shares with the AMA information about accreditation actions and other changes through regular electronic data transfers.

The Directory, as the official list of ACGME-accredited programs, generally reflects accreditation actions completed by December of the previous year. The data published in this edition were transferred from the ACGME to the AMA on January 20, 2005. Programs with withdrawal dates after this date are included in Section III.

Readers are reminded that accreditation actions and related changes can alter the ACGME program population on a daily basis and that the Directory serves only as a "snapshot" of this population at a given moment. For updated information on ACGME-accredited programs, consult the ACGME Web site at www.acgme.org.

Preventive Medicine Programs

The preventive medicine programs listed in Section III include programs that offer areas of specialization in aerospace medicine, general preventive medicine, occupational medicine, and public health and general preventive medicine.
Introduction

Transitional Year Programs
Transitional Year programs are available for physicians seeking broad clinical experience before entering GME in their chosen field or for physicians who have not yet decided on a medical specialty.

Combined Specialty Programs
Combined specialty programs (listed in Appendix A) have been approved by each respective specialty board; resident physicians completing these programs are eligible for board certification. Neither the ACGME nor the Residency Review Committees accredit combined programs; they accredit each specialty program separately. Information in the combined program list was provided by specialty boards and through the National GME Census. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board in Appendix B of the Directory.

Restricted-entry GME Programs

US Armed Services Programs
In most cases, only persons enrolled in the US Armed Services are eligible for appointment to residency positions at US Army, Navy, and Air Force hospitals and teaching institutions. These programs are identified in Section III with the text US Armed Services Program.

Centers for Disease Control and Prevention Programs
GME programs at the Centers for Disease Control and Prevention (CDC) are usually open only to CDC physicians.

Programs on Probation
The Directory may include programs that are on probation. For information on a program’s current accreditation status, contact the ACGME, 515 N State St/Ste 2000, Chicago, IL 60610; 312 464-4920; 312 464-4086 Fax; www.acgme.org.

Disclaimer
It is the AMAs understanding that all institutions listed in the Graduate Medical Education Directory are required by law to include the phrase “EEO, M/F/D/V” on any information distributed for public view.

Sources for Additional Information
The Graduate Medical Education Directory Companion: An Insider’s Guide to Selecting a Residency Program, which is published annually, and FREIDA Online (Fellowship and Residency Electronic Interactive Database Access), an Internet database available through the AMA home page at www.ama-assn.org/go/freida, are two additional sources of information on GME programs. In addition, the Graduate Medical Education E-letter, a monthly publication available via e-mail, offers news and updates on all facets of GME. Current/archive issues are available at www.ama-assn.org/go/grmenews.
### Specialties/Subspecialties With ACGME Program Requirements

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<th>Specialties/Subspecialties</th>
<th>Length(s)</th>
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*Y = Graduate year 1 positions available
N = No GTP1 positions available
S = Some programs may offer GTP1 positions
Abdominal Radiology (Radiology-Diagnostic)

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Deborah A Baumgarten, MD, MPH
1304 Clifton Road, NW
Atlanta, GA 30322
Tel: 404 778-3800  Fax: 404 778-3880
E-mail: deborah.baumgarten@emoryhealthcare.org
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 421-12-31-402

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Program Director: Alla Rosenblit, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 719-920-8570  Fax: 719-920-8574
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 421-35-21-001

North Carolina

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Robert E Bechtold, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2471  Fax: 336 716-0555
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 421-30-12-005

Pennsylvania

Philadelphia

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Ethan J Halpern, MD
133 S 10th Street
7631 Main Building
Philadelphia, PA 19107
Tel: 215 955-5346  Fax: 215 955-8654
E-mail: ethan.halpern@jefferson.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Program ID: 421-41-13-011

Illinois

Chicago

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Abraham H Buchman, MD
5841 S Maryland Avenue, MC 3030
Chicago, IL 60637
Tel: 773 702-0300  Fax: 773 702-1161
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 421-16-13-006

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: Harris L Cohen, MD
Department of Radiology
Health Sciences Center, Level 4 - Room 120
Stony Brook, NY 11794
Tel: 631 444-7040  Fax: 631 444-7588
E-mail: sbuh_radiol@notes.cc.sunysb.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 421-35-11-007

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Jonathan H Kruskal, MD, PhD
One Deaconess Road
Boston, MA 02215
Tel: 617 754-3519  Fax: 617 754-3545
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 421-24-21-008

Brigham and Women's Hospital/Brigham Medical School Program
Sponsor: Brigham and Women's Hospital
Program Director: Stuart G Silverman, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-0399  Fax: 617 732-0317
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 421-24-31-010

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Program Director: David M Hough, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-0440  Fax: 507 284-1470
E-mail: sorenson.tammy@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 421-36-31-004

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Beverly G Coleman, MD
HUP 1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 667-0346  Fax: 215 349-5827
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Program ID: 421-41-13-008

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Tameem A Lalani, MD
Box 557115
1559 NE Pacific Street
Seattle, WA 98105
Tel: 206 685-0024  Fax: 206 685-0253
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 421-44-13-012
Accredited Programs in Addiction Psychiatry (Psychiatry)

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Jeffrey N Wilkins, MD
8730 Adeline Drive
Los Angeles, CA 90048
Tel: 310 423-3900 Fax: 310 425-8337
E-mail: wilkins@csah.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-65-11-051

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
UCLA Neuropsychiatric Hospital
Program Director: David Feinberg, MD, MBA
1234 300 Medical Plaza
750 Westwood Boulevard
Los Angeles, CA 90024
Tel: 310 825-3058 Fax: 310 825-0340
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-65-11-047

San Francisco
University of California (San Francisco)/Veterans Affairs Medical Center Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
UCSF Med Ctr-Langley Porter Psychiatric Hospital and Clinics
Veterans Affairs Medical Center (San Francisco)
Program Director: Peter Buryn, MD, MS
4156 Clement Street
San Francisco, CA 94118
Tel: 415 221-4810 Fax: 415 750-6815
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 401-65-13-048

Connecticut
Faramington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Program Director: Joyce A Tinsley, MD
363 Farmington Avenue, CI-606
Farmington, CT 06030
Tel: 860 679-8548 Fax: 860 679-1246
E-mail: melinda@psychiatry.uconn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-68-21-021

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Connecticut Mental Health Center
Veterans Affairs Medical Center (West Haven)
Program Director: Isomene L Petrakis, MD
900 Campbell Avenue
Bldg 1, 8 East
West Haven, CT 06516
Tel: 203 932-6711 Fax: 203 937-4791
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 401-08-21-016

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Camilo Martin, MD
1601 SW Archer Road
Gainesville, FL 32608
Tel: 352 376-1011 Fax: 352 379-4170
E-mail: martin@ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-11-21-043

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Lauren D Williams, MD
1666 NW 9th Ave
Miami, FL 33136
Tel: 305 245-4644 Fax: 305 245-2869
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-61-21-029

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Program Director: Ellis M Francis, MD
10000 Bruce B Downs Boulevard
116A
Tampa, FL 33612
Tel: 813 975-7586 Fax: 813 975-5808
E-mail: Ellis_Frances@tmd.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-11-08-034

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Karen Drexler, MD
VAMC-Atlanta, Mental Health Service/116A
1070 Clairmont Road
Decatur, GA 30033
Tel: 404 321-6111 Fax: 404 229-4643
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-12-21-050

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Queen's Medical Center
Tripler Army Medical Center
Program Director: William Hardi, MD
1356 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 Fax: 808 586-2840
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 401-14-21-038

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Seth Eisenberg, MD
440 E Ontario
Suite 7-347
Chicago, IL 60611
Tel: 312 926-1888 Fax: 312 926-1172
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-16-21-009

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Ravenwood Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: Paul W Harris, MD
Department of Psychiatry (MC 013)
921 South Wood Street
Chicago, IL 60612
Tel: 312 966-7387
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 401-16-21-012

Graduate Medical Education Directory 2005-2006 551
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<th>State</th>
<th>Program Name</th>
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| Indiana | Indiana University School of Medicine Program  
Indianapolis
Instructor: Indiana University School of Medicine  
Richard L Roudsas Veterans Affairs Medical Center  
William N Wishard Memorial Hospital  
Pgrm Director: Alan D Schmetzer, MD  
Department of Psychiatry  
1111 W 10th Street, #212  
Indianapolis, IN 46202  
Tel: 317 274-1274  
Fax: 317 274-1548  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 401-17-21-030 |
| Kansas | Kansas City
University of Kansas School of Medicine Program  
Sponsor: University of Kansas School of Medicine  
Dwight D Eisenhower Veterans Affairs Medical Center  
Pgrm Director: Jan L Liberto, MD  
901 Rainbow Boulevard  
Kansas City, KS 66160  
Tel: 913 588-6412  
Fax: 913 588-6414  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 401-19-31-063 |
| Kentucky | Louisville
University of Louisville Program  
Sponsor: University of Louisville School of Medicine  
Central State Hospital  
Seven Counties Services (Louisville)  
Pgrm Director: John A Renner, MD  
2000 Eastern Parkway  
Louisville, KY 40204  
Tel: 502 585-7485  
Fax: 502 585-7456  
E-mail: jag@meub.com  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 401-20-21-096 |
| Michigan | Ann Arbor
University of Michigan Program  
Pgrm Director: Kirk J Brewer, MD  
2635 Traverwood Dr  
Suite A  
Ann Arbor, MI 48105  
Tel: 734 930-0201  
Fax: 734 930-0221  
E-mail: akg@umich.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 401-25-21-022 |
| Minnesota | Minneapolis
University of Minnesota Program  
Pgrm Director: Scott L McNairy, MD  
2450 Riverside Avenue  
Minneapolis, MN 55454  
Tel: 612 646-4065  
Fax: 612 646-4065  
E-mail: scottla@umn.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 401-26-21-003 |
New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Michael Bogenschutz, MD*
Department of Psychiatry, Family Practice Building
4th Fl
3400 Tackett NE
Albuquerque, NM 87111
Tel: 505 272-8428 Fax: 505 272-4921
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-34-23-052

New York
Bronx
Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Pgm Director: John Omri-Tutu, MD
1276 Fulton Avenue, 5th Floor
Bronx, NY 10456
Tel: 718 861-6138 Fax: 718 901-6356
E-mail: omri@ael.com
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-35-31-017

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine at Yeshiva University
Bronx-Lebanon Hospital Center
Montefiore Medical Center-Henry and Lucy Moses Division
Department of Psychiatry and Behavioral Sciences
1300 Morris Park Ave Belfer 403
Bronx, NY 10461
Tel: 718 430-0980 Fax: 718 430-8987
E-mail: mherman@montefiore.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-35-21-023

Manhasset
North Shore University Hospital/ NYU School of Medicine Program
Sponsor: North Shore University Hospital
500 Community Drive
Manhasset, NY 11030
Tel: 516 565-3010
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-35-31-007

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: Prameet Singh, MD
10th Ave at 16th Street
New York, NY 10003
Tel: 212 429-3196 Fax: 212 674-3828
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-35-21-010

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Brooks)
Pgm Director: Martin Dwork, MD
One Gustave Levy Place, Box 1230
New York, NY 10029
Tel: 212 650-1730 Fax: 212 360-6317
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-35-31-046

New York Presbyterian Hospital (Columbia Campus)/ New York State Psychiatric Institute Program
Sponsor: New York Presbyterian Hospital
New York State Psychiatric Institute
Pgm Director: Frances R Levin, MD
1051 Riverside Drive, Unit 66
New York, NY 10032
Tel: 212 543-5916 Fax: 212 543-8018
E-mail: frl@columbia.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 041-35-21-032

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Pgm Director: Amy B Beeler, MD
411 East 50th Street Second Floor
New York, NY 10022
Tel: 212 746-1258 Fax: 212 746-8544
E-mail: abbeeder@aol.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-35-21-018

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Frank Garlenter, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6960 Fax: 212 253-6836
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 041-35-21-004

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Pgm Director: R Jeffrey Goldsmith, MD
231 Albert Shabin Way
ML050
Cincinnati, OH 45207
Tel: 513 861-9100 Fax: 513 887-6046
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-38-21-913

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Pgm Director: Christina M Delos Reyes, MD
1110 Euclid Avenue
Cleveland, OH 44106
Tel: 216 944-7061 Fax: 216 944-1708
E-mail: cmdelosreyes@uhhs.com
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-38-21-039

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Veterans Affairs Medical Center (Oklahoma City)
Pgm Director: Robert B Nisbet, MD
920 Stanton L Young Boulevard
WP351
Oklahoma City, OK 73104
Tel: 405 271-6393 Fax: 405 271-6367
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-39-31-040

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Pgm Director: R Dale Walker, MD
3181 SW Sam Jackson Park Road, G156
Portland, OR 97239
Tel: 503 494-3703 Fax: 503 494-2907
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 041-40-31-042

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Pgm Director: Charles F O'Brien, MD, PhD
2900 Chestnut Street
Philadelphia, PA 19104
Tel: 215 223-3500 Fax: 215 885-6770
E-mail: cfb@penn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 041-41-21-011

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Pgm Director: Himanshu Upadhyaya, MD*
Clinical Neuroscience Division
67 Presidents Street PO Box 25861
Charleston, SC 29485
Tel: 843 792-0456 Fax: 843 792-4817
E-mail: upadhyah@musc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 041-45-21-014
**Tennessee**

**Nashville**

**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Psychiatric Hospital at Vanderbilt

*Prgm Director:* Peter E Martin, MD
1001 21st Ave So, Ste 3086
Nashville, TN 37232
Tel: 615 322-3527  Fax: 615 322-2475
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 401-47-21-015

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**Washington**

**Seattle**

**University of Washington Program**

Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System

*Prgm Director:* Andrew J Saxon, MD
1660 South Columbia Way (11AATC)
Seattle, WA 98106
Tel: 206 764-3762
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 401-54-21-005

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**Adolescent Medicine (Pediatrics)**

**Alaska**

**Anchorage**

**University of Alaska Anchorage Program**

Sponsor: University of Alaska Anchorage Medical Education

*Prgm Director:* Joseph P. Mcginn, MD
1300 11th Ave, Box 75635
Anchorage, AK 99517
Tel: 907 267-7860  Fax: 907 267-7861
Length: 3 Yrs  ACGME Approved/Offered Positions: 0
Program ID: 321-07-31-007

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**California**

**San Francisco**

**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine

*Prgm Director:* Cynthia J Kapphahn, MD, MPH
Division of Adolescent Medicine
1114 Castro Street
Mountain View, CA 94040
Tel: 650 888-6660  Fax: 650 888-0064
E-mail: ann.mcnabb@stanford.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 321-05-31-021

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**Taylor**

**University of California, Santa Barbara**

Sponsor: University of California, Santa Barbara Medical School

*Prgm Director:* Kristine L. Winkelstein, MD
2100 Storke Road
Santa Barbara, CA 93106
Tel: 805 893-1500  Fax: 805 893-1515
E-mail: winkelsteink@ucsb.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 401-51-12-064

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**Florida**

**Miami**

**University of Miami School of Medicine Program**

Sponsor: University of Miami School of Medicine

*Prgm Director:* Michael J. Stein, MD
4200 Alton Rd, Suite 110
Miami Beach, FL 33140
Tel: 305 243-2165  Fax: 305 243-6700
E-mail: lsnyder@med.miami.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 401-47-21-015

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**Wyoming**

**Lander**

**University of Wyoming Program**

Sponsor: University of Wyoming School of Medicine

*Prgm Director:* Catherine D. Starks, MD
1807 E 10th Avenue, B035
Lander, WY 82050
Tel: 307 261-6133  Fax: 307 261-6133
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 321-07-31-007
# Accredited Programs in Adolescent Medicine (Pediatrics)

**District of Columbia**

**Washington**

**Children's National Medical Center/George Washington University Program**

**Sponsor:** Children's National Medical Center  
**Pgm Director:** Thomas J Silver, MD  
**Address:** 111 Michigan Avenue, NW  
**City:** Washington, DC 20010  
**Tel:** 202-814-3069  
**Fax:** 202-814-3056  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 5  
**Program ID:** 321-14-21-020

**Florida**

**Miami**

**Miami Children's Hospital Program**

**Sponsor:** Miami Children's Hospital  
**Pgm Director:** Lorena M Siqueira, MD  
**Address:** 3100 SW 62nd Avenue Ste#205  
**City:** Miami, FL 33155  
**Tel:** 305-658-5583  
**Fax:** 305-740-5064  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 1  
**Program ID:** 321-11-22-081

**Indiana**

**Indianapolis**

**Indiana University School of Medicine Program**

**Sponsor:** Indiana University School of Medicine  
**Pgm Director:** Donald F Ore, MD  
**Address:** Riley Outpatient Garage, Room 060  
**City:** Indianapolis, IN 46202  
**Tel:** 317-274-8812  
**Fax:** 317-274-0133  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 3  
**Program ID:** 321-17-21-000

**Maryland**

**Baltimore**

**Johns Hopkins University Program**

**Sponsor:** Johns Hopkins University School of Medicine  
**Pgm Director:** Hovor Arger, MD, MPH  
**Address:** 600 N Wolfe Street, Park 307  
**City:** Baltimore, MD 21287  
**Tel:** 410-555-2010  
**Fax:** 410-555-4073  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 3  
**Program ID:** 321-23-21-097

**Massachusetts**

**Boston**

**Children's Hospital/Boston Medical Center Program**

**Sponsor:** Children's Hospital  
**Pgm Director:** S Jean Emans, MD  
**Address:** 38 Longwood Avenue  
**City:** Boston, MA 02115  
**Tel:** 617-739-7170  
**Fax:** 617-739-6185  
**E-mail:** jean.emans@children.harvard.edu  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 9  
**Program ID:** 321-24-21-092

**Minnesota**

**Minneapolis**

**University of Minnesota Program**

**Sponsor:** University of Minnesota Medical School  
**Pgm Director:** Nimi Singh, MD, MPH*  
**Address:** 200 14th St SE  
**City:** Minneapolis, MN 55455  
**Tel:** 612-625-5407  
**Fax:** 612-626-2134  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 6  
**Program ID:** 321-26-21-022

**New York**

**Bronx**

**Albert Einstein College of Medicine Program**

**Sponsor:** Albert Einstein College of Medicine of Yeshiva University  
**Pgm Director:** Elizabeth M Alderman, MD  
**Department of Pediatrics**  
**Address:** 111 East 216th Street-NW674  
**City:** Bronx, NY 10467  
**Tel:** 718-920-6014  
**Fax:** 718-920-5398  
**E-mail:** elizabeth.a@montefiore.org  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 3  
**Program ID:** 321-35-21-006

**Cincinnati**

**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

**Sponsor:** Cincinnati Children's Hospital Medical Center  
**Pgm Director:** Michael G Spigarelli, MD, PhD  
**Division of Adolescent Medicine (ML-4000)**  
**Address:** 3333 Burnet Avenue  
**City:** Cincinnati, OH 45209  
**Tel:** 513-636-1129  
**Fax:** 513-636-2991  
**E-mail:** michael.spigarelli@christian.org  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 6  
**Program ID:** 321-38-21-014

**Philadelphia**

**Children's Hospital of Philadelphia Program**

**Sponsor:** Children's Hospital of Philadelphia  
**Pgm Director:** Donald F Schwartz, MD  
**Address:** 34th Street and Civic Center Blvd  
**City:** Philadelphia, PA 19104  
**Tel:** 215-590-1402  
**Fax:** 215-590-3050  
**Length:** 3 Yrs  
**AGGME Approved/Offered Positions:** 3  
**Program ID:** 321-41-21-015
Accredited Programs in Adolescent Medicine (Pediatrics)

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: Pamela J Murray, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-8554 Fax: 412 692-8584
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-44-19-026

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Pgm Director: Kathaleen Perkins, MD*
PO Box 5121
Morgantown, WV 26506
Tel: 304 283-7331 Fax: 304 283-1241
E-mail: kperkins@wvu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-55-31-023

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm Director: Albert C Hergenroeder, MD
6611 Fannin St, CCH10.01
Houston, TX 77030
Tel: 713 798-3650 Fax: 713 798-3680
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-48-21-016

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Pgm Director: William L Ruser, MD, PhD
Dept of Pediatrics
PO BOX 26708
Houston, TX 77225
Tel: 713 500-6755 Fax: 713 500-0653
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-48-21-003

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (ABTC)
Pgm Director: Elizabeth Stafford, MD
2500 Beeghly Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210-615-4017 Fax: 210-615-1740
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-45-13-034
US Armed Services Program

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: Mark S Smith, MD
4500 Sand Point Way, NE, M2-4
Box 3571
Seattle, WA 98105
Tel: 206 899-3107 Fax: 206 899-3589
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-64-21-027

Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

California
Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Pgm Director: David J Schurman, MD
300 Pasteur Drive, B-144
Stanford, CA 94305
Tel: 650 725-7800
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 201-35-31-016

Illinois
Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Pgm Director: Henry A Finn, MD
Louis A Weiss Memorial Hospital
4645 N Marine Drive
Chicago, IL 60640
Tel: 773 564-5885 Fax: 773 564-5886
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 201-16-24-012

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Veteran Affairs Medical Center (Minneapolis)
Pgm Director: Edward V Cheng, PhD*
2450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612 373-1177 Fax: 612 373-7050
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-26-21-025

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Pgm Director: David G Lewallen, MD
200 First Street SW
Rochester, MN 55906
Tel: 507 284-3310 Fax: 507 284-5039
E-mail: Price.Natalie@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 261-26-21-015
New York

**Buffalo**

**University at Buffalo Program**  
Sponsor: University at Buffalo  
Kaleida Health System (Buffalo General Hospital)  
Prgm Director: Kenneth A Knrackw, MD  
Buffalo General Hospital  
109 High Street  
Rochester, NY 14608  
Tel: 716 859-1256  
Fax: 716 859-4596  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 261-35-21-026

**New York**

**Albert Einstein College of Medicine at Beth Israel Medical Center Program**  
Sponsor: Beth Israel Medical Center  
Prgm Director: Frances Cuomo, MD*  
Beth Israel Medical Center  
10 Union Square East  
New York, NY 10003  
Tel: 212 494-6088  
Fax: 212 494-6833  
Length: 1 Yr  
ACGME Approved/Offered Positions: 5  
Program ID: 261-35-21-020

**Hospital for Special Surgery/Cornell Medical Center Program**  
Sponsor: Hospital for Special Surgery  
Prgm Director: Eduard S Salvati, MD  
535 East 70th Street  
New York, NY 10021  
Tel: 212 939-4156  
Fax: 212 606-1477  
E-mail: academictraining@usc.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 261-35-21-003

**Lenox Hill Hospital Program**  
Sponsor: Lenox Hill Hospital  
Prgm Director: Chitrajan S Ramuwat, MD  
130 East 77th Street  
William Black Hall, 11th Floor  
New York, NY 10021  
Tel: 212 494-4700  
Fax: 212 494-2568  
E-mail: orthopedics@nyspinepg.com  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 261-35-31-024

**New York Presbyterian Hospital (Columbia Campus) Program**  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Columbia Campus)  
Prgm Director: Louis U Bigliani, MD  
522 West 168th Street  
New York, NY 10032  
Tel: 212 305-6180  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 261-35-21-010

**University of Pennsylvania Program**  
Sponsor: University of Pennsylvania Health System  
Pennsylvania Hospital (UPHS)  
Presbyterian Medical Center (UPHS)  
Prgm Director: Jonathan P Garino, MD  
93th & Market Streets  
2 Coppers Pavilion  
Philadelphia, PA 19104  
Tel: 215 204-9092  
Fax: 215 204-5890  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 261-14-21-001

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
Prgm Director: Lawrence S Crockett, MD  
5200 Centre Avenue  
Pittsburgh, PA 15232  
Tel: 412 606-4100  
Fax: 412 606-4150  
E-mail: crockettls@upmc.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 261-41-21-003

**Virginia**

**Charlottesville**

**University of Virginia Program**  
Sponsor: University of Virginia Medical Center  
Prgm Director: Thomas E Brown, MD  
P.O. Box 800158  
Charlottesville, VA 22908  
Tel: 434 243-0278  
Fax: 434 243-5878  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 261-51-21-009

**Richmond**

**Virginia Commonwealth University Health System Program**  
Sponsor: Virginia Commonwealth University Health System  
Box 963001  
1097 Peachtree Boulevard  
Richmond, VA 23296  
Tel: 804 228-4156  
Fax: 804 228-4174  
E-mail: vametrics@vcu.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 261-61-21-030

**Pennsylvania**

**Philadelphia**

**Thomas Jefferson University Program**  
Sponsor: Thomas Jefferson University Hospital  
Prgm Director: William J Hozack, MD  
111 S 8th Street  
Philadelphia, PA 19107  
Tel: 215 866-1000  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 261-41-31-008

**University of Pennsylvania**

**Allergy and Immunology**

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**  
Sponsor: University of Alabama Hospital  
Children’s Hospital of Alabama  
Veterans Affairs Medical Center (Birmingham)  
Prgm Director: T Prescott Atkinson, MD, PhD  
424 4th Avenue South  
Birmingham, AL 35204  
Tel: 205 334-3370  
Fax: 205 334-1875  
E-mail: patkinson@uab.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 020-01-21-109

**California**

**La Jolla**

**Scripps Clinic/Scripps Green Hospital Program**  
Sponsor: Scripps Clinic  
Scripps Clinic/Scripps Green Hospital  
Prgm Director: Katharine M Weenner, MD  
10666 North Torrey Pines Road  
La Jolla, CA 92037  
Tel: 858 554-8620  
Fax: 858 554-3312  
E-mail: gme@scripps.org  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 026-05-31-002

**Los Angeles**

**Kaiser Permanente Southern California (Los Angeles) Program**  
Sponsor: Kaiser Permanente Southern California  
Kaiser Foundation Hospital (Los Angeles)  
Prgm Director: Michael S Kaplas, MD  
Dept of Allergy & Clinical Immunology  
1515 S Vermont Avenue  
Los Angeles, CA 90027  
Tel: 323 788-6200  
Fax: 323 788-4646  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 020-05-12-003

**UCLA Medical Center Program**  
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine  
UCLA Medical Center  
Prgm Director: Adrian M Casillas, MD  
Div of Clinical Immunology and Allergy  
52-175 CHS  
Los Angeles, CA 90095  
Tel: 310 205-3118  
Fax: 310 205-8109  
E-mail: lacstatan@mednet.ucla.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 020-05-11-038

**University of Southern California/LAC-USC Medical Center Program**  
Sponsor: University of Southern California/LAC-USC Medical Center  
LAC+USC Medical Center  
Prgm Director: Craig Allen Jones, MD  
1801 E Marengo, Rm 151  
General Labs Building  
Los Angeles, CA 90033  
Tel: 323 264-3613  
Fax: 323 265-5040  
E-mail: craigjones@adelphia.net  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 020-05-21-065
Accredited Programs in Allergy and Immunology

VA Greater Los Angeles Healthcare System Program
Sponsor: VA Greater Los Angeles Healthcare System
Children's Hospital Los Angeles
Program Director: William K Klaustermeyer, MD
91301 Whittle Blvd
Allergy/Immunology Division (111R)
Los Angeles, CA 90073
Tel: 310 268-9311  Fax: 310 268-4712
E-mail: williamk.klaustermeyer@med.va.gov
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 020-05-21-096

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) (Medical Center
VA Long Beach Healthcare System
Program Director: Sudhir Gupta, MD, PhD
C20 Medical Science I
Irvine, CA 92637
Tel: 949 824-5818  Fax: 949 824-1462
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 020-05-21-064

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Suzanne S Teuber, MD
Div of Rheumatology, Allergy and Clinical Immunol
461 E Health Sciences Drive, Suite 5510
Davis, CA 95616
Tel: 530 752-2884  Fax: 530 754-6047
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 020-05-21-044

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Stephen I Wasserman, MD
9500 Gilman Drive
Mail Code 0636
La Jolla, CA 92037
Tel: 858 822-4261  Fax: 858 534-2110
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 020-05-21-086

Stanford
Stanford University/University of California (San Francisco) Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
University of California (San Francisco) Medical Center
Program Director: Pedro C Arla, MD
Allergy & Immunology Fellowship Training Program
505 Parnassus Avenue, M 1292 (Room 0130)
San Francisco, CA 94143
Tel: 415 503-0376  Fax: 415 503-0235
E-mail: avilla@stanford.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 020-05-21-116

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Medical and Research Center
Program Director: Rohit K Kataria, MD*
1400 Jackson Street, J-338
Denver, CO 80206
Tel: 303 398-1656  Fax: 303 398-1806
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 020-07-31-096

University of Colorado Program A
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Medical and Research Center
Program Director: Andrew H Liu, MD
1400 Jackson Street
Denver, CO 80206
Tel: 303 398-1244  Fax: 303 270-2301
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 020-07-31-010

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Philip W Askenase, MD
333 Cedar Street
PO Box 208913
New Haven, CT 06508
Tel: 203 785-4114  Fax: 203 785-3229
E-mail: marilyn.avallone@yale.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 020-08-21-099

Florida
St Petersburg
University of South Florida (All Children's Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Program Director: Nuthapong Tanginquamkong, MD
801 Sixth Street South
St Petersburg, FL 33701
Tel: 727 767-8440  Fax: 727 767-8540
E-mail: nathan@allkids.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 020-11-21-106

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Program Director: Richard F Lockey, MD
James A Haley Veterans Hospital
13000 Bruce B Brown Blvd (111D)
Tampa, FL 33612
Tel: 813 872-7651  Fax: 813 910-4041
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 020-11-21-093

Georgia
Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Dennis R Donby, MD
Allergy-Immunology Section, BG 1519
1120 15th Street
Augusta, GA 30912
Tel: 706 721-5827  Fax: 706 721-5357
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 020-12-21-013

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Program Director: Paul A Greenberger, MD
Division of Allergy Immunology
676 N St Clair St, R 14018
Chicago, IL 60611
Tel: 312 695-4900  Fax: 312 695-4114
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 020-16-31-019

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Program Director: Anita Giewert, MD
Rush Medical College
1735 W Harrison Street, Suite 117
Chicago, IL 60612
Tel: 312 943-8201  Fax: 312 943-2201
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 020-16-21-108

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Mary B Fasano, MD, MSPH*
Department of Internal Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 355-8280  Fax: 319 355-8280
E-mail: mary-fasano@uiowa.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 020-18-21-091

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Daniel J Stechschulte, MD
Room 4035 Wesley
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6008  Fax: 913 588-3987
E-mail: kแดนs.stechschulte@kumc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 020-19-21-117

558
Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Program Director: Cleveland Moore, MD
Department of Medicine & Pediatrics
1543 Tulane Avenue
New Orleans, LA 70112
Tel: 504 667-2578 Fax: 504 667-7588
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-11-070

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Lurlineie G Wild, MD
Department of Medicine
1430 Tulane Avenue SL-57
New Orleans, LA 70112
Tel: 504 861-0579 Fax: 504 861-3896
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-31-017

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
The Asthma Allergy Clinic (Shreveport)
Program Director: Sami L Baha, MD, PhD
1001 Kings Highway
PO Box 35352
Shreveport, LA 71130
Tel: 318 675-7022 Fax: 318 675-8815
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-11-060

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Program Director: N Franklin Adkinson, MD
5501 Hopkins Bayview Circle
Baltimore, MD 21224
Tel: 410 556-3257 Fax: 410 556-2555
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-23-21-094

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center
Program Director: Bryan L Martin, DO
Allergy-Immunology Service
6990 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 782-8461 Fax: 202 782-7093
E-mail: bryan.martin@na.amedd.army.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 020-11-11-087
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Dean F Metcalfe, MD
Building 10, Room 11C105
10 Center Drive, MSC 1851
Bethesda, MD 20892
Tel: 301 496-2415 Fax: 301 480-8384
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 020-21-21-090
US Armed Services Program

Massachusetts

Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Helen M Hollingsworth, MD
Boston University Medical Center
715 Albany Street
Boston, MA 02118
Tel: 617 638-4952 Fax: 617 638-3268
E-mail: hollings@lung.bumc.bu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-24-21-112

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: K Frank Austen, MD
Smith Building, Room 638
One Jimmy Fund Way
Boston, MA 02215
Tel: 617 525-1300 Fax: 617 525-1310
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-24-21-081

Children's Hospital Program
Sponsor: Children's Hospital
Program Director: Lynda C Schneider, MD
Division of Immunology
390 Longwood Avenue
Boston, MA 02215
Tel: 617 355-6190 Fax: 617 739-0010
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-24-21-061

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Alan G Long, MD
Immunology/Allergy Unit
139 Massachusetts Avenue
Boston, MA 02114
Tel: 617 726-3600 Fax: 617 726-3847
E-mail: minnerberger@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-24-21-053

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: James R Baker, MD
3918 Taubman Center, Box 0360
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-5634 Fax: 734 647-6263
E-mail: echooreed@umich.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-23-21-046

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Edward M Sorfitt, MD
1 Ford Place, 4 B
Detroit, MI 48202
Tel: 313 876-2862 Fax: 313 876-2064
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-25-11-003

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Program Director: Elizabeth Scout, MD
Division of Immunology, Allergy & Rheumatology
901 Beaubien Blvd
Detroit, MI 48201
Tel: 313 745-4499 Fax: 313 903-8899
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 020-25-21-071

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Malcolm N Blumenthal, MD
MMC 454
331 Delaware Street, SP
Minneapolis, MN 55455
Tel: 612 264-5496 Fax: 612 264-9188
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-26-21-091

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Program Director: Gerald W Volcheck, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-4506 Fax: 507 284-0002
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-26-21-115

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Stephen F Kemp, MD
Department of Medicine, Div of Allergy/Immunology
798 Lakeland Drive, Bldg LF
Jackson, MS 39216
Tel: 601 894-6445 Fax: 601 894-6265
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-27-12-124
Missouri

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Truman Medical Center
Program Director: Jy M Portnoy, MD
4201 Gillham Road
Kansas City, MO 64108
Tel: 816-234-3007 Fax: 816-246-1391
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-28-21-114

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Program Director: Mark S Dyekewicz, MD
1400 S Grand Blvd - B236
St Louis, MO 63104
Tel: 314-977-8988 Fax: 314-977-898
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 020-28-21-019

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: H James Wedner, MD
600 South Euclid Avenue, Campus Box 3122
St Louis, MO 63110
Tel: 314-454-1007 Fax: 314-454-7120
E-mail: jwelner@wustl.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 020-28-21-095

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weller Hospital
Program Director: Arye Rubinstein, MD
1645 Bloch Avenue, Suite 101
Bronx, NY 10461
Tel: 718-405-8530 Fax: 718-405-8532
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-35-21-094

Brooklyn

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Program Director: Arlene T Schneider, MD
339 Hicks Street
Brooklyn, NY 11203
Tel: 718-780-9575 Fax: 718-780-1493
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-35-11-041

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyns
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Rauno Joks, MD*
450 Clarkson Avenue, Box 50
Brooklyn, NY 11203
Tel: 718-270-2556 Fax: 718-270-1391
E-mail: rmftjamessea@uic.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-35-21-092

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hospital of Buffalo)
Program Director: Mark Ballow, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716-878-7165 Fax: 716-888-3941
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-35-21-093

East Meadow

Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Marianne Friet, MD, PhD
2001 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516-542-8884 Fax: 516-572-8884
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-35-11-020

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Vincent B Bonagura, MD
North Shore Long Island Jewish Health Care System
410 Lakeville Road Room 108
New Hyde Park, NY 11042
Tel: 516-465-5360 Fax: 516-465-5385
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-35-31-105

Stony Brook

SUNY at Stony Brook Program
Sponsor: SUNY at Stony Brook University Hospital
Veterans Affairs Medical Center (Northport)
Program Director: Anthony M Socona, MD
Health Sciences Center T16.041
Stony Brook, NY 11794
Tel: 631-444-7175 Fax: 631-444-3475
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-35-21-099

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Wesley Burns, MD*
Pediatric Allergy and Immunology, Box 3830
350 Jones Building
Durham, NC 27710
Tel: 919-684-2622 Fax: 919-681-7978
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 020-36-21-022

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Stephen P Peters, MD, PhD
Department of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-7660 Fax: 336-716-7566
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-36-11-047
Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc.
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Program Director: Amal H Aassa'd, MD
5353 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-6771 Fax: 513 636-4615
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-39-21-113

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: David M Lang, MD
9500 Euclid Avenue, Desk G22
Cleveland, OH 44195
Tel: 216 445-8810 Fax: 216 445-2104
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-36-21-104

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Timothy J Craig, DO
500 University Drive, Box H941
Hershey, PA 17033
Tel: 717 531-6525 Fax: 717 531-5786
E-mail: tcraig@pnu.edu
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-41-21-225

Philadelphia

Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Program Director: Nicholas A Pawlowski, MD
54th Street and Civic Center Boulevard
Wood Center
Philadelphia, PA 19104
Tel: 215 590-2640 Fax: 215 590-4529
E-mail: pawlowski@email.chop.edu
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-41-31-123

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Program Director: Stephen J McGready, MD
833 Chestnut St
Philadelphia, PA 19107
Tel: 215 651-8438 Fax: 215 651-8558
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-41-11-034

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Arnold L Lovin, MD
421 Curf Boulevard
1014 BRB III
Philadelphia, PA 19104
Tel: 215 888-6902 Fax: 215 888-9193
Length: 3 Yrs AGME Approved/Offered Positions: 3
Subspecialization: All
Program ID: 020-41-21-075

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center
Program Director: William J Calhoun, MD
1111 Liberty Avenue, Room 520
Pittsburgh, PA 15222
Tel: 412 624-1101 Fax: 412 624-1105
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-41-21-076

Tennessee

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Program Director: Betty Lew, MD
Department of Pediatrics
680 North Dunlap
Memphis, TN 38103
Tel: 901 572-5337 Fax: 901 572-4478
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-47-21-038

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: David D Hagaman, MD
3411 West End Building, Suite 210
Nashville, TN 37001
Tel: 615 322-7424 Fax: 615 322-7200
E-mail: dhagaman@vumc.org
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-47-21-037

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical Center
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: David A Khan, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-6569 Fax: 214 648-9102
Length: 3 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-48-21-085

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Andrew R Grant, MD
301 University Blvd
8104 Medical Research Building
Galveston, TX 77555
Tel: 409 772-5410 Fax: 409 772-5411
Length: 3 Yrs AGME Approved/Offered Positions: 3
Program ID: 020-48-11-086

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Medical Education Program
Texas Children's Hospital
Program Director: William T Shearer, MD, PhD
Department of Pediatrics
One Baylor Plaza
Houston, TX 77098
Tel: 713 798-8688 Fax: 713 792-5066
E-mail: wsheare@bcm.tmc.edu
Length: 2 Yrs AGME Approved/Offered Positions: 8
Program ID: 020-48-21-063

Lackland AFB

San Antonio Unified Services Health Education Consortium Program
Sponsor: San Antonio Unified Services Health Education Consortium
Willard Hall Medical Center (AETC)
Program Director: Larry L Hagan, MD
Allergy Clinic
2500 Bergquist Drive, Suite 1
Lackland AFB, TX 75536
Tel: 210 292-5718 Fax: 210 292-7033
E-mail: larry.hagan@lackland.af.mil
Length: 2 Yrs AGME Approved/Offered Positions: 7
Program ID: 020-48-21-077

US Armed Services Program

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Thomas A Flanzen-Mills, MD, PhD
PO Box 801355
Charlottesville, VA 22908
Tel: 434 984-5917 Fax: 434 984-5779
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-51-21-100

Richmond

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Lawrence B Schwartz, MD, PhD
Box 980263
Richmond, VA 23298
Tel: 804 828-9688 Fax: 804 828-9383
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-51-21-066

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Program Director: William B Henderson, MD
Department of Pediatrics
Box 356523
Seattle, WA 98195
Tel: 206 598-3780 Fax: 206 598-9318
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-54-21-078
West Virginia

Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Pgm Director: Nevin W Wilson, MD
Department of Pediatrics
PO Box 2014
Morgantown, WV 26506
Tel: 304 293-4451 Fax: 304 293-4341
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 029-05-19-121

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: Robert L Buch, MD
600 Highland Ave, ERM #84051 CSC-9918
Madison, WI 53792
Tel: 608 263-0178 Fax: 608 263-3104
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 020-56-21-028

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Pgm Director: Adriana M Chu, MD
9000 West Wisconsin Avenue
Asheville & Allergy Center, Suite 411
Milwaukee, WI 53226
Tel: 414 266-6840 Fax: 414 266-6437
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-96-31-037

Anesthesiology

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Pgm Director: David H Gleeston, MD
180 South 19th Street
Birmingham, AL 35240
Tel: 205 934-6007 Fax: 205 975-0232
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: APM, CCA, PAN
Program ID: 049-01-21-010

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Pgm Director: Steven J Barker, MD, PhD
College of Medicine
1601 Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-7195 Fax: 520 626-6066
E-mail: resprog@u.arizona.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM, CCA
Program ID: 049-03-21-012

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Carmelita Pablo, MD
4801 W Markham St, Mail Slot 515
Little Rock, AR 72205
Tel: 501 686-6114 Fax: 501 686-8139
Length: 4 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: PAN
Program ID: 049-04-21-013

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Pgm Director: Robert D Martin, MD
Department of Anesthesiology
11234 Anderson Street, Room 2534
Loma Linda, CA 92354
Tel: 909 558-4015 Fax: 909 558-0214
E-mail: rmartin@som.lsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: APM, PAN
Program ID: 049-05-21-016

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Pgm Director: Roya Yamei, MD, PhD
12021 South Wilmington Avenue
LA-5
Los Angeles, CA 90059
Tel: 310 638-4683 Fax: 310 764-5006
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 049-05-21-019

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Pgm Director: Patricia A Kapur, MD
Center for Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-6150 Fax: 310 206-8660
Length: 4 Yrs ACGME Approved/Offered Positions: 62
Subspecialties: APM
Program ID: 049-05-21-020

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
USC University Hospital
Pgm Director: Philip D Lumb, MD, BS
Room 14-601
1200 North State Street
Los Angeles, CA 90033
Tel: 213 236-4597 Fax: 213 236-7974
E-mail: curtisg@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: APM, PAN
Program ID: 049-06-21-018

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Pgm Director: Kimberly M Gimenez, MD
101 The City Drive #50
Room 227
Orange, CA 92868
Tel: 714 415-5778 Fax: 714 415-7702
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: APM, CCA
Program ID: 049-05-21-015

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Peter G Moore, MD, PhD
PSSB Suite 1200
4150 V Street
Sacramento, CA 95817
Tel: 916 734-5048 Fax: 916 734-7980
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: APM, PAN
Program ID: 049-05-21-014
San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Richard Green, MD
Department of Anesthesiology
34880 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 523-8823 Fax: 619 523-8845
Length: 3 Yrs ACGME Approved/ Offered Positions: 18
Program ID: 040-05-21-006
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Eric A Wahrenbrock, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-5317 Fax: 619 543-6475
Length: 4 Yrs ACGME Approved/ Offered Positions: 36
Subspecialties: APM
Program ID: 040-05-21-022

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Mark A Rosen, MD*
Room S-436/Box 0417
513 Parmanes Avenue
San Francisco, CA 94143
Tel: 415 476-3625 Fax: 415 514-0155
Length: 4 Yrs ACGME Approved/ Offered Positions: 72
Subspecialties: APM, CCA, PAN
Program ID: 040-05-21-023

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Ronald G Pearl, MD, PhD
Dept of Anesthesiology, P550
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-5204 Fax: 650 725-0009
Length: 3 Yrs ACGME Approved/ Offered Positions: 54
Subspecialties: APM, CCA, PAN
Program ID: 040-05-21-025

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: John S McDonald, MD
Box 10
1000 W Carson Street
Torrance, CA 90509
Tel: 310 222-6240 Fax: 310 222-6252
Length: 4 Yrs ACGME Approved/ Offered Positions: 13
Program ID: 040-05-11-026

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Jay L Hawkins, MD
Camiguin Box 1113
4200 East Ninth Avenue
Denver, CO 80220
Tel: 303 372-6344 Fax: 303 372-6315
E-mail: jan.ratterree@uchsc.edu
Length: 3 Yrs ACGME Approved/ Offered Positions: 36
Subspecialties: APM, PAN
Program ID: 040-07-21-028

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Hospital/John Dempsey Hospital
Prgm Director: Anthony Peluso, MD
Dept of Anesthesiology MC-6015
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 678-9313 Fax: 860 678-1275
E-mail: apleusao@n1.med.uchc.edu
Length: 3 Yrs ACGME Approved/ Offered Positions: 34
Subspecialties: APM
Program ID: 040-09-21-172

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Robert B Hayes, MD, BA
Dept of Anesthesiology
20 York Street
New Haven, CT 06510
Tel: 203 785-6664 Fax: 203 785-6664
E-mail: michelle.cybart@yale.edu
Length: 3 Yrs ACGME Approved/ Offered Positions: 57
Subspecialties: APM, CCA, PAN
Program ID: 040-09-21-039

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Michael J Berrigan, MD, PhD
900 33rd Street
Washington, DC 20037
Tel: 202 715-4763 Fax: 202 715-4766
Length: 3 Yrs ACGME Approved/ Offered Positions: 21
Subspecialties: CCA, PAN
Program ID: 040-10-21-033

Georgetown University Hospital Program
Sponsor: Georgetown University School of Medicine
Washington Hospital Center
Prgm Director: Russell Y Wall, MD*
Department of Anesthesiology, Lower Level, COC
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-8556 Fax: 202 444-8554
E-mail: walir@net.georgetown.edu
Length: 3 Yrs ACGME Approved/ Offered Positions: 21
Subspecialties: APM
Program ID: 040-10-21-032

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Michael E Mahla, MD
1600 SW Archer Road
PO Box 106554
Gainesville, FL 32610
Tel: 352 265-0077 Fax: 352 265-6522
E-mail: mahla@ufl.edu
Length: 4 Yrs ACGME Approved/ Offered Positions: 66
Subspecialties: APM, CCA
Program ID: 040-11-21-030

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
St Luke's Hospital
Prgm Director: Michael J Murray, MD, PhD
4200 San Pablo Road
Jacksonville, FL 32224
Tel: 904 296-5688 Fax: 904 296-3877
E-mail: murray.michael@mayo.edu
Length: 4 Yrs ACGME Approved/ Offered Positions: 12
Program ID: 040-11-13-194

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Keith Canidotti, MD
9-370
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 606-6578
E-mail: kcanidotti.l3@med.miami.edu
Length: 4 Yrs ACGME Approved/ Offered Positions: 9
Subspecialties: APM, CCA, PAN
Program ID: 040-11-21-036

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Tampa General Hospital
Prgm Director: Rafael V Miguel, MD*
MDC 50
12901 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813 844-7082 Fax: 813 844-7148
E-mail: pasmith@health.usf.edu
Length: 4 Yrs ACGME Approved/ Offered Positions: 45
Subspecialties: APM, CCA
Program ID: 040-11-21-178
Accredited Programs in Anesthesiology

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital Grady Health System
Program Director: Thomas E Philpot, MD*
Department of Anesthesiology
1654 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-3900 Fax: 404 778-5495
Length: 4 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: APM, CCA, PAIN
Program ID: 040-16-21-087

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Anthony D Ivanovitch, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6504 Fax: 312 942-8858
Length: 4 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: APM
Program ID: 040-16-21-043

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Jeffrey Applebaum, MD
MC 4009
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-2586 Fax: 723 894-3063
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, CCA
Program ID: 040-16-1-044

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Michael Reese Hospital and Medical Center
(provinty of Illinois Hospital and Clinics Veterans Affairs West Side Medical Center
Program Director: Ronald F Albrecht, MD
1740 W Taylor
Suite 3200 West, M/C 615
Chicago, IL 60612
Tel: 312 966-4029 Fax: 312 965-4010
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, PAN
Program ID: 040-16-11-041

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: C Alvin Head, MD
1120 Fifteenth Street, BW 2144
Augusta, GA 30912
Tel: 706 721-4544 Fax: 706 721-7753
E-mail: sfawkins@mail.mcg.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: APM
Program ID: 040-12-11-088

Illinois

Chicago

Advocate Illinois Masonic Medical Center Program
Sponsor: Advocate Illinois Masonic Medical Center
Program Director: Sheerl AFL, MD*
Department of Anesthesiology Rm 4800
856 West Wellington Avenue
Chicago, IL 60657
Tel: 773 296-7343 Fax: 773 296-5038
E-mail: donna.martin@advocatehealth.com
Length: 4 Yrs ACGME Approved/Offered Positions: 34
Program ID: 040-16-21-040

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Rahim Behnia, MD, PhD
Department of Anesthesiology and Pain Management
1801 West Harrison Street
Chicago, IL 60612
Tel: 312 964-1893 Fax: 312 964-9303
Length: 4 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: APM
Program ID: 040-16-12-039

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Evansion Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Program Director: Robert E Molloy, MD
Department of Anesthesiology
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312 926-8105 Fax: 312 926-9206
E-mail: connel@nmh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: APM, CCA, PAIN
Program ID: 040-16-21-042

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Anthony D Ivanovitch, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6504 Fax: 312 942-8858
Length: 4 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: APM
Program ID: 040-16-21-043

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Jeffrey Applebaum, MD
MC 4009
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-2586 Fax: 723 894-3063
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, CCA
Program ID: 040-16-1-044

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Michael Reese Hospital and Medical Center
(provinty of Illinois Hospital and Clinics Veterans Affairs West Side Medical Center
Program Director: Ronald F Albrecht, MD
1740 W Taylor
Suite 3200 West, M/C 615
Chicago, IL 60612
Tel: 312 966-4029 Fax: 312 965-4010
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, PAN
Program ID: 040-16-11-041

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: W Scott Jellish, MD, PhD
2100 S First Avenue
Maywood, IL 60153
Tel: 708 216-4015 Fax: 708 216-1249
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: APM
Program ID: 040-16-11-046

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
Program Director: David A Nakata, MD, MBA*
1100 South Drive, FH 204
Indianapolis, IN 46202
Tel: 317 274-0275 Fax: 317 274-6286
E-mail: anestres@ipui.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 75
Subspecialties: APM, PAN
Program ID: 040-17-21-045

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Tana M Bata, MD*
Department of Anesthesiology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 355-8001 Fax: 319 366-4130
Length: 4 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: APM, CCA
Program ID: 040-18-21-089

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Department of Anesthesiology
Program Director: Kirk T Benson, MD
2901 Rainbow Blvd
4041 EU Hospital, Mailstop 1004
Kansas City, KS 66110
Tel: 913 588-3315 Fax: 913 588-3965
E-mail: pcampbell@kumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 040-19-11-000

Wichita

University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine
(Wichita)
Yus Chresti Regional Medical Center-St Francis
Wesley Medical Center
Program Director: Robert McKay, MD
933 N St Francis
Room: 8074
Wichita, KS 67214
Tel: 316 268-8147 Fax: 316 261-7760
Length: 1 Yrs ACGME Approved/Offered Positions: 15
Program ID: 040-19-22-051

Kentucky

Lexington

University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Program Director: Randall M Schell, MD*
University of Kentucky
300 Rose Street, N 323
Lexington, KY 40536
Tel: 859 239-9565 Fax: 859 239-1080
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM
Program ID: 040-20-21-092

Graduate Medical Education Directory 2005-2006

564
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Ronald Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Daniel I Sealsler, MD*
530 S Jackson Street
Louisville, KY 40202
Tel: 502 852-5851 Fax: 502 852-6656
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: AP
cProgram ID: 049-20-21-063

Louisiana
New Orleans
Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Robin B Stelman, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 843-3755 Fax: 504 843-3806
E-mail: gme@ochsner.org
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 049-21-11-065

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Program Director: Corey S Scher, MD, FS
Box SLA
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 888-6800 Fax: 504 888-1841
Length: 4 Yrs ACGME Approved/Offered Positions: 35
Program ID: 049-21-31-168

Shreveport
Louisiana State University (Shreveport)
Program
Sponsor: LSU Health Sciences Center-Shreveport University Hospital
Overture Brooks Veterans Affairs Medical Center
Program Director: Randall C Cork, MD
1001 Kings Highway
PO Box 3362
Shreveport, LA 71139
Tel: 318 675-7199 Fax: 318 675-6681
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: AP
cProgram ID: 049-21-11-050

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: John W Allon, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-3530 Fax: 207 662-6296
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 049-22-11-057

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Scott Mitman, MD, PhD
Blacklock 1410
600 North Wolfe Street
Baltimore, MD 21205
Tel: 410 615-7869 Fax: 410 655-5607
E-mail: scott.mitman@jhmi.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: AP, CCA
Program ID: 049-23-21-068

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: M. Jane Matijakos, MD
Department of Anesthesiology
22 S Greene Street, S1100
Baltimore, MD 21201
Tel: 410 328-6120 Fax: 410 328-5531
E-mail: mpurnell@anes.umm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: AP, CCA
Program ID: 049-23-11-059

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Children's National Medical Center
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Washington Hospital Center
Program Director: Paul D Mangan, MD
Dept of Anesthesiology, USUHS
4301 Jones Bridge Rd, Attn: Dr Mongan
Bethesda, MD 20814
Tel: 301 295-3140 Fax: 301 295-2200
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: AP, CCA
Program ID: 049-10-21-190

US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Stephanie B Jones, MD*
Department of Anesthesia & Critical Care
One Deaconess Road, CC-470
Boston, MA 02215
Tel: 617 754-2713 Fax: 617 754-2755
Length: 4 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: AP, CCA, PAN
Program ID: 049-24-11-060

Boston University Medical Center Program
Sponsor: Boston Medical Center
Program Director: Glynnie Stanley, MBCrA
One Boston Medical Center Place
38 East Newton Street
Boston, MA 02118
Tel: 617 638-6990 Fax: 617 638-6990
E-mail: gstanley@bmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 049-24-21-062

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Daniel F Pedrick, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-5819 Fax: 617 582-6131
Length: 4 Yrs ACGME Approved/Offered Positions: 90
Subspecialties: AP, CCA, PAN
Program ID: 049-24-21-066

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Program Director: Mark S Shulman, MD*
Department of Anesthesiology & Pain Medicine
785 Cambridge Street
Boston, MA 02138
Tel: 617 726-2777 Fax: 617 254-6834
Length: 3 Yrs ACGME Approved/Offered Positions: 31
Subspecialties: AP
Program ID: 049-24-31-047

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Keith H Baker, MD, PhD
55 Fruit Street, Clinics 309
Boston, MA 02114
Tel: 617 724-3000 Fax: 617 724-8500
E-mail: cbublin@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 87
Subspecialties: AP, CCA
Program ID: 049-24-21-065

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Ibqal Ahmed, MD*
Department of Anesthesia
750 Washington Street, NEMC Box #288
Boston, MA 02111
Tel: 617 636-8830 Fax: 617 636-8834
E-mail: calege@tufts-nemc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: PAN
Program ID: 049-24-21-065

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Prasad K Kilaru, MD
716 Chestnut Street
Porter 2
Springfield, MA 01199
Tel: 413 794-6329 Fax: 413 794-5349
E-mail: kristen.kolb@bhs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: AP, CCA
Program ID: 049-24-12-068

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Eleanor M Deduck, MD
56 Lake Avenue, N, Room S3-705
Worcester, MA 01655
Tel: 508 856-3821 Fax: 508 856-5411
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: OCA
Program ID: 049-24-31-070
Accredited Programs in Anesthesiology

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Theodore J Sanford, MD
11247 UH 004A
1500 East Medical Center Drive
Ann Arbor, MI 48105
Tel: 734 936-4090 Fax: 734 936-9081
E-mail: pmnmo@umich.edu
Length: 4 yrs ACGME Approved/Offered Positions: 72
Subspecialties: APM, PAN
Program ID: 040-23-21-071

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical Center Hospitals
Prgm Director: Claude D Brunson, MD
2500 North State Street
Department of Anesthesiology
Jackson, MS 39216
Tel: 601 984-8950 Fax: 601 984-5912
Length: 4 yrs ACGME Approved/Offered Positions: 21
Subspecialties: APM
Program ID: 040-27-11-077

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Prgm Director: Joel O Johnson, MD, PhD
527 Health Sciences Center
DC006, 080
Columbia, MO 65212
Tel: 573 882-2580 Fax: 573 882-2236
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 040-26-11-078

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St. Luke’s Hospital
Truman Medical Center
Prgm Director: Eugene E Pilich, MD
Department of Anesthesiology
4400 Westall Road
Kansas City, MO 64111
Tel: 816 932-5182 Fax: 816 932-5179
Length: 4 yrs ACGME Approved/Offered Positions: 18
Program ID: 040-28-12-089

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St Louis University Hospital
Prgm Director: James DeBoard, MD
Department of Anesthesiology
3635 Vista Avenue at Grand Blvd
St Louis, MO 63110
Tel: 314 577-8750 Fax: 314 268-5102
Length: 4 yrs ACGME Approved/Offered Positions: 20
Program ID: 040-28-11-166

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Prgm Director: Thomas E Cox, MD
Box 8054
860 South Euclid Avenue
St. Louis, MO 63110
Tel: 314 362-6571 Fax: 314 746-4124
E-mail: coxnotes.wasulc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 45
Subspecialties: APM, CCA, PAN
Program ID: 040-28-11-081

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Prgm Director: John J Tinker, MD
98445 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7805 Fax: 402 559-7972
Length: 3 yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM
Program ID: 040-30-11-082

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Marc Bertrand, MD
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 553-2280 Fax: 603 553-2690
Length: 4 yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM, CCA
Program ID: 040-32-11-083

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-UW Medical Center
Prgm Director: Irwin Gratza, DO
1 Cooper Plaza
Camden, NJ 08103
Tel: 856 968-7350 Fax: 856 960-0236
Length: 3 yrs ACGME Approved/Offered Positions: 9
Program ID: 040-33-11-195

LIVINGSTON
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Prgm Director: Robert S Dorian, MD
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 322-5512 Fax: 973 322-8116
Length: 4 yrs ACGME Approved/Offered Positions: 9
Program ID: 040-33-12-085

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Christine W Hunter, MD
Clinical Academic Bldg Suite 3100
125 Paterson Street
New Brunswick, NJ 08901
Tel: 732 355-7977 Fax: 732 355-1131
Length: 4 yrs ACGME Approved/Offered Positions: 27
Subspecialties: APM
Program ID: 040-33-21-180
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Pgm Director: Melissa Davidson, MD
MSB E-588
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 922-0470 Fax: 973 922-4172
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 049-35-21-087

Patenso
Mount Sinai School of Medicine (St. Joseph's Regional Medical Center) Program
Sponsor: Mount Sinai School of Medicine
St. Joseph's Regional Medical Center
Pgm Director: Stephen P Winikoff, MD
703 Main Street
Patterson, NJ 07583
Tel: 973 744-2203 Fax: 973 877-9455
E-mail: rwim@unix.org
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 049-33-21-099

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
New Mexico University Health Sciences Program
Pgm Director: Paul Diana, MD, MPH
2701 Frontier NE
Sargs Building - Room 110
Albuquerque, NM 87131
Tel: 505 573-3610 Fax: 505 272-1300
E-mail: anesthesiology@salud.unm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: APM, PAN
Program ID: 049-34-21-183

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Pgm Director: Kevin W Roberts, MD
47 New Scotland Avenue
Mail Code 101
Albany, NY 12208
Tel: 518 262-4302 Fax: 518 262-4736
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 049-35-21-187

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Westchester Hospital
Pgm Director: Albert J Saubermann, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-2802 Fax: 718 655-2367
E-mail: anesthes@montefiore.org
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: APM
Program ID: 049-35-21-181

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brooklyn University Hospital Medical Center
Pgm Director: Adel R Abadir, MD
One Brooklyn Plaza
Brooklyn, NY 11211
Tel: 718 240-0536 Fax: 718 240-5987
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM
Program ID: 049-35-31-097

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Kings County Hospital
Pgm Director: Kadman Tchajparaj, MD*
Department of Anesthesiology
4602 Ninth Avenue
Brooklyn, NY 11219
Tel: 718 288-8911 Fax: 718 288-8877
E-mail: droman@maimonides.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 049-35-11-101

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Joel M Yarmush, MD, MPH*
New York Methodist Hospital
606 Sixth Street
Brooklyn, NY 11216
Tel: 718 780-3278 Fax: 718 780-3281
E-mail: JMY@col.com
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Program ID: 049-35-11-102

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Pgm Director: Andre A Benito, MD
Long Island College Hospital
University Hospital-Staten Island Health Science Center at Brooklyn
450 Clarkson Avenue, Box 6
Brooklyn, NY 11203
Tel: 718 270-3874 Fax: 718 270-3877
E-mail: andre.e.benito@downstate.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: APM, CCA
Program ID: 049-35-21-118

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women's and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Pgm Director: Mark J Lema, MD, FdA
VS WNY Healthcare System - 46
3495 Bailey Avenue
Buffalo, NY 14222
Tel: 716 842-7323 Fax: 716 842-7340
Length: 4 Yrs ACGME Approved/Offered Positions: 68
Subspecialties: APM, PAN
Program ID: 049-35-21-693

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Winthrop-University Hospital
Pgm Director: Kenneth J Freese, MD
2301 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 573-6888 Fax: 516 572-9019
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 049-35-11-094

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Adam I Levine, MD
Box 1010
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-1518 Fax: 212 426-2099
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: APM, CCA
Program ID: 049-35-21-104

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent’s Hospital and Medical Center (Manhattan)
Pgm Director: George G Neuman, MD
170 West 12th Street, Suite NB609
New York, NY 10011
Tel: 212 694-7566 Fax: 212 694-2657
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: APM
Program ID: 049-35-12-109

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Leila Mel Pang, MD
352 W 168th Street
PHS-565
New York, NY 10032
Tel: 212 365-3236 Fax: 212 365-3204
E-mail: lmp@columbia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 66
Subspecialties: APM, CCA, PAN
Program ID: 049-35-11-107

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: John J Savarese, MD
525 E 68th Street
New York, NY 10021
Tel: 212 746-9544 Fax: 212 746-8713
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: APM
Program ID: 049-35-21-698

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Pgm Director: Laurence Susser, MD
501 First Avenue, Rm 4B2-607
New York, NY 10016
Tel: 212 363-6343 Fax: 212 363-8743
Length: 3 Yrs ACGME Approved/Offered Positions: 55
Subspecialties: APM, CCA
Program ID: 049-35-21-106

Graduate Medical Education Directory 2005-2006 567
Accredited Programs in Anesthesiology

North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Anthony N Pasanen, MD
Dept of Anesthesiology, UNC School of Medicine CB#7010 N2201, UNC Hospitals
Chapel Hill, NC 27599
Tel: 919 966-6160 Fax: 919 966-4973
E-mail: UNCAnesthesiology residency@aimsl.unc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: APM, PAIN
Program ID: 040-36-21-114

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Katherine K Lineberger, MD
Department of Anesthesiology
Box 1049
Durham, NC 27710
Tel: 919 681-2924 Fax: 919 681-7893
E-mail: linebk01@ncsu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: APM, CCA
Program ID: 040-36-31-115

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Margaret F Brock, MD
Department of Anesthesiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 718-4477 Fax: 336 716-3394
E-mail: cstuart@wfubmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, CCA
Program ID: 040-36-21-116

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: John P Lawrence, MD
231 Albert Sabin Way
PO Box 670531
Cincinnati, OH 45267
Tel: 513 558-6356 Fax: 513 558-6005
E-mail: donna.benesch@uc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: APM, PAIN
Program ID: 040-39-21-118

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Prgm Director: Tegbar S Safin, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-4800 Fax: 216 778-5578
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 040-39-21-174

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Matthew P Norcia, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7385 Fax: 216 844-2781
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: APM, CCA, PAN
Program ID: 040-39-21-119

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: John E Tetzlaff, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-2115 Fax: 216 445-0605
E-mail: asned@ccf.org
Length: 4 Yrs ACGME Approved/Offered Positions: 90
Subspecialties: APM, CCA, PAN
Program ID: 040-38-25-120

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Michael B Howo, MD
N-416 Doan Hall
410 West Tenth Avenue
Columbus, OH 43210
Tel: 614 293-8487 Fax: 614 293-9643
E-mail: miller89@osu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM, PAN
Program ID: 040-38-11-123

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio Medical College of Ohio Hospital
Prgm Director: Shashi Bhatt, MD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-3556 Fax: 419 383-3550
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 040-38-21-125

Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center Children’s Hospital
Prgm Director: Jane K Fitch, MD
Department of Anesthesiology
920 SLO Young Blvd, RM 2530
Oklahoma City, OK 73104
Tel: 405 271-4351 Fax: 405 371-9265
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: APM
Program ID: 040-39-21-128
Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm Director: Jeffrey J Kinch, MD
Department of Anesthesiology, UHS-2
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7691 Fax: 503 494-3003
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: APM, PAn
Program ID: 040-49-21-129

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Kim L Walker, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-6128 Fax: 717 531-6536
Length: 4 Yrs ACGME Approved/Offered Positions: 33 Subspecialties: APM, CCA, PAn
Program ID: 040-41-14-180

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Pgm Director: Willis I Hardy, MD, MD*
Mail Stop 310
245 N 15th Street
Philadelphia, PA 19102
Tel: 215 762-7992 Fax: 215 762-8656
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: APM, PAn
Program ID: 040-41-21-183

Temple University Hospital Program
Sponsor: Temple University Hospital
Pgm Director: Scott A Scharf, DO
3401 N Broad Street (002-00)
Philadelphia, PA 19140
Tel: 215 707-3295 Fax: 215 707-6906
E-mail: anesres@temple.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: APM
Program ID: 040-41-31-186

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Dri Grumwald, MD*
111 S 11th Street, Suite G490
Philadelphia, PA 19107
Tel: 215 655-0161 Fax: 215 623-5567
Length: 4 Yrs ACGME Approved/Offered Positions: 66 Subspecialties: APM
Program ID: 040-41-21-137

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Pgm Director: Robert R Gaier, MD
6 Dulles Building
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-2728 Fax: 215 549-5341
Length: 4 Yrs ACGME Approved/Offered Positions: 72 Subspecialties: APM, CCA, PAn
Program ID: 040-41-31-184

Pittsburgh

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Pgm Director: Christopher A Traianos, MD
Department of Anesthesiology
1400 Locust Street
Pittsburgh, PA 15212
Tel: 412 233-8006 Fax: 412 233-7960
Length: 4 Yrs ACGME Approved/Offered Positions: 9 Program ID: 040-41-12-140

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: Rita M Palei, MD
Department of Anesthesiology
3471 Fifth Avenue, Suite 910
Pittsburgh, PA 15213
Tel: 412 664-4560 Fax: 412 602-4515
E-mail: wetmoreal@anes.upmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 45 Subspecialties: APM, CCA, PAn
Program ID: 040-41-14-139

Western Pennsylvania Hospital/Teemple University Program
Sponsor: The Western Pennsylvania Hospital Allentgy General Hospital
Pgm Director: Jeffrey A Grass, MD
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412 578-5230 Fax: 412 578-4981
E-mail: wphane@upa.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: PAn
Program ID: 040-41-32-141

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Pgm Director: Cesar A Jimenez Moscon, MD*
Department of Anesthesiology
GPO Box 360697
San Juan, PR 00936
Tel: 787 758-0640 Fax: 787 758-1237
E-mail: cmj stringBy mcpla.gov
Length: 4 Yrs ACGME Approved/Offered Positions: 18 Program ID: 040-42-21-142

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Pgm Director: Hugh Uzman, MD, PhD
105 Ashley Avenue Suite 525
PO Box 250012
Charleston, SC 29425
Tel: 843 792-2322 Fax: 843 792-7276
E-mail: dormanhb@musc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 21 Subspecialties: APM
Program ID: 040-45-22-143

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Pgm Director: Jerry L Epps, MD
Boomb U109
1926 Alcoa Highway
Knoxville, TN 37920
Tel: 865 544-9220 Fax: 865 537-5518
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Program ID: 040-47-11-144

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine Regional Medical Center at Memphis
University of Tennessee Medical Center
Pgm Director: Jaya Ramanathan, MD*
The Health Science Center
900 Madison Avenue
Memphis, TN 38133
Tel: 901 448-5811 Fax: 901 448-6550
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 040-47-21-145

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: John T Agrest, MD
1211 1st Avenue South
Medical Arts Building, Ste 526
Nashville, TN 37212
Tel: 615 343-1830 Fax: 615 398-1312
Length: 4 Yrs ACGME Approved/Offered Positions: 45 Subspecialties: APM, CCA, PAn
Program ID: 040-47-11-146

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Children’s Medical Center of Dallas
Dallas County Hospital District-Fair Park Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipton University Hospital
Pgm Director: William E Johnston, MD
5232 Harry Hines Blvd
Dallas, TX 75239
Tel: 214 648-5469 Fax: 214 648-5461
Length: 4 Yrs ACGME Approved/Offered Positions: 55 Subspecialties: APM, PAn
Program ID: 040-48-21-147

El Paso

Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
El Paso VA General Hospital
Pgm Director: Swapan M Chaudhuri, MD, PhD
4980 Alberta Avenue
El Paso, TX 79905
Tel: 915 545-6573 Fax: 915 545-6984
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 040-48-21-167
Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: S. Lynn Knox, MD
Department of Anesthesiology
301 University Blvd
Galveston, TX 77555
Tel: 403 775-1311 Fax: 403 772-4168
E-mail: cjbreish@utmb.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: APM, UCA, PAN
Program ID: 040-48-11-149

Houston
Bayor College of Medicine Program
Sponsor: Bayor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: Lydia A Conlay, MD, PhD
Smith Tower #1003
655 Fannin St
Houston, TX 77002
Tel: 713 798-6556 Fax: 713 796-9745
E-mail: residoffices@anesthesia.bhmc.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 66
Subspecialties: APM, UCA
Program ID: 040-48-31-150

University of Texas Health Science Center Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermanna Hospital System
Program Director: Susan Lueck, MD
5431 Fannin Street, 5.020 MRSM
Houston, TX 77030
Tel: 713 500-6223 Fax: 713 500-6226
Length: 4 Yrs ACGME Approved/Offered Positions: 66
Subspecialties: UCA
Program ID: 040-48-31-152

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (ARCTC)
Program Director: (Lt Col) Randall J Malchow, MD
3631 Roger Brooke Drive
Fort Sam Houston, TX 78254
Tel: 210 916-1976 Fax: 210 916-0658
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: UCA
Program ID: 040-48-21-091
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Alan D Kaye, MD, PhD
Room IC-282
3621 4th Street
Lubbock, TX 79430
Tel: 906 743-2099 Fax: 906 743-2084
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Subspecialties: APM
Program ID: 040-48-11-153

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Program Director: Stephen M Luehr, MD*
Department of Anesthesiology
7703 Floyd Curl Drive, MC 7282
San Antonio, TX 78229
Tel: 210 567-6006 Fax: 210 567-6135
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: APM
Program ID: 040-48-21-155

Temple
Texas A&M College of Medicine-Scott White and Health Program
Sponsor: Scott and White Memorial Hospital
Program Director: Tim M Bittenbinder, MD
Department of Anesthesiology
2401 S 31st Street
Temple, TX 76504
Tel: 254 724-6529 Fax: 254 724-4079
E-mail: rhams101@swmed.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: APM
Program ID: 040-48-21-156

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Tim M Bittenbinder, MD
Department of Anesthesiology
50 N Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-6590 Fax: 801 581-4367
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM
Program ID: 040-49-31-157

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: David C Adams, MD, MS*
MCVF Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-5345 Fax: 802 847-5334
E-mail: anesthesiology@vtmednet.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: APM
Program ID: 040-50-11-158

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: George T Rich, MD, PhD
Department of Anesthesiology
PO Box 809710
Charlottesville, VA 22908
Tel: 434 882-6019 Fax: 434 882-6019
Length: 6 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: APM, UCA
Program ID: 040-51-11-159

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Benford O Nance, MD
Fort Monroe, VA 23651
Tel: 757 922-5049 Fax: 757 963-0871
E-mail: benance@hotmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: APM
Program ID: 040-51-21-008
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Baston Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Carlos Arancibia, MD
MCV Hospitals and Physicians
PO Box 980458
Richmond, VA 23298
Tel: 804 828-0733 Fax: 804 828-6682
E-mail: pjohnston@vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM
Program ID: 040-51-11-160

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Brian J Ross, MD, PhD
1653 NE Pacific Street
PO Box 90540
Seattle, WA 98105
Tel: 206 543-2773 Fax: 206 543-2595
E-mail: lbfg@uwashington.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: APM, UCA, PAN
Program ID: 040-54-21-161

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
University of Washington/Harborview Medical Centers
Program Director: Stephen M Rugg, MD
Office of Housestaff Affairs (HS-OMC)
920 Seneca Street
Seattle, WA 98144
Tel: 206 597-0079 Fax: 206 239-5683
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: APM
Program ID: 040-54-12-162

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Kathleen R Rosen, MD
Room 3605A HSBC
PO Box 9124
Morgantown, WV 26506
Tel: 304 293-5411 Fax: 304 293-7607
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: APM
Program ID: 040-54-11-163
Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Paul W Kraner, MD
B7/319 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8114 Fax: 608 262-1661
E-mail: musuehli@wisc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: OSA
Program ID: 040-56-21-104

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Program Director: Thomas J Ebert, MD, PhD*
2200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 384-2000 Fax: 414 384-2509
E-mail: tebert@mccw.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 86
Subspecialties: APM, COA, PNS
Program ID: 049-56-21-165

Blood Banking/Transfusion Medicine (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
American Red Cross Blood Services-Alabama Region
Program Director: Marita B Marques, MD
619 18th Street South
West Pavilion, P630A
Birmingham, AL 35249
Tel: 205 934-6421 Fax: 205 975-4468
E-mail: mgm@fin@path.uab.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-01-21-041

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Program Director: Douglas P Blackall, MD
Department of Pathology
500 Marshall Street
Little Rock, AR 72222
Tel: 501 364-1316 Fax: 501 364-3155
E-mail: blackall@ouhsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-06-12-064

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Program Director: Dennis Goldfinger, MD
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-5416 Fax: 310 423-0175
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-05-21-015

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Program Director: Priscilla I Figueroa, MD
10853 Le Conte Avenue
Box 651713
Los Angeles, CA 90095
Tel: 310 794-6971 Fax: 310 266-2070
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-06-11-049

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Program Director: Ira A Shulman, MD
1200 North State Street
Dept of Pathology, GH 2900
Los Angeles, CA 90033
Tel: 213 364-5000 Fax: 213 364-5005
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-05-21-016

San Francisco

Blood Centers of the Pacific Program

Sponsor: Blood Centers of the Pacific
University of California (San Francisco) Medical Center
Program Director: Herbert A Perkins, MD
270 Masonic Avenue
San Francisco, CA 94118
Tel: 415 567-6400 Fax: 415 291-6184
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-05-21-017

Colorado

Denver

Bonfils Blood Center Program

Sponsor: Bonfils Blood Center
Exempla Saint Joseph Hospital
Program Director: William C Dickey, MD
717 Yosemite Street
Denver, CO 80220
Tel: 303 363-2203 Fax: 303 340-3751
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-07-19-079

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
University of Colorado Hospital
Program Director: Hamis W Thompson, MD
Blood Bank, Campus Box A022
4250 East Ninth Avenue
Denver, CO 80239
Tel: 303 372-0346
E-mail: diane.colyer@uchsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-07-21-079

Connecticut

Hartford

Hartford Hospital Program

Sponsor: Hartford Hospital
Program Director: Bradford Sherburne, MD
80 Seymour Street
PO Box 5057
Hartford, CT 06102
Tel: 860 428-2848
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-08-21-070

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Connecticut Red Cross Blood Services
Program Director: Edward L Snyder, MD
Blood Bank, Room CB-459
20 York Street
New Haven, CT 06510
Tel: 203 688-2441 Fax: 203 688-2748
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-05-21-052

Graduate Medical Education Directory 2005-2006 571
Accredited Programs in Blood Banking/Transfusion Medicine (Pathology)

District of Columbia

Washington
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: S Gerald Sandler, MD
950 Rock Creek Park Drive, NW
Washington, DC 20007
Tel: 202 687-8520 Fax: 202 444-8539
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 305-10-21-057

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Program Director: Christopher D Hilber, MD
1384 Clifton Road, NE
Room D-655
Atlanta, GA 30322
Tel: 404 721-5869 Fax: 404 727-2519
E-mail: chiilpe@emory.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-12-31-056

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Lloyd O Cook, MD, MBA
Department of Pathology
Augusta, GA 30912
Tel: 706 721-3731
E-mail: swillford@mail.mcg.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-12-31-059

Illinois

Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Beverly W Barton, MD
Blood Bank, MC00007
1541 South Maryland Avenue
Chicago, IL 60687
Tel: 773 702-1439
E-mail: Beverly.Barton@uchospitals.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-16-21-054

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Phillip J DeChristopher, MD, PhD
Blood Bank/Transfusion Medicine (MC 760)
Chicago, IL 60612
Tel: 312 996-1550 Fax: 312 996-1082
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-16-33-083

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Central Indiana Regional Blood Center
Clarian Indiana University Hospital
Program Director: Constance F Danielson, MD, PhD
Transfusion Medicine, Room 4435
550 North University Blvd
Indianapolis, IN 46202
Tel: 317 274-2115 Fax: 317 274-2106
E-mail: cdaniesl@iupui.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-17-21-058

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Ronald G Strauss, MD
200 Hawkins Drive, C250 GH
Iowa City, IA 52242
Tel: 319 356-6081 Fax: 319 356-6331
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-18-21-039

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
American Red Cross Blood Services (Louisville Region)
University of Louisville Hospital
Program Director: William B Lockwood, MD, PhD
530 S Jackson Street
Suite C1806
Louisville, KY 40202
Tel: 502 850 6555 Fax: 502 850 1771
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-20-21-059

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Program Director: Yuan-Shiang Kao, MD
1911 Perdido Street
New Orleans, LA 70112
Tel: 504 588-6001
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-21-21-063

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Paul M Ness, MD
Transfusion Medicine Division, Carnegie 607
600 N Wolfe St
Baltimore, MD 21205
Tel: 410 955-0583 Fax: 410 955-0618
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-23-21-026

Bethesda
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Cathy Corgn-Cantilena, MD
10 Center Drive, MSC-1184
Building 16/Room TC111
Bethesda, MD 20892
Tel: 301 496-9702 Fax: 301 496-9701
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 305-23-21-001
US Armed Services Program

Massachusetts

Boston
Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconness Medical Center
Children's Hospital
Massachusetts General Hospital
Program Director: Richard M Kaufman, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-4749 Fax: 617 273-9613
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 305-24-12-081

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Chester Andrejewski, MD, PhD
Department of Pathology
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-9585 Fax: 413 794-9585
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-24-21-072

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Robertson D Davenport, MD
Department of Pathology, UM 26332
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 986-6776
E-mail: rdavrent@med.umich.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-25-31-077
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: A. Bradley Eisenbrey, MD, PhD
Department of Clinical Pathology
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 990-9013 Fax: 248 889-3386
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 305-25-32-012

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
American Red Cross Blood Services-Minnesota Region
Fairview-University Medical Center
Program Director: Jeffrey McCullough, MD
1130 Delaware Street, SE, MMC 609
D241 Mayo Building
Minneapolis, MN 55455
Tel: 612 262-2635 Fax: 612 262-2926
E-mail: sallyguns@umn.edu
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 305-25-21-013

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Program Director: Jeffrey J Winters, MD
260 First Street SW
Rochester, MN 55905
Tel: 507 588-1707 Fax: 507 245-1399
E-mail: winters.jeffrey@mayo.edu
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 303-26-21-006

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Douglas M Lublin, MD, PhD
Department of Pathology
560 South Rockford Avenue, Box 8118
St Louis, MO 63108
Tel: 314 363-8426 Fax: 314 363-1016
E-mail: lublin@lambert.wuidl.edu
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 303-26-21-006

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Randall Groeben, MD, PhD
Department of Pathology
2211 Lomas Boulevard, NE, BMSB-335
Albuquerque, NM 87131
Tel: 505 272-3066 Fax: 505 272-6726
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 303-34-22-082

New York
New York
New York Blood Center Program
Sponsor: New York Blood Center
Montefiore Medical Center-Henry and Lucy Moses Division
New York Presbyterian Hospital (Columbia Campus)
Westchester Medical Center
Program Director: Richard J Dweis, MD, PhD
301 East 67th Street
New York, NY 10021
Tel: 212 570-3100 Fax: 212 570-3106
Length: 1 Yr AGME Approved/Offered Positions: 6
Program ID: 305-35-21-019

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: Dennis K Galanakis, MD
Blood Bank, University Hospital
Stony Brook, NY 11794
Tel: 631 444-2629 Fax: 631 444-3137
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 305-35-21-031

Syracuse
SUNY Upstate Medical University/American Red Cross Blood Services Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Program Director: John B Benge, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-7189
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 305-35-21-034

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Mark E Breecher, MD
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919 986-8485
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 305-36-21-020

Ohio
Cincinnati
Hoxworth Blood Center/University of Cincinnati College of Medicine Program
Sponsor: Hoxworth Blood Center
Program Director: Patricia M Carey, MD
3130 Highland Ave
PO Box 670055
Cincinnati, OH 45267
Tel: 513 588-1338 Fax: 513 588-1340
E-mail: bernadette.bennison@uc.edu
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 303-34-21-027

Pennsylvania
Philadelphia
Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
American Red Cross Blood Services-Penn-Jersey Region
Program Director: Samir K Balsam, MD
111 S 11th Street
Philadelphia, PA 19107
Tel: 215 605-4845
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 303-41-21-037

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Donald J Singel, MD, PhD
3400 Spruce Street
Blood Bank, 6079 Founders Pavilion
Philadelphia, PA 19104
Tel: 215 662-9142
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 303-41-21-007
Pittsburgh
University of Pittsburgh Medical Center Medical Education/Institute for Transfusion Medicine Program
Sponsor: Univ. of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
Institute for Transfusion Medicine
Magee-Women’s Hospital
UPMC Presbyterian/Shadyside
Prgm Director: Darrell J. Tindal, MD
3036 Blvd of the Allies
Pittsburgh, PA 15213
Tel: 412 208-7364  Fax: 412 209-7395
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 305-41-21-065

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Carte BloodCare
Prgm Director: Ravindra Sarode, MD
5333 Harry Hines Boulevard
CSII,114
Dallas, TX 75390
Tel: 214 648-7387
E-mail: Ravi.Sarode@UTSouthwestern.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 305-48-31-068

Washington
Seattle
Puget Sound Blood Center Program
Sponsor: Puget Sound Blood Center
University of Washington/ Harborview Medical Centers
Prgm Director: Terry Gernsheimer, MD
921 Terry Avenue
Seattle, WA 98104
Tel: 206 292-6231  Fax: 206 343-1774
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 305-54-21-006

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: James S Malter, MD
Room 84/956 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-6043  Fax: 608 263-1568
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 305-54-21-044

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Pamela Clark, MD
PO Box 800386
Charlottesville, VA 22908
Tel: 804 982-0145
E-mail: pclark@virginia.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 305-51-21-074

Cardiothoracic Radiology
(Radiology-Diagnostic)

Massachusetts
Boston
Brigham and Women’s Hospital Program
Sponsor: Brigham and Women’s Hospital
Prgm Director: Philip Costello, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6285  Fax: 617 364-6802
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 429-24-13-002

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Warren B Goldfrad, MD
HUP, 1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-6734  Fax: 215 662-0033
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 429-41-21-001
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**Cardiovascular Disease (Internal Medicine)**

**Tucson**

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San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Dr. Lisa A Gleason, MD
Cardiology Division
42420 Bob Wilson Drive Suite 300
San Diego, CA 92134
Tel: 619-532-7403 Fax: 619-532-9863
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-05-12181
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veteran Affairs Medical Center (San Diego)
Prgm Director: Daniel G Blanchard, MD
325 Dickinson Street
San Diego, CA 92103
Tel: 619-543-6219 Fax: 619-543-5576
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-05-21209

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Prgm Director: Andrew Rosenblatt, MD
Clay and Buchanan Street
Box 9809
San Francisco, CA 94120
Tel: 415-600-5866 Fax: 415-563-5939
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-05-12183

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veteran Affairs Medical Center (San Francisco)
Prgm Director: David D Waters, MD
505 Parnassus Avenue, M1180
San Francisco, CA 94143
Tel: 415-476-1226 Fax: 415-502-8827
E-mail: dwatson@medspfh.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 141-05-21184

Stanford
Stanford University Program
Sponsor: Stanford University Hospital Veteran Affairs Palo Alto Health Care System
Prgm Director: John C Giacomini, MD
Palio CVRC
300 Pasteur Drive
Stanford, CA 94305
Tel: 650-735-3786 Fax: 650-735-1590
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-05-21025

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
St Mary Medical Center
Prgm Director: Matthew J Budoff, MD
Division of Cardiology
1000 W Carson Street, Box 405
Torrance, CA 90059
Tel: 310-222-4107 Fax: 310-787-0448
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-05-11210

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veteran Affairs Medical Center (Denver)
Prgm Director: Howard D Weinberger, MD, MPA
Campus Box R100
4200 East Ninth Avenue
Denver, CO 80206
Tel: 303-315-4398 Fax: 303-315-5082
E-mail: karen.mileham@uchsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-07-21074

Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Prgm Director: Craig McPherson, MD
Department of Medicine
267 Grant Street
Bridgeport, CT 06610
Tel: 203-384-3441 Fax: 203-384-3443
E-mail: bmcgrage@bghop.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 141-08-11211

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Unit of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Peter Schluman, MD
Department of Medicine
Farmington, CT 06030
Tel: 860-678-2771 Fax: 860-678-3345
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-08-31001

University of Connecticut Program A
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Prgm Director: Gary V Heller, MD, PhD
80 Seymour Street
Hartford, CT 06102
Tel: 860-545-5903 Fax: 860-545-5931
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-08-31253

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Prgm Director: Eugene Caraccio, MD
1450 Chapel Street
New Haven, CT 06511
Tel: 203-789-6044 Fax: 203-789-5045
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-08-21066

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veteran Affairs Medical Center (West Haven)
Prgm Director: Robert Soder, MD
Int. Med, Section of Cardiovascular Medicine
223 Cedar Street, PO Box 20617
New Haven, CT 06520
Tel: 203-785-6884 Fax: 203-785-2715
E-mail: pegg.slaugh@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-08-21026

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Allen J Solomon, MD
Division of Cardiology
2150 Pennsylvania Ave, NW Suite 4-414
Washington, DC 20037
Tel: 202-741-2323 Fax: 202-741-2324
E-mail: jiw@msra.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-10-21136

Georgetown University Hospital/Washington Hospital Center Program
Sponsor: Washington Hospital Center
Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Neil J Weinstein, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202-377-0229 Fax: 202-377-0226
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-10-11160

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Deborah Williams, MD
2411 Georgia Avenue, NW
Suite 6C-15
Washington, DC 20010
Tel: 202-885-6791 Fax: 202-885-4449
E-mail: deborah dob@hso.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-10-21158

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Jamie B Conit, MD
Box 100277
1600 SW Archer Road, Room M-405
Gainesville, FL 32610
Tel: 352-392-5691 Fax: 352-392-5691
E-mail: gwwilid@medicine.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-11-21045

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Steven J Larin, MD
Dept of Cardiology, AUC 5th Fl
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904-244-3909 Fax: 904-244-3102
E-mail: cardiology.gme@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-11-21027

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Steven J Larin, MD
Dept of Cardiology, AUC 5th Fl
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904-244-3909 Fax: 904-244-3102
E-mail: cardiology.gme@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-11-21027
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Cardiology
Veterans Affairs Medical Center (Miami)
Prgm Director: Robert J. Myerburg, MD
Department of Medicine
PO Box 010990 (B-60)
Miami, FL 33101
Tel: 305 586-5553  Fax: 305 585-7085
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-11-21-212

Miami Beach
Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Gervasio A Lamas, MD
4300 Alton Rd
Suite 302
Miami Beach, FL 33140
Tel: 305 674-2182  Fax: 305 674-2186
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-11-15-076

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Joel A Strom, MD
MMC Box 97
12011 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-3880  Fax: 813 971-6150
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-11-12-076

Weston
Cleveland Clinic Hospital (Florida) Program
Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Prgm Director: Craig Asher, MD
2900 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5250  Fax: 954 659-5291
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-1-31-270

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: A Maziar Zafari, MD, PhD* Division of Cardiology
1639 Pierce Drive, WMB Suite 319
Atlanta, GA 30322
Tel: 404 727-4734  Fax: 404 712-8325
E-mail: cardiology@emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 34
Program ID: 141-12-21-161

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Vincent JB Robinson, MD
1120 15th Street, RBR 6518
Augusta, GA 30912
Tel: 706 721-3736  Fax: 706 721-5150
E-mail: rtscock@mail.mcg.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 141-12-21-004

Illinois
Chicago
Advocate Illinois Masonic Medical Center/Northside Health Network Program
Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Cesar J Herrera, MD
300 W Wellington Avenue
Room 1247
Chicago, IL 60657
Tel: 773 296-8590  Fax: 773 296-5490
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-11-12-229

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Russell P Kelly, MD
Division of Adult Cardiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 864-3413  Fax: 312 864-9529
E-mail: rsmitch@christ.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-11-12-047

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Vera H Bigolin, MD
1901 North Halsted Street
Suite 322
Chicago, IL 60611
Tel: 312 925-6314  Fax: 312 945-0690
Length: 2 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-11-21-006

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program
Sponsor: Michael Reese Hospital and Medical Center
Prgm Director: David B Lieb, MD
2929 South Ellis Street
Chicago, IL 60616
Tel: 312 791-3669  Fax: 312 791-3619
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-11-21-006

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Clifford J Kavinsky, MD
1553 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-8771  Fax: 312 942-9820
Length: 2 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-11-11-162

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Roberto M Lang, MD
5841 S Maryland Avenue
MC 8054
Chicago, IL 60637
Tel: 773 702-5241  Fax: 773 702-1034
E-mail: card-apps@medicine.bsd.uchicago.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-16-11-077

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: George T Kondos, MD
Section of Cardiology MC 715
840 S Wood Street
Chicago, IL 60612
Tel: 312 896-0179
E-mail: cvanerka@uic.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-16-21-006

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Blum, Jr Wheelchair Affairs Hospital
Prgm Director: Ronald R Scheiber, MD
2160 South First Avenue
Dept of Medicine, Bldg 110 Room 6231
Maywood, IL 60153
Tel: 708 237-2747  Fax: 708 237-2771
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-16-21-006

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Prgm Director: Jeffrey B Lakier, MD
1775 W Dempster Street
Park Ridge, IL 60068
Tel: 847 733-7997  Fax: 847 733-2121
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-16-21-255

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Cirahian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: Eric S Williams, MD
Kramen Institute of Cardiology
1800 N Capitol Avenue, Suite E430
Indianapolis, IN 46202
Tel: 317 942-0551  Fax: 317 963-0557
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-17-21-185

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Eric Prystowsky, MD
5533 N Wish Road
Indianapolis, IN 46260
Tel: 317 338-8204  Fax: 317 338-9259
E-mail: emfrankl@thechicagroup.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-17-18-187
Accredited Programs in Cardiovascular Disease (Internal Medicine)

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Daneel H Jagasia, MD
Department of Medicine
500 Hawkins Drive
Iowa City, IA 52242
Tel: 319-353-6344 Fax: 319-353-6343
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 141-18-21-112

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: David Wilson, MD
Department of Internal Medicine
3901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913-588-6015 Fax: 913-588-6010
E-mail: b3alock@kumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-19-21-187

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Program Director: Steven B Steinhardt, MD*
Room 1545
Lexington Medical Center
740 S Limestone Street
Lexington, KY 40506
Tel: 859-323-6470 Fax: 859-381-5953
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-20-21-218

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine Medical Center of Louisiana at New Orleans
Program Director: Luke Glancy, MD
1545 Tulane Avenue
Room 430
New Orleans, LA 70112
Tel: 504-568-5845 Fax: 504-569-0525
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-21-21-244

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Hector O Ventura, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-6391 Fax: 504-842-5960
E-mail: ptochesner@ochsner.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-21-22-123

Tulane University Program
Sponsor: Tulane University School of Medicine Medical Center of Louisiana at New Orleans Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Paolo Raggi, MD
1430 Tulane Avenue, SL 48
New Orleans, LA 70112
Tel: 504-988-6159 Fax: 504-988-4237
E-mail: J.3ulfln@tulane.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-21-21-130

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital Overton Brooks Veterans Affairs Medical Center
Program Director: Pratap Reddy, MD
Cardiology Section, Room 204
1601 Kings Highway
Shreveport, LA 71109
Tel: 318-675-3617 Fax: 318-675-8474
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 141-21-24-078

Maine

Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: John B O'Meara, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207-871-2419 Fax: 207-871-6088
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-22-11-092

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine Johns Hopkins Hospital
Program Director: James L Weiss, MD
600 N Wolfe St, Carnegie 591
Baltimore, MD 21287
Tel: 410-955-6834 Fax: 410-614-9422
E-mail: jweis1@jhmi.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 141-28-11-093

University of Maryland Program
Sponsor: University of Maryland Medical System Veterans Affairs Medical Center (Baltimore)
Program Director: R Michael Bentz, MD
Department of Medicine - Division of Cardiology
22 S Greene Street, Room N3610
Baltimore, MD 21201
Tel: 410-288-7904 Fax: 410-328-5530
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-23-21-049

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: Allen J Taylor, MD
Department of Medicine
6000 Georgia Avenue, NW, Building 2, Room 4A
Washington, DC 20017
Tel: 202-782-2387 Fax: 202-782-7065
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-10-11-169
US Armed Services Program

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Mark E Josephson, MD
Division of Cardiology
One Deaconess Road, Baker 4
Boston, MA 02215
Tel: 617-632-7633 Fax: 617-632-7109
E-mail: pmashro@bidmc.harvard.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-24-21-096

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Donald A Weiner, MD
Dept of Medicine, Cardiology
83 E Newton Street
Boston, MA 02118
Tel: 617-638-8968 Fax: 617-638-8966
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-24-21-187

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital Massachusetts General Hospital
Program Director: James C Fang, MD
75 Francis Street
Boston, MA 02115
Tel: 617-732-7367 Fax: 617-732-7134
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 141-24-21-007

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Program Director: G Mustafa Chaudhry, MD
716 Cambridge Street
CCHP 4C
Boston, MA 02135
Tel: 617-786-2000 Fax: 617-786-5529
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-24-21-063

578 Graduate Medical Education Directory 2005-2006
Massachusetts General Hospital Program  
Sponsor: Massachusetts General Hospital  
Program Director: Peter M Turchak, MD  
55 Francis Street  
Building 010  
Boston, MA 02114  
Tel: 617 732-2888 Fax: 617 732-3062  
E-mail: pmturchak@partners.org  
Length: 3 Yrs ACGME Approved/Offered Positions: 18  
Program ID: 141-24-11-079  

Tufts-New England Medical Center Program  
Sponsor: Tufts-New England Medical Center  
Program Director: Jeffrey T Kuvio, MD  
750 Washington Street  
Box 315  
Boston, MA 02111  
Tel: 617 636-5866 Fax: 617 636-4760  
Length: 3 Yrs ACGME Approved/Offered Positions: 15  
Program ID: 141-24-21-010  

Burlington Lahey Clinic Program  
Sponsor: Lahey Clinic  
Program Director: Sternet B Lubin, MD  
41 Mail Road  
Burlington, MA 01815  
Tel: 781 744-8002 Fax: 781 744-5281  
Length: 3 Yrs ACGME Approved/Offered Positions: 8  
Program ID: 141-24-21-222  

Springfield Baystate Medical Center/Tufts University School of Medicine Program  
Sponsor: Baystate Medical Center  
Program Director: Markt Sławski, MD, PhD  
755 Chestnut Street  
P.O. Box 8660  
Springfield, MA 01199  
Tel: 413 794-4490 Fax: 413 794-9196  
Length: 3 Yrs ACGME Approved/Offered Positions: 9  
Program ID: 141-24-11-095  

Worcester St Vincent Hospital Program  
Sponsor: St Vincent Hospital  
Program Director: Ronalde H. Weiner, MD MBA  
Division of Cardiology  
20 Worcester Center Blvd  
Worcester, MA 01608  
Tel: 508 363-6102 Fax: 508 363-6225  
Length: 3 Yrs ACGME Approved/Offered Positions: 8  
Program ID: 141-24-21-289  

University of Massachusetts Program  
Sponsor: University of Massachusetts Medical School  
UMass Memorial Health Care (University Campus)  
Program Director: Gerard P Aurigemma, MD  
Division of Cardiology  
55 Lake Avenue North  
Worcester, MA 01655  
Tel: 508 856-2919 Fax: 508 856-4571  
Length: 3 Yrs ACGME Approved/Offered Positions: 15  
Program ID: 141-24-21-011  

Michigan Ann Arbor University of Michigan Program  
Sponsor: University of Michigan Hospitals and Health Centers  
Veterans Affairs Medical Center (Ann Arbor)  
Program Director: David J Pinsky, MD  
1560 E Medical Center Drive  
S3923 Women's Hospital  
Ann Arbor, MI 48109  
Tel: 734 761-7400 Fax: 734 214-0601  
Length: 3 Yrs ACGME Approved/Offered Positions: 21  
Program ID: 141-25-21-096  

Detroit Henry Ford Hospital Program  
Sponsor: Henry Ford Hospital  
Program Director: Henry E Kim, MD, MPH  
Division of Cardiology, K-14  
2790 West Grand Boulevard  
Detroit, MI 48202  
Tel: 313 916-2811 Fax: 313 916-6163  
Length: 3 Yrs ACGME Approved/Offered Positions: 18  
Program ID: 141-25-11-184  

St John Hospital and Medical Center Program  
Sponsor: St John Hospital and Medical Center  
Program Director: Howard Rosman, MD  
2251 Morse Road, P1B Ske #126  
Detroit, MI 48206  
Tel: 313 343-4612 Fax: 313 343-4120  
Length: 3 Yrs ACGME Approved/Offered Positions: 12  
Program ID: 141-25-31-258  

Wayne State University/Detroit Medical Center Program  
Sponsor: Wayne State University/Detroit Medical Center  
Detroit Receiving Hospital and University Health Center  
Harper-Flint Hospital  
Veterans Affairs Medical Center (Detroit)  
Program Director: Luis C Alonso, MD  
Division of Cardiology  
3900 John R Street, 1 Brush North  
Detroit, MI 48201  
Tel: 313 745-2650 Fax: 313 745-9643  
Length: 3 Yrs ACGME Approved/Offered Positions: 12  
Program ID: 141-25-21-057  

Lansing Michigan State University Program  
Sponsor: Michigan State University College of Human Medicine  
Sparrow Hospital  
Program Director: George S Abela, MD, MBA  
A-305 Clinical Center  
58 Service Road  
East Lansing, MI 48824  
Tel: 517 355-3452 Fax: 517 332-1326  
Length: 3 Yrs ACGME Approved/Offered Positions: 9  
Program ID: 141-25-21-259  

Royal Oak William Beaumont Hospital Program  
Sponsor: William Beaumont Hospital  
Program Director: Robert Safian, MD  
3601 West 13 Mile Road  
Royal Oak, MI 48073  
Tel: 248 696-476 Fax: 248 696-7236  
Length: 3 Yrs ACGME Approved/Offered Positions: 12  
Program ID: 141-25-12-216  

Southfield Providence Hospital and Medical Centers Program  
Sponsor: Providence Hospital and Medical Centers  
Program Director: Christian E Machado, MD  
19001 West Nine Mile Road  
P.O. Box 2040  
Southfield, MI 48075  
Tel: 248 849-8483 Fax: 248 849-5324  
Length: 3 Yrs ACGME Approved/Offered Positions: 6  
Program ID: 141-25-11-214  

Minnesota Minneapolis University of Minnesota Program  
Sponsor: University of Minnesota Medical School  
Abbott-Northwestern Hospital/Allina Health System  
Fairview-University Medical Center  
Veterans Affairs Medical Center (Minneapolis)  
Program Director: Leslie W Miller, MD  
Cardiology Division, MMC 508  
420 Delaware Street, SE  
Minneapolis, MN 55455  
Tel: 612 636-3451 Fax: 612 626-6571  
E-mail: ccfellow@umn.edu  
Length: 3 Yrs ACGME Approved/Offered Positions: 23  
Program ID: 141-26-21-199  

Rochester Mayo School of Graduate Medical Education (Rochester) Program  
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic  
College of Medicine Mayo Clinic (Rochester)  
Rochester Methodist Hospital  
St Mary's Hospital of Rochester  
Program Director: Guy S Reeder, MD  
300 First St, SW  
Rochester, MN 55905  
Tel: 507 284-5204  
Length: 3 Yrs ACGME Approved/Offered Positions: 27  
Program ID: 141-26-21-066  

Mississippi Jackson University of Mississippi Medical Center Program  
Sponsor: University of Mississippi School of Medicine  
University Hospitals and Clinics  
Veterans Affairs Medical Center (Jackson)  
Program Director: Thomas N Skelton, MD  
Division of Cardiovascular Diseases  
2500 N State St  
Jackson, MS 39216  
Tel: 601 864-2250 Fax: 601 864-2551  
Length: 3 Yrs ACGME Approved/Offered Positions: 9  
Program ID: 141-27-31-097
Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Gregory O Flaken, MD
1 Hospital Drive
MC 314
Columbia, MO 65212
Tel: 573 882-3236 Fax: 573 884-7743
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-25-21-098

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Alan D Fisher, MD
Cardiovascular Fellowship MAH-5
4401 Wornall Road
Kansas City, MO 64111
Tel: 816 932-5475 Fax: 816 932-5613
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-28-31-149

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Arthur Labowitz, MD
3935 Vista Ave at Grand Blvd
P O Box 12529
St Louis, MO 63110
Tel: 314 577-8980 Fax: 314 298-5172
E-mail: skelton@slu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-26-21-188

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Prgm Director: Beatrix Barilh, MD
4895 Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314 368-1297 Fax: 314 368-9982
E-mail: asyaguirre@win.wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 141-28-21-188

Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Temet - SJH)
Prgm Director: Aryam N Moos, MD
The Cardiac Center
9000 Webster
Omaha, NE 68111
Tel: 402 280-4566
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-30-21-190

University of Nebraska Medical Center
College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Edward L O Leary, MD
803365 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 558-556 Fax: 402 272-0865
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 141-30-21-191

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-New Jersey University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Marc Klagholz, MD
Department of Medicine, Division of Cardiology
185 South Orange Avenue, MD-5-509
Newark, NJ 07103
Tel: 973 972-4731 Fax: 973 972-0618
E-mail: klapholz@umnj.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-33-21-247

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Medicine
St Joseph's Regional Medical Center
St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Fayer Shannon, MD
Department of Medicine
268 Dr ML King Jr Boulevard
Newark, NJ 07102
Tel: 973 877-5160 Fax: 973 877-5124
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 141-33-21-223

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Edward Catherwood, MD, MS
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 464-3558 Fax: 603 650-6154
E-mail: Jan.L.Willey@Hitchcock.org
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-32-21-178

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Teddy B Engel, MD
One Cooper Plaza
3rd Floor Dorrance
Camden, NJ 08103
Tel: 856 342-3024 Fax: 856 968-7418
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-33-21-240

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Deborah Heart and Lung Center
Robert Wood Johnson University Hospital
Prgm Director: Abel E Moreira, MD
Dept of Medicine
One Robert Wood Johnson Pkwy
New Brunswick, NJ 08901
Tel: 732 355-7851 Fax: 732 233-8722
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 141-33-21-029

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Prgm Director: Marc Cohen, MD
201 Lyons Avenue at Osborne Terrace
Cath Lab Admin Suite, 2nd Floor Bridge
Newark, NJ 07112
Tel: 973 926-7852 Fax: 973 381-6839
E-mail: jreich@nbibs.com
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-33-21-263

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Robert D Millar, MD
Division of Cardiology, Mail Code 44
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5076 Fax: 518 262-5082
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-35-31-030

Bronx
Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx-Lebanon Hospital Center
Prgm Director: Kevin Ferrick, MD
111 E 230th Street
Bronx, NY 10467
Tel: 718 930-4145 Fax: 718 547-2111
E-mail: sh Humphre@montefiore.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-35-12-262
**Manhasset**

North Shore University Hospital/NYU School of Medicine Program  
Sponsor: North Shore University Hospital  
Long Island Jewish Medical Center  
Program Director: Donna Marchant, MD  
Department of Medicine  
360 Community Drive  
Manhasset, NY 11030  
Tel: 516 562-4100 Fax: 516 562-2352  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 14  
Program ID: 141-35-21-201

**Mount Sinai School of Medicine (Urban Community) Program**  
Sponsor: Mount Sinai School of Medicine  
Cabrini Medical Center  
Elmhurst Hospital Center-Mount Sinai Services  
Mount Sinai Medical Center  
Program Director: Eric B Stern, MD  
One Gustave L Levy Place  
Box 1030  
New York, NY 10029  
Tel: 212 241-4015 Fax: 212 623-9488  
E-mail: eric.stern@msmh.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-12-364

**Mount Sinai School of Medicine Program**  
Sponsor: Mount Sinai School of Medicine  
Mount Sinai Medical Center  
Veterans Affairs Medical Center (Bronx)  
Program Director: Valentin Pastor, MD, PhD  
Box 1030  
One Gustave L Levy Place  
New York, NY 10029  
Tel: 212 241-7911 Fax: 212 423-9488  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 17  
Program ID: 141-35-31-193

**New Hyde Park**

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program  
Sponsor: Long Island Jewish Medical Center  
North Shore University Hospital  
Program Director: Tracy Rosen, MD  
270-05 75th Avenue  
New Hyde Park, NY 11040  
Tel: 718 470-7391 Fax: 718 743-0702  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 141-35-21-187

**New York**

Albert Einstein College of Medicine at Beth Israel (Long Island College Hospital) Program  
Sponsor: Beth Israel Medical Center  
Long Island College Hospital  
Woodhull Medical and Mental Health Center  
Program Director: Richard Stein, MD*  
First Avenue at 166 Street  
New York, NY 10003  
Tel: 212 430-4129 Fax: 212 430-2006  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-32-265

Albert Einstein College of Medicine at Beth Israel Medical Center Program  
Sponsor: Beth Israel Medical Center  
Program Director: Paul Schutzer, MD  
Department of Medicine  
First Avenue at 166 Street  
New York, NY 10003  
Tel: 212 430-2006 Fax: 212 430-2406  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-11-080

Lenox Hill Hospital Program  
Sponsor: Lenox Hill Hospital  
Program Director: Neil L Coplan, MD  
100 East 77th Street  
New York, NY 10021  
Tel: 212 434-3172 Fax: 212 434-2111  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-11-231

**Flushing**

New York Hospital Medical Center of Queens/Queens University Medical College Program  
Sponsor: New York Hospital Medical Center of Queens  
Program Director: Frank C Messineo, MD  
Division of Cardiology  
56-45 Main Street  
Flushing, NY 11355  
Tel: 718 670-1286 Fax: 718 661-7708  
E-mail: pma@queens.cwic.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 5  
Program ID: 141-35-12-399

**Brooklyn**

Maimonides Medical Center Program  
Sponsor: Maimonides Medical Center  
Coney Island Hospital  
Program Director: Jacob Shani, MD  
4002 6th Avenue  
Brooklyn, NY, 11219  
Tel: 718 293-7498 Fax: 718 293-3835  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 21  
Program ID: 141-35-21-124

**SUNY Health Science Center at Brooklyn Program**  
Sponsor: SUNY Health Science Center at Brooklyn  
Brookdale University Hospital Medical Center  
Interfaith Medical Center  
Kings County Hospital Center  
St John's Episcopal Hospital  
Staten Island University Hospital  
University Hospital SUNY Health Science Center at Brooklyn  
Veterans Affairs Medical Center (Brooklyn)  
Program Director: Luther T Clark, MD  
450 Clarkson Ave  
Brooklyn, NY 11203  
Tel: 718 270-1568 Fax: 718 270-2917  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 23  
Program ID: 141-35-21-010

**Buffalo**

University at Buffalo Program  
Sponsor: University at Buffalo  
Erie County Medical Center  
Kaleida Health System (Buffalo General Hospital)  
Kaleida Health System (Millard Fillmore Hospital)  
Veterans Affairs Western New York Healthcare System  
Program Director: Avery K Ellis, MD, PhD  
3465 Bailey Avenue  
Buffalo, NY 14215  
Tel: 716 652-5030 Fax: 716 652-8533  
E-mail: avery.ellis@med.va.gov  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-31-051

**Mount Sinai School of Medicine (Urban Community) Program**  
Sponsor: Mount Sinai School of Medicine  
Cabrini Medical Center  
Elmhurst Hospital Center-Mount Sinai Services  
Mount Sinai Medical Center  
Program Director: Eric B Stern, MD  
One Gustave L Levy Place  
Box 1030  
New York, NY 10029  
Tel: 212 241-4015 Fax: 212 623-9488  
E-mail: eric.stern@msmh.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 141-35-12-364

**Mount Sinai School of Medicine Program**  
Sponsor: Mount Sinai School of Medicine  
Mount Sinai Medical Center  
Veterans Affairs Medical Center (Bronx)  
Program Director: Valentin Pastor, MD, PhD  
Box 1030  
One Gustave L Levy Place  
New York, NY 10029  
Tel: 212 241-7911 Fax: 212 423-9488  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 17  
Program ID: 141-35-31-193

**New York Medical College at St Vincent's Hospital and Medical Center of New York Program**  
Sponsor: New York Medical College  
St Vincent's Catholic Medical Centers (Manhattan)  
Our Lady of Mercy Medical Center  
St Vincent's Catholic Medical Centers (Brooklyn-Queens)  
St Vincent's Catholic Medical Centers (Staten Island)  
Program Director: James T Mascara, MD  
151 W 11th St, Nurse's Residence 1216  
New York, NY 10011  
Tel: 212 694-2224 Fax: 212 694-3843  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 22  
Program ID: 141-35-11-083

**New York Presbyterian Hospital (Columbia Campus) Program**  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Columbia Campus)  
Program Director: James Cormorillas, MD  
622 W 168th Street  
New York, NY 10032  
Tel: 212 305-8910 Fax: 212 505-4548  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 141-35-11-081

**New York Presbyterian Hospital (Cornell Campus) Program**  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Cornell Campus)  
Program Director: Stephen Scheidt, MD  
525 East 68th Street  
New York, NY 10021  
Tel: 212 746-2148 Fax: 212 746-5665  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 19  
Program ID: 141-35-21-202

**New York Presbyterian Hospital (Cornell Campus)/Brooklyn Hospital Center Program**  
Sponsor: New York Presbyterian Hospital  
Brooklyn Hospital Center  
New York Presbyterian Hospital (Cornell Campus)  
Program Director: Stephen Scheidt, MD  
525 East 68th Street, STARR  
New York, NY 10021  
Tel: 212 746-2148 Fax: 212 746-5665  
E-mail: hbcn@med.cornell.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 141-35-11-268
New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Manhattan VA Healthcare System
Pgm. Director: Barry P Rosenweig, MD
550 First Avenue
Cardiology, NB 17 South 5
New York, NY 10016
Tel: 212 363-6554 Fax: 212 363-7060
E-mail: rosweigf@med.nyu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 14-1S-21-144

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Pgm. Director: Alan Rosenkamp, MD
Division of Cardiology
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-2387 Fax: 212 523-2764
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 14-1S-11-232

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital/SUNY at Stony Brook
St. Francis Hospital
Veterans Affairs Medical Center (Northport)
Pgm. Director: Peter F Cohn, MD
Division of Cardiology
HSC 17-020
Stony Brook, NY 11794
Tel: 631 444-2555 Fax: 631 444-1054
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 14-1S-21-1014

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Pgm. Director: Robert J Carhart, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-9572 Fax: 315 464-0965
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 14-1S-21-128

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Pgm. Director: John A McClung, MD
Westchester County Medical Center
Division of Cardiology
Valhalla, NY 10595
Tel: 914 495-7189 Fax: 914 593-7857
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 14-1S-11-015

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm. Director: Park W Willius, MD
130 Mason Farm Road, 4th Floor Biomedical Ctr
CB #7005
Chapel Hill, NC 27599
Tel: 919 966-2053 Fax: 919 966-1743
E-mail: Tracey.Jones@med.unc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 14-1S-21-171

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm. Director: Thomas M Bals, MD
Box 3512
Durham, NC 27710
Tel: 919 613-4077 Fax: 919 613-7101
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program ID: 14-1S-21-172

Greenville Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital/East Carolina University School of Medicine
Pgm. Director: John D Rose, MD
Brody School of Medicine
Cardiology Room 337 T/A
Greenville, NC 27834
Tel: 252 744-0694 Fax: 252 744-3445
E-mail: carolinahearttraining@gmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 14-1S-21-245

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm. Director: Robert J Applegate, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2171 Fax: 336 716-5324
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 14-1S-21-010

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Pgm. Director: Lynne E Wagoner, MD
Division of Cardiology
231 Albert B Sabin Way
Cincinnati, OH 45267
Tel: 513 558-3497 Fax: 513 558-4545
E-mail: kimberly.crum@uc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 14-1S-21-102

Cleveland Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Pgm. Director: Kara J Quan, MD
2560 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-2190 Fax: 216 778-4924
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 14-1S-11-196

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm. Director: Brian Griffin, MD
5900 Euclid Avenue
Desk P25
Cleveland, OH 44106
Tel: 216 444-9205 Fax: 216 444-9354
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 14-1S-21-194

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Pgm. Director: Albert J Kolihas, MD
410 W 12th Avenue - 201 ILBI
Columbus, OH 43210
Tel: 614 293-8662 Fax: 614 293-5614
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 14-1S-11-170

Dayton Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Pgm. Director: Abdul Waiz, MD
PO Box 927
Dayton, OH 45401
Tel: 937 275-6251 Fax: 937 275-6251
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 14-1S-21-217

Toledo Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Pgm. Director: Thomas E Walsh, MD
3000 Arlington Avenue
Room 1192
Toledo, OH 43614
Tel: 419 383-3607 Fax: 419 383-3041
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 14-1S-21-068
Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program ID: 01
Prgm Director: Chutir A Siwaran, MD
PO Box 26001
Williams Pavilion - 3010 - Department of Medicine
Oklahoma City, OK 73104
Tel: 405 271-4742 Fax: 405 271-3010
E-mail: pans-tonmy@ouhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-30-21-133

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program ID: 01
Prgm Director: Edward S Murphy, MD
Department of Medicine
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-9753 Fax: 503 494-8850
E-mail: grannnmd@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 11-40-31-198

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program ID: 01
Prgm Director: Jansbild Shirani, MD*
Department of Medicine, MC 31-60
100 Academy Avenue
Danville, PA 17822
Tel: 570 271-6423 Fax: 570 271-3656
E-mail: cardiac.g@geisinger.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-11-173

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Joseph A Gaccho, MD
University Hospital
PO Box 850
Hershey, PA 17033
Tel: 717 531-8407
E-mail: gaccho@psu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-11-017

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Prgm Director: Larry E Jacobs, MD
5401 Old York Rd
Klein Building, Suite 263
Philadelphia, PA 19141
Tel: 215 456-7206 Fax: 215 406-6180
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-11-082

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MGH Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: John M Fontaine, MD*
345 N 15th St, MS 470
Philadelphia, PA 19102
Tel: 215 763-3457 Fax: 215 763-3038
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 11-41-21-145

Temple University Hospital Program
Sponsor: Temple University Hospital
Prgm Director: William A VanDecker, MD*
Cardiology Section
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-8651 Fax: 215 767-4681
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-21-036

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Arnold J Greenspon, MD
Division of Cardiology
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 693-8050
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-21-107

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Martin G St John Sutton, MD
Gates Building, 9th Floor
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-2285 Fax: 215 340-8190
E-mail: martin.sutton@uphs.upenn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 11-41-21-023

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Sunil V Mankad, MD
Department of Medicine
320 E North Avenue
Pittsburgh, PA 15212
Tel: 412 369-8706 Fax: 412 369-9694
E-mail: smankad@agahs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-41-11-003

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Clarksdale
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: James A Shaver, MD
200 Lothrop Street
5555 Scalise Hall
Pittsburgh, PA 15213
Tel: 412 647-3429 Fax: 412 647-0481
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 11-41-21-054

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Alan H Gradman, MD
4900 Friendship Ave
Pittsburgh, PA 15224
Tel: 412 578-6893 Fax: 412 578-4471
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 11-41-11-083

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Prgm Director: James Burke, MD
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 645-3662 Fax: 610 896-0643
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 11-41-11-035

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine Cardiovascular Center of Puerto Rico and the Caribbean University Hospital
Prgm Director: Luis F Garcia-Palmieri, MD
University Hospital
Box 5067
San Juan, PR 00936
Tel: 787 765-8490 Fax: 787 754-1780
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-42-21-148

Veterans Affairs Medical Center and Regional Office Center Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Prgm Director: Luis P Rodriguez-Osoria, MD
10 Cañada Street
San Juan, PR 00921
Tel: 787 641-2966 Fax: 787 641-9302
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 11-42-31-147

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: James A Arrighi, MD*
Department of Medicine
695 Eddy St, Main Bldg, Rm 209
Providence, RI 02903
Tel: 401 444-8041 Fax: 401 444-5124
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 11-48-11-149

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Bruce W Wilson, MD
115 Rutledge Avenue, Suite 1301
Box 205092
Charleston, SC 29425
Tel: 843 792-1004 Fax: 843 792-3097
E-mail: wswherb@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 11-48-21-129

Graduate Medical Education Directory 2005-2006
Tennessee

Johnson City

East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Program Director: Stephen A Fahrig, MD
2 Professional Park Drive, Suite 15
Johnson City, TN 37604
Tel: 423 232-4860 Fax: 423 232-4986
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 141-47-21-104

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Karl T Weber, MD
Department of Medicine
820 Madison Avenue, Suite 300
Memphis, TN 38163
Tel: 901 448-5769 Fax: 901 448-8084
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-47-21-175

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Mark E Anderson, MD, PhD
933 PRB
2220 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-1770 Fax: 615 936-1872
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-47-31-018

Texas

Dallas

Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Peter J Wells, MD
3000 Gaston Avenue
Robert E Wadley Hall B-303
Dallas, TX 75246
Tel: 214 820-8380
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-48-31-176

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Farland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: John J Warner, MD*
Division of Cardiology, H90 133
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 645-7531 Fax: 214 645-7591
E-mail: john.warner@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-48-21-113

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Program Director: James L Ferguson, MD*
3851 Roger Brooke Drive, Bldg 3600
Fort Sam Houston, TX 78234
Tel: 210 616-3866 Fax: 210 616-3865
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-48-12-177
US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: David L Ware, MD
5010 John Sealy Annex
601 University Boulevard
Galveston, TX 77555
Tel: 409 772-1533 Fax: 409 772-4932
E-mail: fellowship@cardiology.utmb.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 141-45-21-070

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: Nasser Lukkis, MD*
6500 Fannin, MS SMTH 677
Houston, TX 77030
Tel: 713 790-4871 Fax: 713 790-7248
Length: 3 Yrs ACGME Approved/Offered Positions: 31
Program ID: 141-48-21-106

Baylor College of Medicine/St Luke's Episcopal Hospital Program
Sponsor: Baylor College of Medicine
St Luke's Episcopal Hospital
Program Director: James M Wilson, MD
Department of Cardiology
6720 Bertner, MOC 1-133
Houston, TX 77030
Tel: 832 335-4138 Fax: 832 335-8374
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 141-48-21-120

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Francisco Puentes, MD
6431 Fannin
PO Box 36708
Houston, TX 77025
Tel: 713 500-6577 Fax: 713 500-6556
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-48-31-019

Lubbock

Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center
Covenant Health System
University Medical Center
Program Director: Channell Rongprong, MD
Department of Medicine
3604 4th Street/STOP 0410
Lubbock, TX 79403
Tel: 903 743-3135 Fax: 903 743-3148
E-mail: Lisa.Tsatschi@ttuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-48-21-121

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Veterans Hospital (San Antonio)
University Health System
Program Director: John M Erikson, MD, PhD
Department of Medicine, MC 8772
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4602 Fax: 210 567-6906
E-mail: bakerel0@uthscs.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-48-21-094

Temple

Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: David S Gauntt, DO
2401 5th Street
Temple, TX 76508
Tel: 254 754-0186 Fax: 254 754-9380
E-mail: mwhedler@swmed.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-48-21-690

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Roger A Freedman, MD
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-7714 Fax: 801 581-7738
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-48-21-109

Vermont

Burlington

University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Mark Capeless, MD
Cardiology Department
Fletcher Allen Health Care
Burlington, VT 05401
Tel: 802 847-3734 Fax: 802 847-6429
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-02-21-200
Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: John M Dent, MD
Department of Internal Medicine
PO Box 801862
Charlottesville, VA 22908
Tel: 434 924-0801
E-mail: cardiology@virginia.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15  Program ID: 141-51-21-021

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Anthony J Minisi, MD
PO Box 880561
Cardiology Fellowship Program
Richmond, VA 23298
Tel: 804 289-9089 Fax: 804 838-3544
Length: 3 Yrs  ACGME Approved/Offered Positions: 15  Program ID: 141-51-21-022

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
Program Director: Catherine M Otto, MD
Division of Cardiology - Box 356422
1595 NE Pacific Street
Seattle, WA 98105
Tel: 206 685-1307 Fax: 206 685-6894
E-mail: uwcardio@u.washington.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 18  Program ID: 141-51-21-106

West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Program Director: Paulette S Moyer, MD
Department of Medicine
2555 First Avenue, Suite 200
Huntington, WV 25702
Tel: 304 587-1166 Fax: 304 587-1166
Length: 3 Yrs  ACGME Approved/Offered Positions: 10  Program ID: 141-55-21-038

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Abmann C. Jain, MD
2205 Robert C Byrd Health Sciences Center
PO Box 9157
Morgantown, WV 26506
Tel: 304 293-4906 Fax: 304 293-7828
Length: 3 Yrs  ACGME Approved/Offered Positions: 9  Program ID: 141-55-11-219

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: John M Dent, MD
Department of Internal Medicine
PO Box 801862
Madison, WI 53792
Tel: 608 263-0981 Fax: 608 263-0205
E-mail: jruffin@hrtcare.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 15  Program ID: 141-51-21-021

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Program Director: Masood Ahktar, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 842
Milwaukee, WI 53201
Tel: 414 219-7100 Fax: 414 219-6311
E-mail: jruffin@hrtcare.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 15  Program ID: 141-51-21-022

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.
Clement J Zablocki Veterans Affairs Medical Center
Providence Memorial Lutheran Hospital
Program Director: Michael F. Cintiogranti, MD
Cardiovascular Medicine
9200 W Wisconsin Ave Suite 5100
Milwaukee, WI 53226
Tel: 414 456-6787 Fax: 414 456-6220
E-mail: zscott@mcw.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12  Program ID: 141-55-21-056

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Jeffrey S. Warner, MD
1301 Catherine Street
Medical Science I Building, MS42
Ann Arbor, MI 48109
Tel: 734 936-1873
E-mail: jpraisen@umich.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1  Program ID: 306-25-21-010

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Elizabeth Sykes, MD
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 551-8030 Fax: 248 551-3964
Length: 1 Yr  ACGME Approved/Offered Positions: 1  Program ID: 306-25-21-000

Texas
Houston
University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas M D Anderson Cancer Center
Program Director: Beverly C Handly, MD
Div of Laboratory Medicine, Box 637
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 792-4936 Fax: 713 792-4783
Length: 1 Yr  ACGME Approved/Offered Positions: 2  Program ID: 306-48-21-004
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<td>California</td>
<td>Los Angeles Cedars-Sinai Medical Center Program</td>
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<td>Little Rock University of Arkansas for Medical Sciences Program</td>
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<td>Adele L. Martel, MD, PhD</td>
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<td>San Francisco</td>
<td>University of California (San Francisco) Program</td>
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<td>Juanita L. Taylor, MD</td>
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**Additional Information:**
- **Sponsor:** Indicates the name of the institution or program.
- **Director:** Lists the name and title of the program director.
- **Length:** Specifies the number of years for the program.
- **Program ID:** Provides a unique identifier for the program.

---

**Note:** The table entries are excerpts from a larger list of programs. The full list can be found in the provided PDF or directory.
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Riverbend Hospital for Children
Program Director: Dorothy E Stubble, MD
280 S Propage Road
PO Box 207960
New Haven, CT 06550
Tel: 203 785-5250  Fax: 203 785-7109
Length: 2 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 405-06-11-023

District of Columbia
Washington
Children’s National Medical Center/George Washington University Program
Sponsor: Children’s National Medical Center
Mercy Children’s Hospital (Toledo)
Program Director: Peter T Daniolos, MD, BS
Psychiatry and Behavioral Sciences
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 384-6902  Fax: 202 884-2698
E-mail: pddaniol@ccn.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 405-18-21-024

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Regina Bussing, MD, MS
Department of Psychiatry
PO Box 100034
Gainesville, FL 32610
Tel: 352 392-8573  Fax: 352 392-1455
E-mail: rvbussing@psychiatry.ufl.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 405-11-11-026

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
University of Miami Hospital and Clinics
Program Director: Lauraes Hla, MD
Department of Psychiatry (D-29)
PO Box 016059
Miami, FL 33101
Tel: 305 355-7010  Fax: 305 355-7086
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 405-11-21-027

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children’s Hospital
Tampa General Hospital
The Children’s Home, Inc.
University Psychiatry Center
Program Director: Saundra Block, MD*
University Psychiatry Center
3515 East Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-2303  Fax: 813 974-2478
E-mail: knaves@usc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 405-11-12-020

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Health System
Program Director: Arden O Diagle, MD
Child & Adolescent Psychiatry
1556 Briarcliff Rd, Suite 317S
Atlanta, GA 30306
Tel: 404 727-5368  Fax: 404 712-9890
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 405-15-21-028

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Sandra B Sexson, MD*
1515 Pope Avenue
Augusta, GA 30912
Tel: 706 721-6115  Fax: 706 721-1793
E-mail: spkkelley@mail.mcg.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 405-12-21-148

Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Kali Moahal Hospital
Program Director: Jeffrey Weiser, MD
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 423-6418
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 405-14-21-143

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Program Director: Mary Beth Lake, MD
2300 Children’s Plaza, Box #10
Chicago, IL 60614
Tel: 773 880-4833  Fax: 773 880-4006
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 405-16-31-032

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Renee D Mechelinger, MD
Marshall Field IV Center
1720 West Polk Street
Chicago, IL 60612
Tel: 312 942-2185  Fax: 312 942-3186
E-mail: rmed@rush.com
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 405-16-21-163

University of Chicago Program
Sponsor: University of Chicago Hospitals
RCA Chicago Lakeshore Hospital
Program Director: Kathleen M Kelley, MD
5841 S Maryland Avenue, MC 3077
Chicago, IL 60637
Tel: 773 636-8373  Fax: 773 702-4367
E-mail: klkelle@poza.uchicago.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 405-16-21-034

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Bhaskar Sripada, MD*
Dept of Psychiatry, M/C 4747
1747 W Roosevelt Road
Chicago, IL 60612
Tel: 312 696-3560  Fax: 312 696-6534
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 405-16-21-030

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Larue D Carter Memorial Hospital
Program Director: David Dunn, MD
Clarian Riley Hospital for Children
Clinic, Room 3701
Indianapolis, IN 46202
Tel: 317 278-2565  Fax: 317 278-6589
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 405-17-21-038

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Samuel Kuperman, MD, BA
1852 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1482  Fax: 319 384-8843
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 405-18-11-030
Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Sharon E Cain, MD
3901 Bannister Boulevard, Mail Stop 4015
Division of Child Psychiatry
Kansas City, KS 66160
Tel: 913 588-6492 Fax: 913 588-1060
E-mail: cysung2@kuan.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-19-11-040

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Program Director: Debra A Kati, MD
9470 Blazer Parkway
Lexington, KY 40509
Tel: 850 323-6011 Fax: 850 323-1194
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-20-21-042

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Child Psychiatric Services (Bingham Child Guidance Clinic)
Kosair Children's Hospital (Norton Healthcare, Inc)
Program Director: Mohammad Shafii, MD
200 East Chestnut Street
Louisville, KY 40202
Tel: 502 852-1066 Fax: 502 852-1056
E-mail: mohammadshafii@lulml.com
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-20-21-043

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
New Orleans Adolescent Hospital
Program Director: Humberto Quintana, MD
1545 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-3931 Fax: 504 588-4154
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-21-31-189

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: Brian S Stafford, MD, MPH
1440 Tulane Avenue, TB52
New Orleans, LA 70112
Tel: 504 988-7329 Fax: 504 988-4264
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-21-21-045

Maine

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Spring Harbor Hospital
Program Director: Andrew C Hinkens, MD, MPH
32 Bramhall Street
Portland, ME 04102
Tel: 207 871-7378 Fax: 207 871-6677
E-mail: hinkens@mmh.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-22-11-046

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Emily J Frosch, MD
600 North Wolfe Street
CMSC 345
Baltimore, MD 21287
Tel: 410 955-7558 Fax: 410 955-8691
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-23-11-047

University of Maryland Program
Sponsor: University of Maryland Medical System
Sheppard Pratt Health System
Program Director: Kenneth M Rogers, MD
701 West Pratt Street, Room 422
Baltimore, MD 21201
Tel: 410 328-0028 Fax: 410 328-0002
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-23-21-048

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Nancy B Black, MD
Borden Pavilion (Building 6)
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-9689 Fax: 202 782-8387
E-mail: kandroma2@aol.com
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-10-12-000

Massachusetts

Boston

Children's Hospital Program
Sponsor: Children's Hospital
Program Director: Stuart J Goldman, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6745 Fax: 617 730-0426
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-24-21-053

Massachusetts General Hospital/McLean Hospital Program
Sponsor: Massachusetts General Hospital
McLean Hospital
Program Director: Eugene V Berenson, MD
Theftchik 449
Boston, MA 02114
Tel: 617 736-8471 Fax: 617 736-0136
Length: 2 Yrs ACGME Approved/Offered Positions: 16
Program ID: 405-24-21-167

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Joseph J Jankowski, MD
750 Washington Street, Tufts-NEMC # 1097
Boston, MA 02111
Tel: 617 686-1835 Fax: 617 686-8443
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-24-21-056

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Program Director: Cynthia J Teninger, MD
1403 Cambridge Street
Cambridge, MA 02139
Tel: 617 665-1597 Fax: 617 665-5449
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-24-21-057

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Warboro State Hospital
Program Director: W Peter Metz, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-1256 Fax: 508 856-6426
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-24-21-156

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Thomas Flannet, MD
Child & Adolescent Psychiatry
2101 Commonwealth, Suite C
Ann Arbor, MI 48105
Tel: 734 936-6365 Fax: 734 936-8907
E-mail: ksk@umich.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 13
Program ID: 405-55-11-060

Detroit

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Hawthorn Center Hospital
Program Director: Beth Ann Brooks, MD
2761 E Jefferson
Suite 400
Detroit, MI 48207
Tel: 313 998-7019 Fax: 313 577-2233
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-55-21-173
### Minnesota

**Minneapolis**

**University of Minnesota Program**
- **Sponsor:** University of Minnesota Medical School
- **Fairview-University Medical Center**
- **Program Director:** Jonathan J. Jensen, MD
- **Box 2894**
- **2241 Riverside Avenue**
- **Minneapolis, MN 55454**
- **Tel:** 612-232-0744
- **Fax:** 612-232-1775
- **E-mail:** hogan030@umn.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-28-21-066

### Rochester

**Mayo School of Graduate Medical Education (Rochester) Program**
- **Sponsor:** Mayo School of Grad Med Ed Mayo Clinic College of Medicine
- **Mayo Clinic (Rochester)**
- **Rochester Methodist Hospital**
- **St Mary’s Hospital of Rochester**
- **Program Director:** Mark W. Olsen, MD
- **200 First Street SW**
- **Rochester, MN 55905**
- **Tel:** 507-284-3435
- **E-mail:** nuimg.mrrn.mnn.psychiatry@mayo.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-28-21-067

### Mississippi

**Jackson**

**University of Mississippi Medical Center Program**
- **Sponsor:** University of Mississippi School of Medicine
- **University Hospitals and Clinics**
- **Program Director:** John W. Pruett, MD, MSc
- **2500 North State Street**
- **Jackson, MS 39216**
- **Tel:** 601-984-5830
- **Fax:** 601-985-6096
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 405-37-21-176

### Missouri

**Columbia**

**University of Missouri-Columbia Program**
- **Sponsor:** University of Missouri-Columbia School of Medicine
- **Mid-Missouri Mental Health Center**
- **Royal Oak Hospital**
- **University Hospitals and Clinics**
- **Program Director:** Syed Arshad Husain, MD
- **Division of Psychiatry, Box N119**
- **One Hospital Drive**
- **Columbia, MO 65212**
- **Tel:** 573-884-6006
- **Fax:** 573-884-6006
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-28-21-066

### New Hampshire

**Lebanon**

**Dartmouth-Hitchcock Medical Center Program**
- **Sponsor:** Mary Hitchcock Memorial Hospital
- **New Hampshire Hospital**
- **Program Director:** Robert J. Racusin, MD
- **Section of Child & Adolescent Psychiatry**
- **1 Medical Center Drive**
- **Lebanon, NH 03756**
- **Tel:** 603-650-6685
- **Fax:** 603-650-6819
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-35-21-073

### New Jersey

**Newark**

**UMDNJ-New Jersey Medical School Program**
- **Sponsor:** UMDNJ-New Jersey Medical School
- **Bergen Regional Medical Center**
- **UMDNJ-University Behavioral Health Care**
- **UMDNJ-University Hospital**
- **Program Director:** Dorothy E Grice, MD
- **133 South Orange Avenue**
- **BHSB, Room F1416**
- **Newark, NJ 07101**
- **Tel:** 973-972-5882
- **Fax:** 973-972-6806
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 405-35-21-160

### New York

**Bronx**

**Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program**
- **Sponsor:** Bronx-Lebanon Hospital Center
- **Program Director:** Mario I. Rendon, MD
- **1276 Fulton Avenue**
- **Bronx, NY 10458**
- **Tel:** 718-901-7256
- **Fax:** 718-901-7255
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 8
- **Program ID:** 405-35-21-177

**Albert Einstein College of Medicine Program**
- **Sponsor:** Albert Einstein College of Medicine of Yeshiva University
- **Bronx Children's Psychiatric Center**
- **Montefiore Medical Center-Henry and Lucy Moses Division**
- **Program Director:** Audrey M. Wolkow, MD
- **Department of Psychiatry**
- **3381 Bainbridge Avenue**
- **Bronx, NY 10467**
- **Tel:** 718-662-7980
- **Fax:** 718-662-3155
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 12
- **Program ID:** 405-35-21-077

**Brooklyn**

**Brookdale University Hospital and Medical Center Program**
- **Sponsor:** Brookdale University Hospital and Medical Center
- **Program Director:** Pierre Jean-Noel, MD
- **One Brookdale Plaza**
- **Brooklyn, NY 11212**
- **Tel:** 718-240-5480
- **Fax:** 718-240-5016
- **E-mail:** pjeannoel@brookdale.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-35-31-078

**SUNY Health Science Center at Brooklyn Program**
- **Sponsor:** SUNY Health Science Center at Brooklyn
- **King's County Hospital Center**
- **Program Director:** Lenore Engel, MD
- **450 Clarkson Avenue Box 1203**
- **Brooklyn, NY 11203**
- **Tel:** 718-270-1438
- **Fax:** 718-245-0517
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 405-35-21-094
Accredited Programs in Child and Adolescent Psychiatry (Psychiatry)

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
SUNY at Buffalo School of Medicine
Western New York Children's Psychiatric Center
Prgrm Director: David L. Kaye, MD
Millard Fillmore Hospital
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-5800 Fax: 716 887-5801
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-21-161

Elmhurst
Mount Sinai School of Medicine (Elmhurst) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Prgrm Director: David S. Smuster, MD
Elmhurst, NY 11373
Tel: 718 394-3837 Fax: 718 394-3941
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-079

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
400 Community Drive
Manhasset, NY 11030
Tel: 516 563-3206 Fax: 516 563-3997
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-078

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgrm Director: Richard R. Pleak, MD
Schneider Children's Hospital
Room 441
New Hyde Park, NY 11040
Tel: 718 470-3550 Fax: 718 470-0024
E-mail: rpleepak@lij.edu
Length: 2 yrs ACGME Approved/Offered Positions: 25
Program ID: 405-35-11-080

New York
Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Rockland Children's Psychiatric Center
Prgrm Director: Saday Sultan, MD
506 Lenox Avenue
New York, NY 10037
Tel: 212 938-3365 Fax: 212 938-3399
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 405-35-21-081

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgrm Director: John D O'Brien, MD
1 Gustave L. Levy Plaza, #1230
New York, NY 10029
Tel: 212 241-0487
E-mail: john.o'brien@msnm.edu
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 405-35-11-085

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
South Beach Psychiatric Center
Prgrm Director: A Reene Abigail, MD
144 West 12th Street, Room 491
New York, NY 10011
Tel: 212 604-8133 Fax: 212 604-8212
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-22-092

New York Presbyterian Hospital (Columbia Campus/New York State Psychiatric Institute Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute
Prgrm Director: Elisabeth B. Guthrie, MD
1061 Riverside Drive
Unit 78
New York, NY 10032
Tel: 212 543-8121 Fax: 212 542-5066
Length: 2 yrs ACGME Approved/Offered Positions: 15
Program ID: 405-35-11-059

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
New York Presbyterian Hospital-Payne Whitney Clinic
Prgrm Director: Rebecca Bendollman, MD
Payne Whitney Clinic, Box 140
525 East 68th Street
New York, NY 10021
Tel: 212 746-5709 Fax: 212 746-6944
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-058

New York Presbyterian Hospital Program
Sponsor: New York Presbyterian Hospital
New York State Psychiatric Institute
Prgrm Director: Elisabeth Guthrie, MD
1061 Riverside Drive
Box 78
New York, NY 10032
Tel: 212 543-1821 Fax: 212 543-5965
Length: 2 yrs ACGME Approved/Offered Positions: 24
Program ID: 405-35-21-182

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgrm Director: Carmen M. Alosco, MD
500 First Avenue, NWB 216
New York, NY 10016
Tel: 212 283-2672 Fax: 212 263-0202
Length: 2 yrs ACGME Approved/Offered Positions: 16
Program ID: 405-35-21-088

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-St Luke's Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgrm Director: Ramon Solomon, MD
411 West 114th Street
Division of Child and Adolescent Psychiatry
New York, NY 10037
Tel: 212 639-3669 Fax: 212 523-1645
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-31-166

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Stephen W Munson, MD
300 Adamsen Boulevard
Rochester, NY 14620
Tel: 685 276-3137 Fax: 585 273-1117
E-mail: Stephen_Munson@urmc.rochester.edu
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-095

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Judith C Crowell, MD
Pulman Hall, South Campus
Stony Brook, NY 11794
Tel: 631 622-8840 Fax: 631 622-8860
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-31-168

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Richard H Hutchings Psychiatric Center
Prgm Director: Wanda F Fremont, MD
750 Adams Medical Center
Syracuse, NY 13210
Tel: 315 464-3315 Fax: 315 464-3392
E-mail: anthorab@upstate.edu
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 405-35-15-178

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Danbury Hospital
Westchester Medical Center
Prgm Director: Elizabeth Ortiz-Schwartz, MD
Behavioral Health Center
Room 8102
Valhalla, NY 10595
Tel: 914 498-1829 Fax: 914 498-7152
Length: 2 yrs ACGME Approved/Offered Positions: 7
Program ID: 405-35-31-097

White Plains
New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital (Westchester Division)
Prgm Director: Paulina F Kerberg, MD
21 Bloomingdale Road
White Plains, NY 10605
Tel: 914 997-5361 Fax: 914 682-0688
E-mail: pkerber@med.cornell.edu
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-31-098
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Program Director: Karen K Poulos, MD
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919 866-2220
Fax: 919 866-2220
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-36-21-100

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
John Unstead Hospital
Program Director: Allan K Chisimian, MD
Box 2006
Durham, NC 27710
Tel: 919 416-2402 Fax: 919 416-0799
E-mail: chris14@wnc.duke.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-36-31-101

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Kaye L McGinty, MD
Brody School of Medicine
600 Moye Blvd
Greenville, NC 27834
Tel: 252 744-2673 Fax: 252 744-3815
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-36-21-102

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Guy K Palmer, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-6089 Fax: 336 716-9442
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-36-31-103

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: John P Daniels, MD
3305 Burnet Avenue
ML 2014
Cincinnati, OH 45229
Tel: 513 636-2836 Fax: 513 636-4283
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-38-21-102

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
UHHS Laurelwood Hospital
Program Director: Marylleen Davis, MD
11100 Euclid Avenue
Hanna Pavilion 5080
Cleveland, OH 44106
Tel: 216 844-2539 Fax: 216 844-5883
E-mail: marylleen.davis@uhhs.com
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-36-11-103

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Kathleen M Quinn, MD
8000 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-9050 Fax: 216 444-9054
E-mail: psyched@ccf.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-38-21-171

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Craig E Williams, MD
Neuro Science Facility
1670 Upham Drive, Suite 140
Columbus, OH 43210
Tel: 614 230-1814 Fax: 614 282-8320
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-36-21-104

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Good Samaritan Hospital and Health Center
Kettering Medical Center
Program Director: William M Klykyla, MD
PO Box 627
Dayton, OH 45401
Tel: 937 223-3480 Fax: 937 223-0758
E-mail: william.klykyla@wright.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-30-21-169

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Program Director: Jeffrey W Wahl, MD
3800 Arlington Avenue
PO Box 1008
Toledo, OH 43614
Tel: 419 383-5494 Fax: 419 383-3088
E-mail: jwahl@mcog.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-38-11-105

Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center/Children's Hospital
Program Director: James R Allen, MD, MPH
Williams Pavilion, 5th Floor
920 S Young
Oklahoma City, OK 73104
Tel: 405 271-4219 Fax: 405 271-3808
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-30-11-106

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: Nancy C Waters, MD
3181 SW Sam Jackson Park Road DCTP
Portland, OR 97201
Tel: 503 494-8643 Fax: 503 494-6149
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-40-21-107

Pennsylvania

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Stuart Lee Kaplan, MD
500 University Drive, PO Box 850, H073
Hershey, PA 17033
Tel: 717.531.7051 Fax: 717.531.4941
E-mail: sk226@psu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-41-21-147

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
PO Box: Tami D Benton, MD
Friends Hospital Program
Program Director: Yves D Bentov, MD
CROP Behavioral Center
3440 Market St, Suite 200
Philadelphia, PA 19104
Tel: 215 590-7300 Fax: 215 590-7560
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-41-11-111

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Program Director: William A Sonis, MD
4641 Roosevelt Boulevard
PO Box 45158
Philadelphia, PA 19124
Tel: 215-831-5388 Fax: 215-839-3853
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-41-21-110
**Pittsburgh**

**Allegheny General Hospital Program**

**Sponsor:** Allegheny General Hospital

**Prgm Director:** Lisa A. Janseback, MD

**Address:** 301 East North Avenue

**Phone:** 412-560-4319

**Fax:** 412-560-4319

**Program ID:** 405-41-11-113

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**University of Pittsburgh Medical Center Medical Education Program**

**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program

**Prgm Director:** Lluís J. Lazaro, MD

**Address:** 40541-11-113

**Phone:** 412-560-4319

**Fax:** 412-560-4319

**Program ID:** 405-41-11-114

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**South Carolina**

**Charleston**

**Medical University of South Carolina Program**

**Sponsor:** Medical University of South Carolina College of Medicine

**Prgm Director:** David J. Ferrer, MD

**Address:** 15 Medical Park, Suite 103

**Phone:** 803-898-2460

**Fax:** 803-898-5333

**E-mail:** davidferrer@musc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 10

**Program ID:** 405-45-21-119

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**Columbia**

**Palmetto Health/University of South Carolina School of Medicine Program**

**Sponsor:** Palmetto Health

**Prgm Director:** William B. Hall, Psychiatric Institute

**Prgm Director:** Craig A. Buck, MD

**Address:** 15 Medical Park, Suite 103

**Phone:** 803-898-2460

**Fax:** 803-898-5333

**E-mail:** updm@pdm.org

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 8

**Program ID:** 405-45-21-119

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**South Dakota**

**Sioux Falls**

**University of South Dakota Program**

**Sponsor:** University of South Dakota School of Medicine

**Prgm Director:** David J. Ferrer, MD

**Address:** 15 Medical Park, Suite 103

**Phone:** 803-898-2460

**Fax:** 803-898-5333

**E-mail:** davidferrer@musc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 4

**Program ID:** 405-45-21-116

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**Tennessee**

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine

**Prgm Director:** David W. Allen, MD

**Address:** 771 Jefferson Avenue

**Phone:** 901-322-5735

**Fax:** 901-322-5736

**E-mail:** davidallen@uthsc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-47-21-120

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**Texas**

**Austin**

**Austin Medical Education Programs of Seton Healthcare Network Program**

**Sponsor:** Austin Medical Education Program of Seton Healthcare Network

**Prgm Director:** Beverly J. Santino, MD

**Address:** 3901 Medical Plaza, M8150

**Phone:** 512-324-3080

**Fax:** 512-234-3084

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-49-15-181

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**Dallas**

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School

**Prgm Director:** Thomas R. Harris, MD

**Address:** 40541-11-113

**Phone:** 803-898-2460

**Fax:** 803-898-5333

**E-mail:** davidferrer@musc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 10

**Program ID:** 405-49-21-123

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**Galveston**

**University of Texas Medical Branch Hospitals Program**

**Sponsor:** University of Texas Medical Branch Hospitals

**Prgm Director:** Christopher R. Thomas

**Address:** 301 University Blvd

**Phone:** 409-747-8667

**Fax:** 409-747-8669

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 10

**Program ID:** 405-48-11-124

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**Houston**

**Baylor College of Medicine Program**

**Sponsor:** Baylor College of Medicine

**Prgm Director:** Florence P. Eddins, MD

**Address:** One Baylor Plaza, MS5350

**Phone:** 713-798-4708

**Fax:** 713-798-9178

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 8

**Program ID:** 405-49-21-125

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**University of Texas at Houston Program**

**Sponsor:** University of Texas Medical School at Houston

**Prgm Director:** Cynthia W. Santos, MD

**Address:** 1800 Moursund, Room 179

**Phone:** 713-500-9363

**Fax:** 713-500-9365

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 10

**Program ID:** 405-48-21-139

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**Tampa**

**University of South Florida College of Medicine Program**

**Sponsor:** University of South Florida College of Medicine

**Prgm Director:** David W. Allen, MD

**Address:** 771 Jefferson Avenue

**Phone:** 901-322-5735

**Fax:** 901-322-5736

**E-mail:** davidallen@uthsc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-47-21-120

---

**Nashville**

**Vanderbilt University Program**

**Sponsor:** Vanderbilt University Medical Center

**Prgm Director:** David W. Allen, MD

**Address:** 771 Jefferson Avenue

**Phone:** 901-322-5735

**Fax:** 901-322-5736

**E-mail:** davidallen@uthsc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-47-21-121

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**Rhode Island**

**Providence**

**Brown University Program**

**Sponsor:** Brown University Medical School

**Prgm Director:** Henrietta L. Leonard, MD

**Address:** 40541-11-113

**Phone:** 409-747-8667

**Fax:** 409-747-8669

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 8

**Program ID:** 405-45-21-117

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**University of Puerto Rico**

**San Juan**

**University of Puerto Rico Program**

**Sponsor:** University of Puerto Rico School of Medicine

**Prgm Director:** Lluís J. Lazaro, MD

**Address:** 40541-11-113

**Phone:** 409-747-8667

**Fax:** 409-747-8669

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 10

**Program ID:** 405-48-21-139

---

**Tennessee**

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine

**Prgm Director:** David W. Allen, MD

**Address:** 771 Jefferson Avenue

**Phone:** 901-322-5735

**Fax:** 901-322-5736

**E-mail:** davidallen@uthsc.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-47-21-120

---

**Nashville**

**Vanderbilt University Program**

**Sponsor:** Vanderbilt University Medical Center

**Prgm Director:** D.Catherine Fuchs, MD

**Address:** 1601 23rd Avenue, South, Suite 201

**Phone:** 615-343-7000

**Fax:** 615-343-7001

**E-mail:** catherine.fuchs@vanderbilt.edu

**Length:** 2 Yrs

**ACGME Approved/Offered Positions:** 6

**Program ID:** 405-44-21-177

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## San Antonio

**University of Texas Health Science Center at San Antonio Program**

**Sponsor:** University of Texas Medical School at San Antonio

Child Guidance Center

Christiana Santa Rosa Health Care Corporation

Southwest Mental Health Center

**Prgm Director:** Kenneth L. Matthews, MD

7705 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 567-5430  Fax: 210 567-0817

E-mail: spursch@uthscsa.edu

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 7

**Program ID:** 405-49-21-126

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## Temple

**Texas A&M College of Medicine-Scott and White Program**

**Sponsor:** Scott and White Memorial Hospital

Metroplex Pavilion Hospital

**Prgm Director:** Jane Rippenger-Sohier, MD

Child and Adolescent Psychiatry

2401 South 31st Street

Temple, TX 76508

Tel: 254 724-7842  Fax: 254 724-1747

E-mail: jrippenger-sohier@swmail.sw.org

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 4

**Program ID:** 405-48-21-175

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## Utah

**Salt Lake City**

**University of Utah Program**

**Sponsor:** University of Utah Medical Center

Primary Children's Medical Center

University of Utah Neuropsychiatric Institute

**Prgm Director:** Doug Gray, MD

E21 Wakara Way, #145

Salt Lake City, UT 84105

Tel: 801 581-3906  Fax: 801 585-9096

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 4

**Program ID:** 405-49-21-277

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## Virginia

**Charlottesville**

**University of Virginia Program**

**Sponsor:** University of Virginia Medical Center

De Jarnette Center

**Prgm Director:** Roger C Burket, MD

PO Box 891076

Division of Child and Family Psychiatry

Charlottesville, VA 22908

Tel: 434 243-6950  Fax: 434 243-6970

E-mail: robke@virginia.edu

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 6

**Program ID:** 405-51-11-130

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## Richmond

**Virginia Commonwealth University Health System Program**

**Sponsor:** Virginia Commonwealth University Health System

MCV-Virginia Treatment Center for Children

Medical College of Virginia Hospitals

**Prgm Director:** Azadulah A Sood, MD

Box 980489

515 North 10th Street

Richmond, VA 23229

Tel: 804 828-4168  Fax: 804 827-3731

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 4

**Program ID:** 405-51-11-131

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## Washington

**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine

Children's Hospital and Regional Medical Center

University of Washington Medical Center

**Prgm Director:** Christopher K Varley, MD

4500 Sand Point Way NE CL08

Seattle, WA 98105

Tel: 206 368-4059  Fax: 206 368-4869

E-mail: cvarley@u.washington.edu

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 10

**Program ID:** 405-54-21-132

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## Wisconsin

**Madison**

**University of Wisconsin Program**

**Sponsor:** University of Wisconsin Hospital and Clinics

Meriter Hospital

**Prgm Director:** Michael T Witkosky, MD, MA

6001 Research Park Blvd

Madison, WI 53719

Tel: 608 263-0707  Fax: 608 263-0265

E-mail: mwitkosv@wisc.edu

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 6

**Program ID:** 405-58-21-134

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## Milwaukee

**Medical College of Wisconsin Affiliated Hospitals Program**

**Sponsor:** Medical College of Wisconsin Affiliated Hospitals Inc

Children's Hospital of Wisconsin

Milwaukee County Behavioral Health Division

Rogers Memorial Hospital

**Prgm Director:** Russell E Scheffer, MD

Medical College of Wisconsin

8701 Watertown Plank Road

Milwaukee, WI 53226

Tel: 414 266-3465  Fax: 414 266-3735

E-mail: bpmrnta@mail.mcw.edu

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 6

**Program ID:** 405-56-21-132

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## Child Neurology

**Neurology**

## Alabama

**Birmingham**

**University of Alabama Medical Center Program**

**Sponsor:** University of Alabama Hospital

Children's Hospital of Alabama

**Prgm Director:** Leon S Dye, MD

1650 7th Avenue South

Children's Harbor Building 314

Birmingham, AL 35233

Tel: 205 996-7850  Fax: 205 996-7867

**Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3

**Program ID:** 185-01-21-006

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## Arizona

**Phoenix**

**St Joseph's Hospital and Medical Center Program**

**Sponsor:** St John's Hospital and Medical Center

**Prgm Director:** John F Kettigas, MD

Barrow Neurological Institute

350 West Thomas Road

Phoenix, AZ 85013

Tel: 602 406-3800  Fax: 602 406-3819

E-mail: jfkrtrigan@chwu.edu

**Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3

**Program ID:** 185-03-21-021

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## Arkansas

**Little Rock**

**University of Arkansas for Medical Sciences Program**

**Sponsor:** University of Arkansas College of Medicine

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

University Hospital of Arkansas

**Prgm Director:** May L Griebel, MD

800 Marshall Street

Little Rock, AR 72202

Tel: 501 395-1850  Fax: 501 395-6077

**Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 2

**Program ID:** 185-04-21-085

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## California

**Loma Linda**

**Loma Linda University Program**

**Sponsor:** Loma Linda University Medical Center

**Prgm Director:** Stephen Ashwal, MD

11334 Anderson Street

Coleman Pavilion

Loma Linda, CA 92354

Tel: 909 588-2847  Fax: 909 584-0470

**Length:** 2 Yrs  **ACGME Approved/Offered Positions:** 6

**Program ID:** 185-09-21-975

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Los Angeles
Chiledren's Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
LAC+USC Medical Center
Progm Director: Wendy G Mitchell, MD
4650 Sunset Boulevard
Mail Stop 582
Los Angeles, CA 90027
Tel: 323 658-2418 Fax: 323 657-2019
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-05-214082

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Progm Director: Susan Sanacke, MD, PhD
Division of Pediatric Neurology
22-474 MDC, UCLA Medical Center
Los Angeles, CA 90095
Tel: 310 306-3161 Fax: 310 825-5884
E-mail: ssanacke@mednet.ucla.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-05-214082

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Progm Director: Ira T. Lott, MD
131 City Drive
Big 2, R6 1, Z0 4402
Orange, CA 92668
Tel: 714 456-5333 Fax: 714 456-7638
E-mail: itlott@uci.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 1
Program Id: 185-05-214062

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Progm Director: Doris A Trauner, MD
5500 Gilman Drive
Department of Neurosciences 0535
La Jolla, CA 92037
Tel: 858 822-6706 Fax: 858 822-6707
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-05-214082

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Progm Director: Donna M Perriero, MD
Department of Neurology. Box 0663
521 Parnassus Avenue, G215
San Francisco, CA 94143
Tel: 415 476-1099 Fax: 415 476-6831
Length: 3 Yrs AGGME Approved/Offered Positions: 6
Program Id: 185-05-214082

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Progm Director: Jim S Hahn, MD
Division of Child Neurology
100 Pasteur Drive, A434
Stanford, CA 94305
Tel: 650 723-6514 Fax: 650 723-7450
Length: 3 Yrs AGGME Approved/Offered Positions: 4
Program Id: 185-05-214061

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Progm Director: Kenneth R Huff, MD
Department of Child Neurology
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-4161 Fax: 310 220-3271
E-mail: knhuff@chubu.net
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-05-214017

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Progm Director: Timothy A Benke, MD, PhD
Department of Neurology B-192
4200 East 9th Avenue
Denver, CO 80206
Tel: 303 315-2925 Fax: 303 315-2543
E-mail: tbenke@uchsc.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-07-21403

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
George Washington University Hospital (UHS)
Progm Director: Phillip L Pearl, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-2120 Fax: 202 884-5326
Length: 3 Yrs AGGME Approved/Offered Positions: 4
Program Id: 185-10-214048

Florida
Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Neurosurgery Children's Clinic
Mayo Clinic Jacksonville
Progm Director: William R Turner, MD
897 Children's Way
Jacksonville, FL 32207
Tel: 904 390-3995 Fax: 904 390-3429
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-11-13-100

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Progm Director: Walter G Bradley, MD
P.O. Box 016090
Miami, FL 33136
Tel: 305 243-7519 Fax: 305 243-7525
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-11-214005

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egerton
Grady Health System
Progm Director: John T Sladky, MD
3140 Ridgewood Drive, NE
Atlanta, GA 30322
Tel: 404 727-5564 Fax: 404 727-1981
E-mail: jtsladky@emory.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-12-214005

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Progm Director: James E Carroll, MD
Dept of Neurology, BG2000H
Augusta, GA 30912
Tel: 706 721-2377 Fax: 706 721-2377
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-12-214019

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Progm Director: Joshua Goldstein, MD
2300 Children's Plaza #61
Chicago, IL 60614
Tel: 312 880-6638 Fax: 312 880-3374
E-mail: jgoldstein@childrensmemorial.org
Length: 3 Yrs AGGME Approved/Offered Positions: 6
Program Id: 185-16-214021

University of Chicago Program
Sponsor: University of Chicago Hospitals
Progm Director: Kenneth Silver, MD
5841 South Ingleside Avenue
MC2065
Chicago, IL 60617
Tel: 773 702-5481 Fax: 773 702-4786
E-mail: knsilver@uic.hsc.uic.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program Id: 185-16-214001

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Progm Director: Sidney A Huff, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-5032 Fax: 708 216-5417
E-mail: ahuff@lumc.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 1
Program Id: 185-16-214045
Accredited Programs in Child Neurology (Neurology)

Indiana

Indiana University School of Medicine

Program Director: Ralph D. Jones, MD
Department of Neurology
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317-274-2622
Fax: 317-274-2622
Length: 3 Years
ACGME Approved/Offered Positions: 3
Program ID: 185-21-064

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Program Director: Harvey Singer, MD
Department of Child Neurology
900 North Wolfe Street
Baltimore, MD 21287
Tel: 410-955-7312
Fax: 410-614-2287
Length: 3 Years
ACGME Approved/Offered Positions: 5
Program ID: 185-21-027

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Michael H Mitchell, MD
Department of Neurology
Washington, DC 20017
Tel: 202-783-0800
Fax: 202-783-4227
Length: 3 Years
ACGME Approved/Offered Positions: 3
Program ID: 185-10-11-010
US Armed Services Program

Massachusetts

Boston

Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program

Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Program Director: Basil T Darras, MD
900 Longwood Ave
Boston, MA 02115
Tel: 617-737-6356
Fax: 617-790-0146
Length: 3 Years
ACGME Approved/Offered Positions: 9
Program ID: 185-54-21-061

New England Medical Center Hospitals/Tufts University Program

Sponsor: Tufts-New England Medical Center
Program Director: Norman F Rosen, MD
750 Washington Street
Boston, MA 02111
Tel: 617-639-6906
Length: 3 Years
ACGME Approved/Offered Positions: 6
Program ID: 185-24-21-028

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Page S Silverstein, MD
1630 Hill, Box 0464, Room 2001
Ann Arbor, MI 48109
Tel: 734-763-6097
Fax: 734-764-4279
Length: 3 Years
ACGME Approved/Offered Positions: 3
Program ID: 185-25-21-000

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Hezel Hospital
Program Director: Gyula Asadi, MD, PhD
Children's Hospital of Michigan
3601 Beaumont Blvd
Detroit, MI 48201
Tel: 313-745-5845
Fax: 313-745-6965
E-mail: gacadi@med.wayne.edu
Length: 3 Years
ACGME Approved/Offered Positions: 6
Program ID: 185-25-21-002

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Lawrence Charnas, MD, PhD
MMC 456
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-625-7486
Fax: 612-625-7481
E-mail: charnas61@umn.edu
Length: 3 Years
ACGME Approved/Offered Positions: 3
Program ID: 185-25-21-016

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
55 Mary's Hospital of Rochester
Program Director: Steven Kotagal, MD
Division of Pediatric Neurology
300 First Street SW
Rochester, MN 55905
Tel: 507-284-3732
Fax: 507-284-0727
E-mail: kotagal.sr@mayo.edu
Length: 3 Years
ACGME Approved/Offered Positions: 6
Program ID: 185-26-21-063

Mississippi

Jackson

University of Mississippi School of Medicine Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Program Director: VV Vedanthaman, MD
2000 North State Street
Jackson, MS 39216
Tel: 601-894-0011
Fax: 601-894-0065
Length: 3 Years
ACGME Approved/Offered Positions: 3
Program ID: 185-27-15-063

Graduate Medical Education Directory 2005-2006
Missouri
Kansas City
University of Kansas Medical Center/Children's Mercy Hospital and Clinics Program
Sponsor: Children's Mercy Hospital
Bethany Medical Center
Prgm Director: William D. Graf, MD
Children’s Mercy Hospital, Neurology Section
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 354-3050 Fax: 816 234-3589
E-mail: wdgra@cmch.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-19-22-096

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Karen Ballaban-Gil, MD
Rose F. Kennedy Building, Room 316
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 430-3646 Fax: 718 430-8889
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-35-21-002

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Joan B Cracco, MD
450 Clarkson Avenue, Box 118
Brooklyn, NY 11203
Tel: 718 270-2045 Fax: 718 270-3748
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-35-21-004

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Prgm Director: Thomas J Langan, MD
The Jacobs Neurological Institute
100 High Street
Buffalo, NY 14203
Tel: 716 878-7845 Fax: 716 878-7326
E-mail: etjaminog@acsu.buffalo.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 185-35-21-635

Manhattan
North Shore University Hospital/NYU/Nassau University Medical Center Program
Sponsor: North Shore University Hospital
Nassau University Medical Center
Prgm Director: Satish Kodali, MD
Division of Child Neurology
2001 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-2107
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-006

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Joseph Maytal, MD
Schneider Children’s Hospital
269-01 76th Ave, Suite 207
New Hyde Park, NY 11040
Tel: 718 470-3540 Fax: 718 343-6826
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-35-21-005
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Robert S. Greenwood, MD
Department of Neurology, 3100 Bioinformatics Bldg
Chapel Hill, NC 27599
Tel: 919 966-8160 Fax: 919 966-2022
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-093

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Darrell V Lewis, MD
Division of Pediatric Neurology
Box 9398
Durham, NC 27710
Tel: 919 668-0477 Fax: 919 684-3943
E-mail: michaels07@duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-080

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Ocasio Santos, MD
300 South Hawthorne Road
Winston-Salem, NC 27103
Tel: 336 716-2151 Fax: 336 716-9489
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-097

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center University Hospital Inc
Program Director: Mark B Schapiro, MD, BA
3333 Burnet Avenue
ML 3015
Cincinnati, OH 45229
Tel: 513 695-4222 Fax: 513 536-1888
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-36-21-038

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Nancy E Bass, MD
11100 Euclid Avenue, MS 6890
Cleveland, OH 44106
Tel: 216 844-3961 Fax: 216 844-8444
E-mail: jeannette.croty@uhhs.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-15-091

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Neil R Friedman, MCHb
Desk 571
9560 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-6772 Fax: 216 445-0139
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-36-21-004

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Program Director: Warren Lo, MD
706 Children's Drive
Columbus, OH 43205
Tel: 614 722-4625 Fax: 614 722-4530
E-mail: whlo@ohiostate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-38-21-002

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Program Director: Thomas K Koch, MD
Pedicrue Neurology
707 SW Gaines Blvd, CDRC-P
Portland, OR 97229
Tel: 503 494-0388 Fax: 503 494-2370
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-40-23-048

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children’s Hospital of Philadelphia
University of Pennsylvania Health System
Program Director: Donald P Younkine, MD
One Children’s Center
34th St and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 596-1710 Fax: 215 590-2950
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 185-41-21-041

St Christopher’s Hospital for Children Program
Sponsor: St Christopher's Hospital for Children
(Tenet Health System)
Program Director: Sanjeev V Kothare, MD
Erie Avenue & Front Street
Philadelphia, PA 19134
Tel: 215 427-8372 Fax: 215 427-4368
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-41-21-040

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Program Director: Nina F Sebor, MD, PhD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-6182 Fax: 412 692-6787
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-41-21-012

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Program Director: Massumi Igashita, MD
777 Washington, Suite 119
Memphis, TN 38105
Tel: 901 572-4588 Fax: 901 572-3117
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-47-21-079

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Gerald M Perilich, MD
1151 21st Avenue, South
Nashville, TN 37232
Tel: 615 343-2029 Fax: 615 963-0223
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-47-21-042

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Dallas, TX 75309
Tel: 214 451-8342 Fax: 214 451-8996
E-mail: rana.said@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-48-21-043

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children’s Hospital
Program Director: Gary D Clark, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 790-1754 Fax: 713 790-1717
E-mail: gclark@bcm.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 185-48-21-018

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Program Director: Ian J Butler, MD
Department of Neurology 7.444 MSB
6431 Fannin Street
Houston, TX 77030
Tel: 713 500-7100 Fax: 713 500-7101
E-mail: Mary.J.4ass@ghv.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-48-21-078
Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Program Director: James F Bale, MD
Primary Children's Medical Center
100 N Medical Drive
Salt Lake City, UT 84113
Tel: 801 589-2756 Fax: 801 589-2799
E-mail: James.Bale@hsc.utah.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-49-21-044

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clarence Z Ablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Program Director: Suja Anne Joseph, MD*
9000 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-3464 Fax: 414 266-3465
E-mail: sjoseph@neuroscience.mow.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-68-21-070

Clinical and Laboratory Immunology (Allergy and Immunology)
Maryland
Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Clinical Center at the National Institutes of Health
Walter Reed Army Medical Center
Program Director: Michael R Nelson, MD, PhD
Dept of Allergy-Immunology, Attn: Dr Nelson
6600 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 782-8085 Fax: 202 782-7093
E-mail: michael.nelson@amedd.army.mil
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 026-16-21-006
US Armed Services Program

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Robert S Rust, MA, MD
Department of Neurology
Box 800394
Charlottesville, VA 22908
Tel: 434 924-5538 Fax: 434 982-1726
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-61-21-007

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: David J Leszczynski, MD, PhD*
Sanger Hall, Room 6-005
1101 East Marshall Street
Richmond, VA 23298
Tel: 804 828-0442 Fax: 804 828-6690
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-61-21-007

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Program Director: Sidney M Gorse, MD, PhD
4600 Sand Point Way NE
Neurology, 5D-3
Seattle, WA 98105
Tel: 206 987-0378 Fax: 206 987-3349
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-44-21-017

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Asha S Khan, MD
G-103 Health Sciences North
PO Box 9180
Morgantown, WV 26506
Tel: 304 293-3341 Fax: 304 293-3522
E-mail: wajakson@usc.wvu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 185-55-11-088
Clinical Cardiac Electrophysiology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: G Neal Kay, MD
221 J Snowburr Tower
1503 3rd Avenue South
Birmingham, AL 35294
Tel: 205 995·1336 Fax: 205 995·1279
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-01-21-001

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine University Medical Center
Program Director: Peter Ott, MD
1601 N Campbell
PO Box 245057
Tucson, AZ 85724
Tel: 520 626-0221 Fax: 520 626-0067
E-mail: pabrams@email.arizona.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-01-21-011

California

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Peng-Sheng Chen, MD
Cardiology - RM 6342
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423·6521 Fax: 310 423·6318
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-05-21-002

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Kalyanam Shivkumar, MD
47-123 CHS
650 Charles E Young Drive South
Los Angeles, CA 90095
Tel: 310 794·0726 Fax: 310 206·9128
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-05-31-103

UCLA-VA Greater Los Angeles Healthcare Program
Sponsor: VA Greater Los Angeles Healthcare System UCLA Medical Center
Program Director: Malcolm M Bresnahan, MD, PhD
Cardiology 411E
1101 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 268·5643 Fax: 310 268·4258
E-mail: malcolm.bresnahan@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-05-13-006

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Gregory K Feld, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543·5428 Fax: 619 543·9543
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-05-22-007

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Jeffrey K Olgin, MD
500 Parnassus Avenue
Room MU 430 Box 1364
San Francisco, CA 94143
Tel: 415 476·5706 Fax: 415 476·6280
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-05-23-008

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Sung H Chun, MD
Arteriography Service
300 Pasteur Dr Rm H1416
Stanford, CA 94305
Tel: 650 723·7111 Fax: 650 725·7569
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 154-05-32-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County Harbor-UCLA Medical Center
Hospital of the Good Samaritan
Program Director: Anil K Bhandari, MD
225 Whipple Boulevard
Los Angeles, CA 90017
Tel: 310 977·2283 Fax: 310 977·2209
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-05-31-003

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Program Director: Arthur E Easley, MD
4200 E 9th Avenue, Box B138
Denver, CO 80262
Tel: 303 392·8020 Fax: 303 392·8028
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-07·21·010

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Lynda E Rosenfeld, MD
Department of Cardiovascular Medicine, 3 FMF
353 Cedar Street, PO Box 20917
New Haven, CT 06510
Tel: 203 797·408 Fax: 203 797·3437
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-09·21·007

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UCHS)
Veterans Affairs Medical Center (Washington DC)
Program Director: Cynthia M Tracy, MD
2150 Pennsylvania Avenue, NW
Washington, DC 20007
Tel: 202 741·2298 Fax: 202 741·3234
E-mail: ciracy@mda.gov
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-10·21·012

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Program Director: Adam Strickberger, MD
110 Irving Street, NW
Division of Cardiology
Washington, DC 20010
Tel: 202 877·3036 Fax: 202 877·3455
E-mail: odillon.ea@medstar.net
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-10·21·011

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Anne B Curtis, MD
Box 100177
1090 SW Archer Road, Room M-415
Gainesville, FL 32610
Tel: 352 392·2869 Fax: 352 846·0314
E-mail: gowd@seredi.nal.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-11·21·021

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Codman Medical Center
Program Director: Alberto Interian, MD
Jackson Memorial Hospital
PO Box 016990
Miami, FL 33101
Tel: 305 565·3005 Fax: 305 568·5009
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-11·21·014
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Pgm Director: Jonathan J Langberg, MD
1664 Clifton Road, NE Suite F-414
Atlanta, GA 30322
Tel: 404 712-4942 Fax: 404 712-4374
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-12-21-015

Illinois

Chicago

Advocate Illinois Masonic Medical Center/Northside Health Network Program
Sponsor: Advocate Illinois Masonic Medical Center
Pgm Director: Richard F Kehoe, MD
838 W Wellington Ave
Chicago, IL 60657
Tel: 773 296-7126 Fax: 773 296-7982
E-mail: richard.kehoe-md@advocatehealth.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-16-21-016

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Pgm Director: Jeffrey J Goldberger, MD, MBA
251 East Huron Street
Feinberg School of Medicine
Chicago, IL 60611
Tel: 312 926-2148 Fax: 312 926-2761
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-16-31-017

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Pgm Director: Richard G Trohman, MD
1653 West Congress Parkway
Chicago, IL 60612
Tel: 312 926-6558 Fax: 312 926-5862
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-16-11-018

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Bradley P Knight, MD
University of Chicago
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-5988 Fax: 773 702-4666
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-16-12-019

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Pgm Director: Albert C Lin, MD, MD*
Building 107 Room 1987
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-2680 Fax: 708 216-6829
E-mail: marinod@uic.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 154-16-13-020

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Pgm Director: Stephen R Shwartz, MD, PhD
25 S Greene Street, Suite NW77
Baltimore, MD 21201
Tel: 410 338-6042 Fax: 410 338-2062
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-23-31-023

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
Pgm Director: John M Miller, MD
Kranert Institute of Cardiology
1800 North Capitol Avenue Suite E188
Indianapolis, IN 46202
Tel: 317 638-0109 Fax: 317 638-0180
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-17-21-012

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Pgm Director: Eric N Prytulak, MD
SSS Nash Road
Indianapolis, IN 46260
Tel: 317 338-6034 Fax: 317 338-0259
E-mail: mckfrank@sundcargroup.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-17-21-004

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Pgm Director: Brian D Lin, MD*
4610 JCP
300 Hawkins Drive
Iowa City, I A 52242
Tel: 319 356-3554 Fax: 319 356-2347
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-18-21-022

Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Pgm Director: A O Dean, MD*
Third Floor Ambulatory Care Bldg
550 South Jackson Street
Louisville, KY 40292
Tel: 502 852-7595 Fax: 502 852-7147
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-20-21-023

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Ronald D Berger, MD, PhD
Carnegie 562
600 N Wolfe Street
Baltimore, MD 21207
Tel: 410 614-2751 Fax: 410 614-1345
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-23-21-024

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm Director: Mark B Josephson, MD
Thorndike Electrophysiology Unit
One Deaconess Road, Baker 4
Boston, MA 02215
Tel: 617 456-7381 Fax: 617 638-7874
E-mail: paul.leierer@bmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-24-12-005

Brigham and Women's Hospital/West Roxbury Veterans Affairs Medical Center Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brookline-West Roxbury)
Pgm Director: William G Stevenson, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7517 Fax: 617 277-4981
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 154-34-11-025

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Pgm Director: Margaret L homeod, MD
800 Washington Street, Box 197
Boston, MA 02111
Tel: 617 636-5065 Fax: 617 636-4586
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-24-19-003

Burlington

Lahey Clinic Program
Sponsor: Lahey Clinic
Pgm Director: David T Martin, MD
41 Mall Road
Burlington, MA 01803
Tel: 781 444-9863 Fax: 781 444-5577
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-24-23-032
Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm Dir: James R Cook, MD, MPH
700 Chestnut Street, W
E/0 Nikki Hommet, RN RN466
Springfield, MA 01199
Tel: 413 794-4490 Fax: 413 794-0198
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 154-24-32-033

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Pgm Dir: Lawrence Rosenblatt, MD, PhD
55 Lake Avenue, North
Division of Cardiology
Worcester, MA 01655
Tel: 508 855-2931 Fax: 508 855-6096
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-25-39-034

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Oakwood Hospital
Pgm Dir: Frank Pelosi, MD* 1500 E Medical Center Drive
Trishman Center, H-226
Ann Arbor, MI 48109
Tel: 734 761-7157 Fax: 734 214-0691
Length: 1 Yr ACGME Approved/Offered Positions: 4
Subspecialties: IM
Program Id: 154-25-21-035

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Dir: Claudius D Schuger, MD
2799 W Grand Boulevard
K-14, Room 01451
Detroit, MI 48202
Tel: 313 916-2417 Fax: 313 916-8416
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-25-31-080

Minnesota
Minnesota
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Pgm Dir: Scott Sakaguchi, MD
Mayo Mail Code 508
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-4491 Fax: 612 626-4411
E-mail: cvfellows@umn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 154-25-31-087

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Bd Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Pgm Dir: Stephen C Hammill, MD
200 First Street SW
Rochester, MN 55505
Tel: 507 284-3204
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 154-20-31-008

Missouri
Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Pgm Dir: David M Steinharms, MD
University of Missouri-Kansas City
4401 Wornall Road/MAH-5
Kansas City, MO 64111
Tel: 816 933-5475 Fax: 816 932-5113
E-mail: cloomis@st-lukes.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-25-21-039

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Washington University School of Medicine
Pgm Dir: Bruce D Lindsay, MD
560 S Euclid Avenue, Box 8086
St Louis, MO 63110
Tel: 314 454-7384 Fax: 314 454-8250
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program Id: 154-28-31-040

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Pgm Dir: Mark L Greenberg, MD
825055 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-8555 Fax: 402 559-8555
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 154-30-11-092

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Pgm Dir: Stephen C Hammill, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-9538 Fax: 603 650-6164
E-mail: Jan.L.Wiles@Hitchcock.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-32-21-041

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital/University Medical Center
Pgm Dir: Lawrence Grossman, MD
One Cooper Plaza
3rd Floor Dorrance
Camden, NJ 08101
Tel: 856 234-2619 Fax: 856 968-7420
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 154-33-11-096

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Dir: John D Fisher, MD
113 East 210th Street
Bronx, NY 10467
Tel: 718 920-4392 Fax: 718 347-2111
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-35-21-042

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Pgm Dir: Nabil El-Sherif, MD
540 Clarkson Avenue, Box 1180
Brooklyn, NY 11203
Tel: 718 270-4147 Fax: 718 270-4106
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-35-31-043

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Dir: Davenandra Mehta, MD*
Department: Internal Medicine - Cardiology Divisions
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-7272 Fax: 212 342-7776
E-mail: davenandra.mehta@msnyuhealth.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 164-35-22-047

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Dir: Haasan Garan, MD, MS
161 Fort Washington Avenue, Suite #581
New York, NY 10032
Tel: 212 306-8559 Fax: 212 342-3591
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-35-35-000

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Dir: Steven M Markowitz, MD
525 E 68th Street, Suite 2140
New York, NY 10021
Tel: 212 746-2655 Fax: 212 746-6651
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 154-35-23-048
New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Pgm Director: Larry A Chinitz, MD
500 First Avenue
New York, NY 10016
Tel: 212 363-5656 Fax: 212 363-9730
E-mail: larry.chinitz@med.nyu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-35-32-049

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Pgm Director: Jonathan Steinberg, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 357-4007
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-35-42-061

North Carolina
Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: James P Daubert, MD
Box 479
911 E Boulevard
Chapel Hill, NC 27599
Tel: 919 966-4785 Fax: 919 966-4366
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-35-21-053

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Pgm Director: Tristram D Bahnson, MD
Box 2595
Durham, NC 27711
Tel: 919 861-5411 Fax: 919 861-6890
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-36-31-054

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: David M Fitzgerald, MD
Cardiology Section
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-8383
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-36-11-055

Ohio
Cleveland Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Pgm Director: Kara J Quinn, MD
2550 MetroHealth Drive H330
Cleveland, OH 44109
Tel: 216 779-2005 Fax: 216 778-4024
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-38-13-065

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Pgm Director: Bruce S Stambler, MD
1130 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-2186
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-38-21-065

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Andrea Natle, MD
Dept of Cardiovascular Medicine/P:3
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-4285 Fax: 216 445-0186
E-mail: natleac@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 154-38-21-083

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Pgm Director: Charles J Love, MD*
2nd Floor, Davis Heart & Lung Research Institute
473 W 12th Avenue, #200
Columbus, OH 43210
Tel: 614 293-5614 Fax: 614 293-5614
E-mail: love.20@med.osu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-38-31-101

Oklahoma
Oklahoma City University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Pgm Director: Karen J Beckman, MD
Biomedical Sciences Building, Room 357
PO Box 25901
Oklahoma City, OK 73190
Tel: 405 271-9858 Fax: 405 271-7455
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-39-21-059

Oregon
Portland Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Pgm Director: Summit S Chough, MD
3131 SW Sam Jackson Park Road, UBB-62
Portland, OR 97201
Tel: 503 494-8750
E-mail: grants@ohsu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-46-21-060

Pennsylvania
Hershey Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Larry C Luck, MD
500 University Drive
PO Box 295
Hershey, PA 17033
Tel: 717 531-7484 Fax: 717 531-0059
E-mail: nccton@psu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-41-21-084

Philadelphia Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Pgm Director: Steven P Kutalek, MD
245 N 15th Street
Philadelphia, PA 19102
Tel: 215 703-8370 Fax: 215 703-8370
E-mail: SPKutalek@drexel.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 154-41-31-082

Temple University Hospital Program
Sponsor: Temple University Hospital
Pgm Director: Richard M Greenberg, MD*
9th Floor Parkinson Pavilion
3403 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-4724 Fax: 215 707-3966
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-41-13-064

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Behzad B Pavi, MD
925 Chestnut Street
Mezzanine Level
Philadelphia, PA 19107
Tel: 215 695-8882 Fax: 215 591-9976
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-41-21-085

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Presbyterian Medical Center (UPMC)
Pgm Director: Ralph J Ventim, MD
Hospital of the U of Pennsylvania
9 Founders, 3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 663-6853 Fax: 215 663-3879
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 154-41-22-060
Accredited Programs in Clinical Cardiac Electrophysiology (Internal Medicine)

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: William W Harrington, MD
Presbyterian University Hospital BM 3556
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412-647-0272 Fax: 412-647-7059
E-mail: harringtoncdr@upmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-41-22-066

Texas
Dallas
Baylor University Medical Center
Program
Sponsor: Baylor University Medical Center
Pgm Director: Kevin Wheelan, MD
5950 Gaston Avenue
Roberts 3rd Floor R-388
Dallas, TX 75246
Tel: 214-841-2000 Fax: 214-841-2025
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-48-12-199

University of Texas Southwestern Medical School
Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Mohamed H Hamdan, MD
5322 Harry Hines Boulevard
Cardiology Division, H85.133
Dallas, TX 75390
Tel: 214-990-5955 Fax: 214-990-0402
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-48-21-070

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Pgm Director: Alfred Buxton, MD
Brown University School of Medicine
5 Dudley Street, Suite 360
Providence, RI 02905
Tel: 401-444-6328 Fax: 401-444-3201
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-43-21-068

South Carolina
Charleston
Medical University of South Carolina College of Medicine Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Pgm Director: 1 Marcus Wharton, MD
135 Rutledge Avenue, Suite 1201
Charleston, SC 29425
Tel: 843-792-6118 Fax: 843-792-7771
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-45-31-099

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Pgm Director: Mark E Anderson, MD
383 3RD
2220 Pierce Avenue
Nashville, TN 37232
Tel: 615-936-1720 Fax: 615-936-1872
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-47-31-069

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Pgm Director: Roger A Freedman, MD
30 North 1800 East
Division of Cardiology, 4A100
Salt Lake City, UT 84132
Tel: 801-581-7715 Fax: 801-581-7735
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-48-21-082

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Pgm Director: Mark A Capless, MD
111 Goddard Avenue
Burlington, VT 05401
Tel: 802-847-2000 Fax: 802-847-4016
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-50-12-098

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: J Michael Margram, MD
Department of Internal Medicine
PO Box 801518
Charlottesville, VA 22906
Tel: 434-924-9001 Fax: 434-982-4241
E-mail: cardiology@virginia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-51-21-076

Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Kenneth A Ellenbogen, MD
PO Box 808053
Richmond, VA 23298
Tel: 804-828-7565 Fax: 804-828-8092
E-mail: keilliefeb@dmh.virginia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-51-31-077

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Jeannine E. Poole, MD
Division of Cardiology-Arrhythmia Program
University of Washington Medical Center
4255 16th Avenue NE
Seattle, WA 98105
Tel: 206-685-4178 Fax: 206-685-1022
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-54-21-078

Wisconsin
Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke's Medical Center
Pgm Director: Masood Akhtar, MD
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414-219-7100 Fax: 414-219-7676
E-mail: jronftt@rtscres.com
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-56-21-079
Clinical Neurophysiology (Neurology)

**Alabama**

**Birmingham**

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)

Prgm Director: Shin J Oh, MD

819 South 19th Street

Birmingham, AL 35249

Tel: 205 934-2120 Fax: 205 975-6758

E-mail: slainoh@uab.edu

Length: 1 Yr ACGME Approved/Offered Positions: 4

Program ID: 187-01-21-038

**Florida**

**Gainesville**

University of Florida Program

Sponsor: University of Florida College of Medicine

North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida

Prgm Director: Edward Van Vuren, MD

Box 105936, UFHC

Gainesville, FL 32601

Tel: 352 392-3491 Fax: 352 392-6593

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-11-21-025

**Connecticut**

**New Haven**

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Prgm Director: Edward J Novotny, MD

Department of Neurology

1033 Cedar Street

New Haven, CT 06511

Tel: 203 785-5730 Fax: 203 785-7194

E-mail: novotny@yale.edu

Length: 1 Yr ACGME Approved/Offered Positions: 1

Program ID: 187-08-21-065

**District of Columbia**

**Washington**

George Washington University School of Medicine

Children’s National Medical Center

Prgm Director: Perry K Richardson, MD

2150 Pennsylvania Avenue, NW

Suite 7-404

Washington, DC 20037

Tel: 202 741-2711 Fax: 202 741-2721

Length: 1 Yr ACGME Approved/Offered Positions: 1

Program ID: 187-10-12-113

**North Carolina**

**Asheville**

University of North Carolina (Charlotte) Program

Sponsor: University of North Carolina (Charlotte)

Prgm Director: K. K. Hwang, MD

100 E. Franklin Street, Suite 308

Asheville, NC 28801

Tel: 828 252-6000 Fax: 828 252-6009

E-mail: kmhjulian@uncc.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-021

**Oregon**

**Portland**

Oregon Health Science University Program

Sponsor: Oregon Health Science University School of Medicine

Prgm Director: Andrew Strohman, MD

3181 SW Sam Jackson Park Road, Room 720

Portland, OR 97239

Tel: 503 494-5963 Fax: 503 494-5966

E-mail: stafford@ohsu.edu

Length: 1 Yr ACGME Approved/Offered Positions: 1

Program ID: 187-05-21-001

**Washington**

University of Washington Program

Sponsor: University of Washington School of Medicine

Prgm Director: David McFarland, MD

Lilly Family Neurological Sciences Building

University of Washington

98106-0777

Tel: 206 543-1184 Fax: 206 543-1175

E-mail: david.mcfarland@uwash.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-011

**West Virginia**

**Charleston**

West Virginia University Program

Sponsor: West Virginia University School of Medicine

Prgm Director: Charles E. Gau, MD

1300 Medical Education Building

West Virginia University

Charleston, WV 25314

Tel: 304 596-7031 Fax: 304 596-7030

E-mail: cga@med.vwu.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-015

**Alaska**

**Anchorage**

University of Alaska Program

Sponsor: University of Alaska Anchorage

Prgm Director: Mark W. Mountjoy, MD

2010 South Lynn Canal Drive, Room 135

Anchorage, AK 99508

Tel: 907 274-7520 Fax: 907 274-7521

E-mail: mountjow@uak.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-045

**California**

**Loma Linda**

Loma Linda University Program

Sponsor: Loma Linda University Medical Center

Prgm Director: Gordon W. Peterson, MD

11176 Campus Street

Loma Linda, CA 92354

Tel: 909 558-4907 Fax: 909 558-0337

Length: 1 Yr ACGME Approved/Offered Positions: 1

Program ID: 187-05-21-040

**San Diego**

University of California (San Diego) Program

Sponsor: University of California (San Diego) School of Medicine

Prgm Director: John W. Ondo, MD

10666 Villa Avenue

La Jolla, CA 92037

Tel: 858 822-7307 Fax: 858 822-7308

E-mail: ondo@ucsd.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-08-12-110

**San Francisco**

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

Prgm Director: Mark M. Longaker, MD

300 Van Ness Avenue

San Francisco, CA 94102

Tel: 415 476-0400 Fax: 415 476-0401

E-mail: longaker@ucsf.edu

Length: 1 Yr ACGME Approved/Offered Positions: 5

Program ID: 187-05-21-022

**Texas**

**Dallas**

University of Texas at Southwestern Program

Sponsor: University of Texas at Southwestern Medical Center

Prgm Director: Kristi W. Holman, MD

2345 Inwood Road

Dallas, TX 75235

Tel: 214 648-7410 Fax: 214 648-7409

E-mail: kwholman@utsouthwestern.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-059

**Agreement**

**Louisiana**

**New Orleans**

University of New Orleans Program

Sponsor: University of New Orleans Medical Center

Prgm Director: Peter R. Hill, MD

3100 Lakeshore Drive

New Orleans, LA 70122

Tel: 504 948-6198 Fax: 504 944-6000

E-mail: phill@uno.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2

Program ID: 187-05-21-065

**Michigan**

**Ann Arbor**

University of Michigan Program

Sponsor: University of Michigan School of Medicine

Prgm Director: Thomas J. Dykes, MD

555 W. Liberty Street

Ann Arbor, MI 48109

Tel: 734 615-6161 Fax: 734 615-6162

E-mail: thomas.dykes@umich.ed
<table>
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Accredited Programs in Clinical Neurophysiology (Neurology)
Accredited Programs in Clinical Neurophysiology (Neurology)

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Elizabeth Barry, MD
23 South Greene Street
Baltimore, MD 21201
Tel: 410 338-6566 Fax: 410 338-6670
E-mail: ebarry@som.umaryland.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-29-21016

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Children’s National Medical Center
Clinical Center at the National Institutes of Health
Program Director: Stanley Safc, MD
ERG Section, Office of Clinical Director, NINDS
10 Center Drive, Bldg 10, Rm 5C101, MSC-1404
Bethesda, MD 20892
Tel: 301 496-5121 Fax: 301 403-8760
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-10-01028
US Armed Services Program

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: William W Campbell, MD, MHA
Department of Neurology
3401 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 782-4410 Fax: 202 782-2205
E-mail: wmmnsha@comcast.net
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-10-01024

Massachusetts
Boston
Children’s Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Children’s Hospital
Program Director: Seward B Butkowske, MD
380 Brookline Avenue, TCC-810
Boston, MA 02215
Tel: 617 667-8100 Fax: 617 667-8747
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 187-24-21071

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Brigham and Women’s Hospital
Children’s Hospital
Program Director: Anthony Amato, MD
Brigham and Women’s Hospital, Department of Neurology
75 Francis Street
Boston, MA 02115
Tel: 617 733-8940 Fax: 617 733-9885
Length: 1 Yr ACGME Approved/Approved Positions: 10
Program ID: 187-24-21101

New England Medical Center Hospitals/Tufts University Program
Sponsor: Tufts-New England Medical Center
Lahey Clinic
Program Director: James A Russell, DO, MS
Department of Neurology
41 Mall Road
Burlington, MA 01805
Tel: 781 744-6010 Fax: 781 744-3049
E-mail: Karen.G.Moloney@lahey.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-24-21906

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: David A Chad, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 908-856-3983
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 187-24-21009

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Ahmad Beydoun, MD
1560 East Medical Center Drive
IR280 University Hospital/6655
Ann Arbor, MI 48109
Tel: 734 693-7310 Fax: 734 696-5520
E-mail: sushana@umich.edu
Length: 1 Yr ACGME Approved/Approved Positions: 7
Program ID: 187-25-21010

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Veronika Sousa, MD
2790 West Grand Boulevard
K-11
Detroit, MI 48202
Tel: 313 916-2583 Fax: 313 916-5883
Length: 1 Yr ACGME Approved/Approved Positions: 5
Program ID: 187-25-21007

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Program Director: Jagdish Shah, MD
Neurology, 8UHC
4401 St Antoine Blvd
Detroit, MI 48201
Tel: 313 777-1244 Fax: 313 746-4316
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 187-25-21042

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Neurology Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: William S. David, MD, PhD
Department of Neurology
420 Delaware Street SE, MMC-296
Minneapolis, MN 55455
Tel: 612 262-6510 Fax: 612 625-7650
Length: 1 Yr ACGME Approved/Approved Positions: 5
Program ID: 187-26-21030

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: David A Chad, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 908-856-3983
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 187-24-21009

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Ahmad Beydoun, MD
1560 East Medical Center Drive
IR280 University Hospital/6655
Ann Arbor, MI 48109
Tel: 734 693-7310 Fax: 734 696-5520
E-mail: sushana@umich.edu
Length: 1 Yr ACGME Approved/Approved Positions: 7
Program ID: 187-25-21010

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Veronika Sousa, MD
2790 West Grand Boulevard
K-11
Detroit, MI 48202
Tel: 313 916-2583 Fax: 313 916-5883
Length: 1 Yr ACGME Approved/Approved Positions: 5
Program ID: 187-25-21007

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Program Director: Jagdish Shah, MD
Neurology, 8UHC
4401 St Antoine Blvd
Detroit, MI 48201
Tel: 313 777-1244 Fax: 313 746-4316
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 187-25-21042

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Neurology Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: William S. David, MD, PhD
Department of Neurology
420 Delaware Street SE, MMC-296
Minneapolis, MN 55455
Tel: 612 262-6510 Fax: 612 625-7650
Length: 1 Yr ACGME Approved/Approved Positions: 5
Program ID: 187-26-21030

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Program Director: Barbara F Westmoreland, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-8688 Fax: 507 284-8686
E-mail: westmoreland.barbara@mayo.edu
Length: 1 Yr ACGME Approved/Approved Positions: 6
Program ID: 187-28-21011

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinica
Program Director: Neelchiti Sundaram, MD
Neurology, EEG/EMG
2500 North State Street
Jackson, MS 39216
Tel: 601 884-4765 Fax: 601 884-4895
Length: 1 Yr ACGME Approved/Approved Positions: 3
Program ID: 187-27-21043

Missouri
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Naseeraul Haq, MD
9630 Vista Avenue
PO Box 15250
St Louis, MO 63110
Tel: 314 577-9626 Fax: 314 359-5101
Length: 1 Yr ACGME Approved/Approved Positions: 3
Program ID: 187-25-21051

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barren-Jewish Hospital
St Louis Children’s Hospital
Program Director: Muhammad T Al-Lozi, MD
660 S Euclid Avenue, Box 8111
St Louis, MO 63110
Tel: 314 362-6891 Fax: 314 352-3525
Length: 1 Yr ACGME Approved/Approved Positions: 7
Program ID: 187-28-21072

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Jeffrey A Cohen, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-1881 Fax: 603 656-0458
Length: 1 Yr
Program ID: 187-32-31-112

Graduate Medical Education Directory 2005-2006
New Jersey

Edison
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
Prgm Director: Sudhansu Chokroverty, MD*
56 James Street
PO Box 3059
Edison, NJ 08818
Tel: 732-251-7590  Fax: 732-330-1654
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 187-35-21-106

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Jerry J Shih, MD
MSC 10 5620
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-3344  Fax: 505-272-6652
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 187-35-21-061

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Fred A Lado, MD, PhD
Dept of Neurology, Kennedy - 311
1410 Pelham Parkway South
Bronx, NY 10461
Tel: 718-430-2729  Fax: 718-430-6619
E-mail: william@acem.yu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 187-35-21-012

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Geetha Chari, MD
450 Clarkson Avenue
Box 1213
Brooklyn, NY 11203
Tel: 718-370-3241  Fax: 718-370-3749
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 187-35-21-062

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Prgm Director: Edward J Pine, MD
100 High Street
Buffalo, NY 14202
Tel: 716-650-3466  Fax: 716-650-7573
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 187-35-21-032

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Prgm Director: David M Simpson, MD
One Gustave L Levy Place
Box 1062
New York, NY 10029
Tel: 212-241-8748  Fax: 212-897-3801
E-mail: david.simpson@mssm.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 187-35-21-092

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Ronald G Emerson, MD
Neurological Institute
710 West 168th Street
New York, NY 10032
Tel: 212-305-2321  Fax: 212-306-1450
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 187-35-21-033

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jonathan D Victor, MD, PhD
525 East 68th Street
New York, NY 10021
Tel: 212-746-2523  Fax: 212-746-8984
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 187-35-11-054

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Steven V Pucia, MD
500 First Avenue
Cox, Rivergate 4th Floor
New York, NY 10016
Tel: 212-263-2055  Fax: 212-263-6341
E-mail: pacia01@nymed.nyu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 187-35-31-068

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Jerry P Stidlaerski, MD, PhD
331 Albert Sabin Way ML 525
Cincinnati, OH 45229
Tel: 513-558-3873  Fax: 513-558-4305
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 187-35-21-085
Accredited Programs in Clinical Neurophysiology (Neurology)

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Baswar Katarji, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 314-841-6854 Fax: 216-841-6724
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-38-21-046

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Kerry B. Levin, MD
Department of Neurology
9500 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-8850 Fax: 216-444-8803
Length: 1 Yr ACGME Approved/Offered Positions: 10
Program ID: 187-38-31-047

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Prgm Director: Juliana M Paolicchi, MD, MA
Children's Hospital
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4605 Fax: 614 722-4670
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-38-12-105

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Paul McCabe, MD
500 University Drive
Department of Neurology, H007
Hershey, PA 17033
Tel: 717-531-5242 Fax: 717-531-4694
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-41-21-085

Philadelphia
Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Anshita F Debon, MD
Broad and Vine Street - MS 308
Philadelphia, PA 19102
Tel: 215-782-7017 Fax: 215-782-8613
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-41-31-048

Temple University Hospital Program
Sponsor: Temple University Hospital
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Mercedes P Jacobson, MD
Booth 50 North Broad Street
Philadelphia, PA 19140
Tel: 215 710-8180 Fax: 215 710-8235
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-41-31-049

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Michael R Spitzer, MD
900 Walnut Street
Suite 200
Philadelphia, PA 19107
Tel: 215-555-1234 Fax: 215-503-2481
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-41-31-038

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Prgm Director: Shawn J Bird, MD
3400 Spruce Street, 5 Gates
Philadelphia, PA 19104
Tel: 215-662-6551 Fax: 215-349-5079
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-41-21-087

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Western Psychiatric Institute and Clinic
Prgm Director: David Lacomis, MD
UPMC Presbyterian
300 Lothrop Street, F 878
Pittsburgh, PA 15213
Tel: 412-648-2022 Fax: 412-624-9661
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-41-21-096

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: James M Gilchrist, MD
503 Eddy Street, APU 099
Providence, RI 02903
Tel: 401-444-8761 Fax: 401-444-5929
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-43-21-015

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: David Pritchard, MD
96 Jonathan Lucas Street, Suite 307CSB
PO Box 250566
Charleston, SC 29425
Tel: 843-792-3222 Fax: 843-792-8525
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-48-21-020

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Methodist Healthcare-Memphis Hospitals
Prgm Director: Tatlo B Bertozzi, MD
855 Monroe Avenue, Room 415
Memphis, TN 38163
Tel: 901-448-6861 Fax: 901-448-7440
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-47-21-094

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Basset W Ahluwalia, MD
2100 Pierce Avenue, Suite 316
Nashville, TN 37212
Tel: 615-343-2511 Fax: 615-343-0233
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 187-47-21-073

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Jan-Shih Lou, MD, PhD
3181 SW Sam Jackson Park Road
(MC-L126)
Portland, OR 97239
Tel: 503-494-5753 Fax: 503-494-0966
E-mail: jshlou@ohsu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-42-21-019

608 Graduate Medical Education Directory 2005-2006
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<td>University of Texas Southwestern Medical School Program</td>
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<td>Program Director: E. M. Murnah</td>
<td>1 yr</td>
<td>ACGME Approved/Offered Positions: 1</td>
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<td>Baylor College of Medicine Program</td>
<td>Sponsor: Baylor College of Medicine</td>
<td>Program Director: Mazen M. Dimachkie, MD</td>
<td>1 yr</td>
<td>ACGME Approved/Offered Positions: 3</td>
<td>187-48-21-037</td>
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<td>University of Texas at Houston Program</td>
<td>Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System</td>
<td>Program Director: Steven M. Shapiro, MD</td>
<td>1 yr</td>
<td>ACGME Approved/Offered Positions: 3</td>
<td>187-48-21-066</td>
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<td>University of Texas Health Science Center at San Antonio Program</td>
<td>Sponsor: University of Texas Medical School at San Antonio Audie L. Murphy Memorial Veterans Hospital (San Antonio)</td>
<td>Program Director: Charles A. Stabno, MD</td>
<td>1 yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
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<td>Program Director: Mark B. Bronberg, MD, PhD</td>
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<td>Sponsor: Fletcher Allen Health Care</td>
<td>Program Director: Keith J. Nagle, MD</td>
<td>1 yr</td>
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<td>Sponsor: University of Virginia Medical Center</td>
<td>Program Director: Lawrence H. Phillips, MD</td>
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<td>Virginia Commonwealth University Health System Program</td>
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<td>Program Director: Steven M. Shapiro, MD</td>
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<td>Program Director: Donald F. Farrell, MD</td>
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<td>West Virginia University Program</td>
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<td>Program Director: Laurie Gotman, MD</td>
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## Accredited Programs in Colon and Rectal Surgery

### California

#### Los Angeles

**Cedars-Sinai Medical Center Program**  
**Sponsor:** Cedars-Sinai Medical Center  
**Program Director:** Phillip Fleshner, MD  
**Address:** 8277 Beverly Boulevard, Suite 403, Los Angeles, CA 90048  
**Phone:** 310-268-0224  
**Fax:** 310-268-8605  
**E-mail:** PFleshner@med.usc.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-06-31-082

#### University of Southern California/LAC-USC Medical Center Program**  
**Sponsor:** University of Southern California/LAC-USC Medical Center  
**Program Director:** Robert W Beart, MD  
**Address:** 1441 Eastlake Avenue, Suite 7418, Los Angeles, CA 90033  
**Phone:** 213-805-3080  
**Fax:** 323-865-3671  
**E-mail:** rbeart@usc.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2

### Connecticut

#### Hartford

**St Francis Hospital and Medical Center Program**  
**Sponsor:** St Francis Hospital and Medical Center  
**Program Director:** David A Cherry, MD  
**Dept of Surgery Attention:** Betty Estralgo  
**Address:** 114 Woodland Avenue, Hartford, CT 06105  
**Phone:** 860-242-8591  
**Fax:** 860-242-2511  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-09-21-082

### District of Columbia

#### Washington

**Washington Hospital Center Program**  
**Sponsor:** Washington Hospital Center  
**Program Director:** Thomas J Stahl, MD  
**Address:** 105 Irving Street, NW Suite 2000 North, Washington, DC 20010  
**Phone:** 202-877-8484  
**Fax:** 202-877-8483  
**E-mail:** ocean.flyme@wmedstar.net  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-19-21-045

### Florida

#### Miami

**Jackson Memorial Hospital/Jackson Health System Program**  
**Sponsor:** Jackson Memorial Hospital/Jackson Health System  
**Program Director:** Michael D Bellinger, MD  
**Address:** Univ of Miami/Polyvesey Comprehensive Cancer Ctr (316-T) 1475 NW 12th Avenue - Room 3550, Miami, FL 33136  
**Phone:** 305-243-0000  
**Fax:** 305-243-7408  
**E-mail:** mbellinger@med.miami.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-11-13-049

### Illinois

#### Chicago

**Cook County Hospital Program**  
**Sponsor:** John H Stroger Hospital of Cook County  
**Program Director:** Leesia M Prasad, MD  
**Address:** 1901 W Harrison Street, Chicago, IL 60612  
**Phone:** 312-894-5253  
**Fax:** 312-894-9642  
**E-mail:** prasadlm@uchicg.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 060-19-12-001

### Kentucky

#### Louisville

**University of Louisville Program**  
**Sponsor:** University of Louisville School of Medicine  
**Address:** 30342  
**Fax:** 504-842-8915  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-20-12-045

### Louisiana

#### New Orleans

**Ochsner Clinic Foundation Program**  
**Sponsor:** Ochsner Clinic Foundation  
**Program Director:** Charles E White, MD  
**Address:** 1514 Jefferson Highway, New Orleans, LA 70121  
**Phone:** 504-842-4688  
**Fax:** 504-842-8964  
**E-mail:** dpilcher@ochsner.org  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 060-31-12-003

#### Shreveport

**Louisiana State University Program (Shreveport)**  
**Sponsor:** LSU Health Sciences Center-Shreveport Hospital  
**Program Director:** Philip A Cole, MD  
**Address:** 1501 Kings Highway, PO Box 33932, Shreveport, LA 71130  
**Phone:** 318-424-8573  
**Fax:** 318-222-1542  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 060-21-02-004
## Maryland
### Baltimore
**Greater Baltimore Medical Center Program**
- **Prgm Director:** Greater Baltimore Medical Center
- **Prgm ID:** 660-28-12-005

## Massachusetts
### Burlington
**Lahey Clinic Program**
- **Prgm Director:** Lahey Clinic
- **Prgm ID:** 660-24-12-007

## Michigan
### Detroit
**Henry Ford Hospital Program**
- **Prgm Director:** Henry Ford Hospital
- **Prgm ID:** 660-25-31-013

### Grand Rapids
**Grand Rapids Medical Education and Research Center/Michigan State University Program**
- **Prgm Director:** Grand Rapids Medical Education and Research Center
- **Prgm ID:** 660-26-21-012

### Royal Oak
**William Beaumont Hospital Program**
- **Prgm Director:** William Beaumont Hospital
- **Prgm ID:** 660-25-12-010

## Minnesota
### Minneapolis
**University of Minnesota Program**
- **Prgm Director:** University of Minnesota Medical School
- **Prgm ID:** 660-26-21-011

## New Jersey
### New Brunswick
**UMDNJ-Robert Wood Johnson Medical School Program**
- **Prgm Director:** Robert Wood Johnson Medical School
- **Prgm ID:** 660-93-12-013

## New York
### Buffalo
**University at Buffalo Program**
- **Prgm Director:** Buffalo Medical Center
- **Prgm ID:** 660-35-12-014

### Great Neck
**North Shore-Long Island Jewish Health System Program**
- **Prgm Director:** North Shore-Long Island Jewish Health System
- **Prgm ID:** 660-35-12-015

### New York
**Mount Sinai School of Medicine Program**
- **Prgm Director:** Mount Sinai School of Medicine
- **Prgm ID:** 660-35-21-005

### New York Presbyterian Hospital (Cornell Campus) Program**
- **Prgm Director:** New York Presbyterian Hospital
- **Prgm ID:** 660-35-21-046
Accredited Programs in Colon and Rectal Surgery

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Program Director: Lester Gentcean, MD
Department of Surgery
1000 10th Avenue, 2nd Floor
New York, NY 10019
Tel: 212 523-8417 Fax: 212 523-8186
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 000-35-21-034

Ohio

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Scott A Strong, MD
9500 Euclid Avenue, Desk A-30
Cleveland, OH 44195
Tel: 216 444-0361 Fax: 216 445-8627
E-mail: meded@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 000-38-12-016

Columbus

Grant Medical Center (OhioHealth) Program
Sponsor: Grant Medical Center (OhioHealth)
Program Director: Pedro S Aguilera, MD
Medical Education Dept: Colon and Rectal Surgery
230 E State Street, Suite 6-70
Columbus, OH 43215
Tel: 614 566-9690 Fax: 614 566-8073
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 000-38-12-017

Pennsylvania

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Program Director: Robert D Reitner, MD
Department of Surgery
Cedar Crest & I-78, PO Box 689
Allentown, PA 18105
Tel: 610 402-6806 Fax: 610 402-1667
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 000-41-21-029

Erie

St Vincent Health Center Program
Sponsor: St Vincent Health Center
Program Director: John C Reilly, MD
Dept of Colon and Rectal Surgery
232 West 25th Street
Erie, PA 16504
Tel: 814 452-5000 Fax: 814 452-5097
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 000-41-12-019

Philadelphia

Thomas Jefferson University Hospital Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Scott Goldstein, MD
Division of Colon and Rectal Surgery
1100 Walnut Street, Suite 702
Philadelphia, PA 19107
Tel: 215 885-5800 Fax: 215 885-2414
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 000-41-21-831

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Presbyterian Medical Center (UPHS)
Program Director: Howard M Ross, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-8894 Fax: 215 243-4649
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 000-41-53-054

Craniofacial Surgery (Plastic Surgery)

Florida

Miami

Miami Children’s Hospital Program
Sponsor: Miami Children’s Hospital
Cedars Medical Center
Program Director: S Anthony Wolfe, MD
6280 Sunset Dr
Suite 400
Miami, FL 33143
Tel: 305 235-1900 Fax: 305 545-5748
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 061-11-13-003

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
William N Wishard Memorial Hospital
Program Director: A Michael Sadove, MD
702 Barnhill Drive
Room 204
Indianapolis, IN 46202
Tel: 317 274-9778 Fax: 317 274-9587
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 000-11-13-003

Maryland

Baltimore

Johns Hopkins Hospital/University of Maryland Program
Sponsor: Johns Hopkins Hospital University School of Medicine
Johns Hopkins Bayview Medical Center
Program Director: Craig A Vander Kolk, MD
601 N Caroline Street
Suite 8132D
Baltimore, MD 21287
Tel: 410 955-2136 Fax: 410 955-7000
E-mail: cvanderk@jhmi.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 061-23-21-001

Texas

Dallas

Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Warren L Lobhifier, MD
Dept of Colon and Rectal Surgery
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-4543 Fax: 214 820-4535
E-mail: peggyva@baylorhealth.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 000-48-21-021

Presbyterian Hospital of Dallas Program
Sponsor: Presbyterian Hospital of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: Clifford L Simmaang, MD, MS
3300 Harry Hines Blvd
Dallas, TX 75230
Tel: 214 645-8192 Fax: 214 646-8155
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 000-48-21-022

Houston

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Program Director: H Randolph Bailey, MD
6550 Fannin St
Ste 2007
Houston, TX 77030
Tel: 713 790-9250 Fax: 713 790-9251
E-mail: amcjw@uhhouston.com
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 060-48-21-023

Washington

Seattle

Northwest Colon and Rectal Clinic Program
Sponsor: Northwest Colon and Rectal Clinic PS
Northwest Hospital
Swedish Medical Center-Seattle
Program Director: Mark H Kimmins, MD
1101 Madison Street, Suite 500
Seattle, WA 98101
Tel: 206 897-6600 Fax: 206 897-2432
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-54-21-040

Graduate Medical Education Directory 2005-2006
Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Froedtert Memorial Lutheran Hospital
Program Director: Arden D Deney, MD
9000 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-2825  Fax: 414 266-2897
E-mail: adeney@chw.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 361-56-21-004

Critical Care Medicine (Anesthesiology)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Philip J McArdle, MD
619 S 19th Street, JT 845
Birmingham, AL 35249
Tel: 205 834-4900  Fax: 205 975-5963
Length: 1 Yr
Program ID: 045-01-12-067

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Charles W Otto, MD
501 N Campbell Avenue
PO Box 265114
Tucson, AZ 85724
Tel: 520 626-7231  Fax: 520 626-0843
Length: 1 Yr
Program ID: 045-03-21-048

California
Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Elizabeth Schringer, MD
Veterans Affairs Medical Center
5501 E Seventh Street (120)
Long Beach, CA 90822
Tel: 714 466-5501  Fax: 714 880-6091
Length: 1 Yr
Program ID: 045-05-21-011

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Program Director: Linda Liu, MD
Box 0624
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-1116  Fax: 415 353-1906
E-mail: engl@anesthesia.ucsf.edu
Length: 1 Yr
Program ID: 045-05-21-021

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Myr B Rozenthal, MD
Department of Anesthesia, H 3580
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-5415  Fax: 650 725-8544
E-mail: mrb@stanford.edu
Length: 1 Yr
Program ID: 045-05-21-002

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Bartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Thomas C Mort, MD
30 Seymour Street
PO Box 5037
Bartford, CT 06102
Tel: 860 545-5301  Fax: 860 545-3205
Length: 1 Yr
Program ID: 045-08-21-035

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Stanley H Rosenbaum, MD
333 Cedar Street
PO Box 208621
New Haven, CT 06520
Tel: 203 785-2802  Fax: 203 785-6664
Length: 1 Yr
Program ID: 045-08-21-058

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Program Director: Christopher D Juncer, MD
900 23rd Street, NW
Washington, DC 20037
Tel: 202 715-4710  Fax: 202 715-4759
Length: 1 Yr
Program ID: 045-10-21-039

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: A. Joseph Layon, MD
PO Box 102524
Gainesville, FL 32610
Tel: 352 355-6848  Fax: 352 355-9812
E-mail: psainl@anest.ufl.edu
Length: 1 Yr
Program ID: 045-11-21-009

Graduate Medical Education Directory 2005-2006
### Accredited Programs in Critical Care Medicine (Anesthesiology)

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<td>Miami</td>
<td>Florida Hospital/Jackson Health System</td>
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<td>Miguel A Cobas, MD</td>
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<td>Brigham and Women's Hospital Program</td>
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<td>Nicholas Sadovnikoff, MD</td>
<td>1 Yr</td>
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<td>McGaw Medical Center of Northwestern University</td>
<td>McGaw Medical Center of Northwestern University</td>
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<tr>
<td>Brigham and Women's Hospital</td>
<td>Brigham and Women's Hospital</td>
<td>Nicholas Sadovnikoff, MD</td>
<td>1 Yr</td>
<td>045-24-31-069</td>
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<tr>
<td>Baystate Medical Center/Tufts University School of Medicine Program</td>
<td>Baystate Medical Center/Tufts University School of Medicine Program</td>
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<td>University of Massachusetts</td>
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<tr>
<td>Detroit University/Detroit Medical Center (Sinai Hospital) Program</td>
<td>Wayne State University/Detroit Medical Center</td>
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<td>University of Minnesota</td>
<td>University of Minnesota</td>
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</table>
Accredited Programs in Critical Care Medicine (Anesthesiology)

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Graduate Program Director: Bhargavi Galla, MD
SIEBENS 6th Floor
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-2280 Fax: 507 255-4267
E-mail: mgm.roch.mmanesthesiology@mayo.edu
Length: 1 Yr
Program ID: 045-26-21-024

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Walter A Boyle, MD
Campus Box 6064
600 S Euclid Avenue
St Louis, MO 63110
Tel: 314 362-8845 Fax: 314 747-1710
Length: 1 Yr
Program ID: 045-28-21-056

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Atlas J Hassian, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 660-4647 Fax: 603 660-0614
Length: 1 Yr
Program ID: 045-32-21-030

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Jean Charchaffieh, MPH
450 Clarkson Avenue
Box 6
Brooklyn, NY 11203
Tel: 718 270-2290 Fax: 718 270-4490
E-mail: jean.charchaffieh@downstate.edu
Length: 1 Yr
Program ID: 045-35-11-054

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Mount Sinai Medical Center
Program Director: Andrew B Leibowitz, MD
Box 1264
40 Gustave L Levy Place
New York, NY 10029
Tel: 212 341-8867 Fax: 212 347-4309
E-mail: andrew.leibowitz@mountsinai.org
Length: 1 Yr
Program ID: 045-35-21-029

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Robert N Slade, MD
500 West 168th Street, IHP 327-B
New York, NY 10032
Tel: 212 306-6839 Fax: 212 306-6837
E-mail: rs543@columbia.edu
Length: 1 Yr
Program ID: 045-35-11-007

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Brian S Kaufman, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-5072 Fax: 212 263-7254
Length: 1 Yr
Program ID: 045-35-21-016

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Peter J Papadakos, MD
Department of Anesthesiology, Box 094
600 Elmwood Avenue
Rochester, NY 14642
Tel: 585 273-4760 Fax: 585 244-7721
Length: 1 Yr
Program ID: 045-35-11-022

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Carlos J Lopez, MD
550 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4890 Fax: 315 464-6965
Length: 1 Yr
Program ID: 045-35-31-053

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veteran Affairs Medical Center (Durham)
Program Director: Christopher C Young, MD
Box 3094
Suite 3409B
Durham, NC 27710
Tel: 919 688-3480 Fax: 919 681-7893
E-mail: gryan001@mc.duke.edu
Length: 1 Yr
Program ID: 045-36-21-002

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Jeffrey S Kelly, MD
Department of Anesthesiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4408 Fax: 336 716-3634
Length: 1 Yr
Program ID: 045-36-21-023

Ohio
Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Joel B Zivot, MD
11100 Euclid Ave
LKS0 1514
Cleveland, OH 44106
Tel: 216 844-8077 Fax: 216 844-3781
Length: 1 Yr
Program ID: 045-38-21-012

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Bhalough Eslandi, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-6100 Fax: 216 444-7960
E-mail: aned@ccf.org
Length: 1 Yr
Program ID: 045-38-21-031

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: John K Stene, MD, PhD
PO Box 660
Hershey, PA 17033
Tel: 717 531-8434 Fax: 717 531-0170
Length: 1 Yr
Program ID: 045-41-21-038

Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Program Director: Clifford S Deutschman, MD
715 Duane Building
3401 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3751 E-mail: pfeller@uphs.upenn.edu
Length: 1 Yr
Program ID: 045-41-21-005
Accredited Programs in Critical Care Medicine (Anesthesiology)

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: Nicholas Birchler, MD
Critical Care Medicine, 665 South St.
3550 Terrace Stree.
Pittsburgh, PA 15231
Tel: 412 647-3135  Fax: 412 647-8966
E-mail: f璠bizezskia@ccm.upmc.edu
Length: 1 Yr
Program ID: 045-41-21-028

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: John A Barwise, MDChB
1211 21st Avenue South
264 Medical Art Building
Nashville, TN 37212
Tel: 615 343-6258  Fax: 615 343-1073
E-mail: john.barwise@vanderbilt.edu
Length: 1 Yr
Program ID: 045-47-21-057

Texas
Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Eric Bedell, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 773-1221  Fax: 409 772-1224
E-mail: teramou@utmb.edu
Length: 1 Yr
Program ID: 045-48-21-048

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Pgm Director: Todd Kelly, MD
4541 Fannin, 609 MA
Houston, TX 77030
Tel: 713 792-0240  Fax: 713 745-1689
Length: 1 Yr
Program ID: 045-48-21-032

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (WHMC)
Brooke Army Medical Center
Pgm Director: Maj Steven G Ventricinque, MD
2000 Bergquist Drive, suite 1
Lackland AFB, TX 78236
Tel: 210 292-7956  Fax: 210 292-7986
Length: 1 Yr
Program ID: 045-48-21-033
US Armed Services Program

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Stuart M Lowson, MD
PO Box 800710
Charlottesville, VA 22908
Tel: 434 924-2328  Fax: 434 985-0019
Length: 1 Yr
Program ID: 045-51-11-027

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Steven Deen, MD
Box 359723
Seattle, WA 98104
Tel: 206 739-2845  Fax: 206 739-8006
Length: 1 Yr
Program ID: 045-54-22-072

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
University of Wisconsin Medical Center
Pgm Director: Jonathan T Ketzler, MD
68519 CSC
900 Highland Avenue
Madison, WI 53792
Tel: 608 263-1114  Fax: 608 263-0575
Length: 1 Yr
Program ID: 045-56-21-006

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Procter Memorial Lutheran Hospital
Pgm Director: Sylvia D Dolinski, MD
9500 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 606-2714  Fax: 414 259-1922
Length: 1 Yr
Program ID: 045-56-21-025

Critical Care Medicine (Internal Medicine)

California
Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Lawrence S Maldonado, MD
700 Beverly Blvd
Los Angeles, CA 90048
Tel: 310 423-6600  Fax: 310 423-0436
Length: 2 Yrs
Program ID: 142-05-11-005

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Pgm Director: Michael A Mathay, MD
Dept of Medicine
Box 0634
San Francisco, CA 94143
Tel: 415 476-1206  Fax: 415 476-1206
Length: 2 Yrs
Program ID: 142-03-21-011

Stanford
Stanford University Program
Sponsor: Stanford University Hospital Veterans Affairs Palo Alto Health Care System
Pgm Director: Norman W Rizk, MD
300 Pasteur Drive, Room M121-L
Stanford, CA 94305
Tel: 650 723-6381
Length: 2 Yrs
Program ID: 142-03-21-013

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Pgm Director: Michael G Senefeld, MD
900 23rd Street, NW
Washington, DC 20037
Tel: 202 715-4011  Fax: 202 715-4011
Length: 2 Yrs
Program ID: 142-10-21-103
Florida

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Program Director: Roland M H Schelie, MD
Dept of Med (D-5)
PO Box 016760
Miami, FL 33101
Tel: 305-573-3153 Fax: 305-573-3306
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-11-21-032

Maryland

Bethesda
National Capital Consortium [Walter Reed] Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Thomas M Fitzpatrick, MD, PhD
800 Georgia Avenue, NW
Washington, DC 20307
Tel: 202 782-2063 Fax: 202 782-2782
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-10-21-125
US Armed Services Program

Massachusetts

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Program Director: Nicholas A Sergyripos, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-3122 Fax: 508 856-3999
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-24-21-035

Minnesota

Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Methodist Hospital
Program Director: James W Leatherman, MD
701 Park Avenue
Parkhominel Division - G5
Minneapolis, MN 54145
Tel: 612 873-3025 Fax: 612 894-4680
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 142-26-21-118

Missouri

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St John's Mercy Medical Center
St Louis University Hospital
Program Director: Robert W Taylor, MD
621 S New Ballas Road
St Louis, MO 63141
Tel: 314 251-6486 Fax: 314 251-4165
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 142-29-21-048

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Athos J Rassias, MD
Critical Care Medicine
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-4643 Fax: 603 650-6614
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 142-32-21-140

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital/University Medical Center
Program Director: Richard P Dellinger, MD
One Cooper Plaza
3rd Floor, Dorrance Camden, NJ 08103
Tel: 609 342-2633 Fax: 609 396-7430
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 142-33-21-081

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
St Michael's Medical Center (Cathedral Health Services Inc)
Program Director: Marc R Adelman, MD
306 M L King Blvd
Newark, NJ 07102
Tel: 973 877-5969 Fax: 973 877-3787
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 142-38-11-090
Accredited Programs in Critical Care Medicine (Internal Medicine)

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program Director: Helen K Busby, MD
Tel: 505 277-2475 Fax: 505 277-8700
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-94-21-053

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Sidney Tessler, MD
Tel: 718 283-3880 Fax: 718 283-7884
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-93-21-067

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Sidney Tessler, MD
Tel: 718 283-3880 Fax: 718 283-7884
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-93-21-067

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Sidney Tessler, MD
Tel: 718 283-3880 Fax: 718 283-7884
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-93-21-067

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: John M Oropello, MD
Tel: 212 241-7331 Fax: 212 860-3669
Length: 2 Yrs ACGME Approved/Offered Positions: 15 Program ID: 142-35-31-000

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
Program Director: Mark E Aziz, MD
Tel: 212 694-8811 Fax: 212 694-8861
Length: 2 Yrs ACGME Approved/Offered Positions: 5 Program ID: 142-35-11-058

North Carolina
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: A MacGregor, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-6683 Fax: 336 716-0534
E-mail: dcmtn@wfubmc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-36-21-069

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Program Director: Dene Nichols, MD
3181 SW San Jackson Park Road
Mailcode: UHB-67
Portland, OR 97239
Tel: 503 494-0611 Fax: 503 418-0278
Length: 2 Yrs ACGME Approved/Offered Positions: 3 Program ID: 142-40-31-156

Pennsylvania
Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Program Director: Paul L Rogers, MD
Department of Critical Care Medicine
165 Seaside Hall, 3550 Terrace Street
Pittsburgh, PA 15219
Tel: 412 647-3135 Fax: 412 647-8060
E-mail: rogersp@ccm.upmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 23 Program ID: 142-24-21-114

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: Mark C Yodice, MD
100 Smith Street, Suite 301
Providence, RI 02906
Tel: 401 783-6501 Fax: 401 783-6511
E-mail: picevec@lifespan.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 142-43-11-083

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Program Director: Kaliplatha K Guntopalli, MD
Tel: 713 796-3466 Fax: 713 796-9376
E-mail: kguitman@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 142-43-21-091

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Program Director: Mark B Tonelli, MD, MA
Box 356622, BB1253 HSB, Pulmonary & Crit Care Med
1919 NE Pacific St
Seattle, WA 98195
Tel: 206 543-3166 Fax: 206 685-8673
E-mail: pccmedicine@uw.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 142-54-21-094
Cytopathology (Pathology)

### Alabama
#### Birmingham

University of Alabama Medical Center Program
- **Sponsor:** University of Alabama Hospital Veterans Affairs Medical Center
- **Program Director:** Isam eddin A Eltobourn, MD, MBA
- **Krause Bldg/Bec 609**
- **618 South 19th Street**
- **Birmingham, AL 35229**
- **Tel:** 205 975-8880 **Fax:** 205 994-7094
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-01-21-041

### Arkansas
#### Little Rock

University of Arkansas for Medical Sciences Program
- **Sponsor:** University of Arkansas College of Medicine
- **Central Arkansas Veteran Health Center**
- **Program Director:** Perkins Mokonyenzi, MD
- **4301 West, Markham, Slot 517**
- **Little Rock, AR 72205**
- **Tel:** 501 896-8310 **Fax:** 501 923-1479
- **E-mail:** gordoncrex@uams.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-04-21-034

### California
#### Los Angeles

UCLA Medical Center Program
- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **UCLA Medical Center**
- **Program Director:** Sathima Natarajan, MD
- **650 Charles Young Dr S**
- **A3-2111, CHS**
- **Los Angeles, CA 90095**
- **Tel:** 310 825-6670 **Fax:** 310 205-8106
- **E-mail:** snataraj@mednet.ucla.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-06-21-013

University of Southern California/LAC+USC Medical Center Program
- **Sponsor:** University of Southern California/LAC+USC Medical Center
- **LAC+USC Medical Center**
- **Program Director:** Gamila J Cobb, MD
- **1200 North State Street, Rm 2000**
- **Los Angeles, CA 90033**
- **Tel:** 323 226-4611 **Fax:** 323 226-7476
- **E-mail:** cobb@usc.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 4
- **Program ID:** 307-05-21-063

### Connecticut
#### Hartford

Hartford Hospital Program
- **Sponsor:** Hartford Hospital
- **Program Director:** Theresa M Voytek, MD
- **80 Seymour Street**
- **PO Box 5057**
- **Hartford, CT 06102**
- **Tel:** 860 541-2886
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-08-21-063

### Florida
#### Gainesville

University of Florida Program
- **Sponsor:** University of Florida College of Medicine
- **Shands Hospital at the University of Florida**
- **Program Director:** Edward J Wilkinson, MD
- **1600 SW Archer Road**
- **Box 100275**
- **Gainesville, FL 32610**
- **Tel:** 352 265-0238 **Fax:** 352 265-0437
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-11-21-047

### District of Columbia
#### Washington

George Washington University Program
- **Sponsor:** George Washington University School of Medicine
- **George Washington University Hospital (GWH)**
- **Program Director:** Mary K Sidney, MD
- **Box 831**
- **Rockville, MD 20852**
- **Tel:** 202 994-9854 **Fax:** 202 994-3618
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-10-21-005

### New Haven
#### Yale-New Haven Medical Center Program
- **Sponsor:** Yale-New Haven Hospital
- **Program Director:** David L Rinn, MD, PhD
- **310 Cedar Street**
- **PO Box 20823**
- **New Haven, CT 06520**
- **Tel:** 203 737-4015 **Fax:** 203 737-5009
- **E-mail:** david.rinn@yale.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-09-21-078

### Michigan
#### Detroit

Wayne State University Program
- **Sponsor:** Wayne State University
- **Program Director:** David L Rinn, MD, PhD
- **Box 831**
- **Rockville, MD 20852**
- **Tel:** 202 994-9854 **Fax:** 202 994-3618
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-10-21-005

### Orange
#### University of California (Irvine) Program
- **Sponsor:** University of California (Irvine) Medical Center
- **Program Director:** Ibrahim Ranaan, MD
- **101 The City Drive South**
- **Orange, CA 92868**
- **Tel:** 714 455-6141 **Fax:** 714 455-5873
- **E-mail:** ranaan@uci.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-03-31-098

### Sacramento
#### University of California (Davis) Health System Program
- **Sponsor:** UC Davis Health System
- **University of California (Davis) Medical Center**
- **Program Director:** Alaa Affy, MD
- **4400 V Street, Patr Bldg Building**
- **Sacramento, CA 95817**
- **Tel:** 916 734-5870 **Fax:** 916 734-5668
- **E-mail:** penny.young@ucdmc.ucdavis.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 307-09-21-081

### San Francisco
#### University of California (San Francisco) Program
- **Sponsor:** University of California (San Francisco) School of Medicine
- **San Francisco General Hospital Medical Center**
- **Program Director:** Brita Marie Ljung, MD
- **1060 Divisadero Street**
- **Cytopathology, B-200**
- **San Francisco, CA 94113**
- **Tel:** 415 353-7048 **Fax:** 415 353-7676
- **E-mail:** jewarow@gsf.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-05-21-075

### Stanford
#### Stanford University Program
- **Sponsor:** Stanford University Hospital
- **Program Director:** Christina S Kong, MD
- **Department of Pathology**
- **390 Pasteur Drive**
- **Stanford, CA 94305**
- **Tel:** 650 733-0016 **Fax:** 650 735-6002
- **E-mail:** christina.kong@stanford.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-06-21-096

### Connecticut
#### Hartford

Hartford Hospital Program
- **Sponsor:** Hartford Hospital
- **Program Director:** M. Voytek, MD
- **80 Seymour Street**
- **PO Box 5057**
- **Hartford, CT 06102**
- **Tel:** 860 541-2886
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-08-21-063

### Miami
#### Jackson Memorial Hospital/Jackson Health System Program
- **Sponsor:** Jackson Memorial Hospital/Jackson Health System
- **University of Miami Hospital and Clinics**
- **Program Director:** Parvin Ganji-Azar, MD
- **PO Box 010800**
- **Miami, FL 33101**
- **Tel:** 305 588-0855 **Fax:** 305 588-2598
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 307-11-21-014
## Accredited Programs in Cytopathology (Pathology)

### Tampa
**University of South Florida Program**
- **Sponsor:** University of South Florida College of Medicine
- **Prgm Director:** Barbara Centeno, MD
- **Address:** 13901 Magnolia Drive
- **MDC Box 11**
- **Tel:** 813-974-3746
- **Length:** 1 Yr
- **Program ID:** 307-11-21-006

### Georgia
**Atlanta**
- **Emory University Program**
  - **Sponsor:** Emory University School of Medicine
  - **Emory University Hospital**
  - **Grady Health System**
  - **Prgm Director:** George O Birdsong, MD
  - **Anatomic Pathology:** Room H-180A
  - **1344 Clifton Road, NE**
  - **Atlanta, GA 30302**
  - **Tel:** 404 616-3164 Fax: 404 616-9084
  - **E-mail:** gbirdso@emory.edu
  - **Length:** 1 Yr
  - **Program ID:** 307-12-21-058

### Illinois
**Chicago**
- **McGaw Medical Center of Northwestern University Program**
  - **Sponsor:** McGaw Medical Center of Northwestern University
  - **Northwestern Memorial Hospital**
  - **Prgm Director:** Rita Nayar, MD
  - **251 East Huron**
  - **251 East Huron Street**
  - **Feinberg Pavilion 7-210**
  - **Chicago, IL 60611**
  - **Tel:** 312-506-7017 Fax: 312-926-6017
  - **Length:** 1 Yr
  - **Program ID:** 307-16-21-037

### Maywood
**Loyola University Program**
- **Sponsor:** Loyola University Medical Center
- **Prgm Director:** Eva M Wojcik, MD
- **Address:** 500 S Jackson St
- **Basement, Room COF10**
- **Louisville, KY 40203**
- **Tel:** 502 852-1488 Fax: 502 852-1761
- **Length:** 1 Yr
- **Program ID:** 307-20-21-006

### Indiana
**Indianapolis**
- **Indiana University School of Medicine Program**
  - **Sponsor:** Indiana University School of Medicine
  - **Cranmer Indiana University Hospital**
  - **William N Wishard Memorial Hospital**
  - **Prgm Director:** Harvey M Cramer, MD
  - **550 North University Boulevard**
  - **Room 3465**
  - **Indianapolis, IN 46202**
  - **Tel:** 317 774-4110 Fax: 317-278-4215
  - **Length:** 1 Yr
  - **Program ID:** 307-17-21-002

### Iowa
**Iowa City**
- **University of Iowa Hospitals and Clinics Program**
  - **Sponsor:** University of Iowa Hospitals and Clinics
  - **Veterans Affairs Medical Center (Iowa City)**
  - **Prgm Director:** Chris S Jensen, MD
  - **200 Hawkins Drive**
  - **Iowa City, IA 52242**
  - **Tel:** 319 356-4554
  - **Length:** 1 Yr
  - **Program ID:** 307-18-21-025

### Kansas
**Kansas City**
- **University of Kansas Medical Center Program**
  - **Sponsor:** University of Kansas School of Medicine
  - **Kansas City Medical Center**
  - **Prgm Director:** Patricia A Thomas, MD, MA
  - **Department of Pathology-2017 Wahl West**
  - **Rainbow Boulevard**
  - **Kansas City, KS 66105**
  - **Tel:** 913 588-7076 Fax: 913 588-7073
  - **Length:** 1 Yr
  - **Program ID:** 307-19-21-079

### Kentucky
**Lexington**
- **University of Kentucky College of Medicine Program**
  - **Sponsor:** University of Kentucky College of Medicine
  - **University of Kentucky Hospital**
  - **Prgm Director:** Diane D Davey, MD
  - **Department of Pathology & Laboratory Medicine**
  - **800 Rose Street 805-117**
  - **Lexington, KY 40506**
  - **Tel:** 859 257-0547 Fax: 859 232-2064
  - **Length:** 1 Yr
  - **Program ID:** 307-20-21-008

### Louisiana
**New Orleans**
- **Louisiana State University Program**
  - **Sponsor:** Louisiana State University School of Medicine
  - **Medical Center of Louisiana at New Orleans**
  - **Prgm Director:** Bernardo A Ruiz, MD, PhD
  - **Department of Pathology**
  - **1610 Perdido Street**
  - **New Orleans, LA 70112**
  - **Tel:** 504 566-6081
  - **Length:** 1 Yr
  - **Program ID:** 307-81-21-001

### Tulane University Program**
- **Sponsor:** Tulane University School of Medicine
  - **Medical School of Louisiana at New Orleans**
  - **Prgm Director:** Kenneth Moro, MD*
  - **1430 Tulane Avenue**
  - **Department of Pathology SL79**
  - **New Orleans, LA 70112**
  - **Tel:** 504 888-6224 Fax: 504 888-7862
  - **Length:** 1 Yr
  - **Program ID:** 307-81-21-002

### Shreveport
**Louisiana State University (Shreveport) Program**
- **Sponsor:** LSU Health Sciences Center-University Hospital
  - **Prgm Director:** Elba A Turbat-Herrera, MD
  - **1500 Kings Highway**
  - **PO Box 32392**
  - **Shreveport, LA 71130**
  - **Tel:** 318 675-5805 Fax: 318 675-7002
  - **Length:** 1 Yr
  - **Program ID:** 307-21-21-074

### Maryland
**Baltimore**
- **Johns Hopkins University Program**
  - **Sponsor:** Johns Hopkins University School of Medicine
  - **Johns Hopkins Hospital**
  - **Prgm Director:** Douglas P Clark, MD
  - **500 North Wolfe Street**
  - **Pathology 406**
  - **Baltimore, MD 21287**
  - **Tel:** 410 438-1180 Fax: 410 614-0556
  - **Length:** 1 Yr
  - **Program ID:** 307-23-21-066

### University of Maryland Program**
- **Sponsor:** University of Maryland Medical System
  - **Prgm Director:** Anna B Berry, MD*
  - **22 South Greene Street**
  - **Baltimore, MD 21201**
  - **Tel:** 410 328-5650 Fax: 410 328-5658
  - **Length:** 1 Yr
  - **Program ID:** 307-23-21-088

### Bethesda
**National Institutes of Health Clinical Center Program**
- **Sponsor:** Clinical Center at the National Institutes of Health
  - **National Naval Medical Center (Bethesda)**
  - **Prgm Director:** Bernard A Ruiz, MD, PhD
  - **Building 10, Room 22A**
  - **900 Rockville Pike**
  - **Bethesda, MD 20902**
  - **Tel:** 301 496-0855 Fax: 301 496-2585
  - **Length:** 1 Yr
  - **Program ID:** 307-23-21-032
  - **US Armed Services Program**
Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm Director: Helen H Wang, MD
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-2020
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-24-21-080

Boston University Medical Center Program
Sponsor: Boston Medical Center
Pgm Director: Antonio de las Morenas, MD
784 Massachusetts Avenue
Boston, MA 02118
Tel: 617 414-6905  Fax: 617 414-7727
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-24-21-083

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Pgm Director: Edmund S Cibas, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6797  Fax: 617 732-6192
E-mail: ecibas@partners.org
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-24-21-029

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Rosemary Tambouriet, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 726-0668  Fax: 617 726-4744
E-mail: rctam@partners.org
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-24-21-016

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm Director: Robert A Goulart, MD
Department of Pathology
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-6898  Fax: 413 794-6985
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-24-21-071

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Claire W Michael, MD
Room 2D32/2UH
1530 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-4776  Fax: 734 763-4095
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-24-31-010

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Director: Gail H Stone, MD
Department of Pathology
2790 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2356  Fax: 313 916-2385
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-24-21-020

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Pgm Director: Muhammad Husain, MD
1670 St Antoine Boulevard
Detroit, MI 48201
Tel: 313 745-0881  Fax: 313 745-7168
E-mail: mmh379@med.wayne.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-25-21-046

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Pgm Director: Tomi Jo Kuntzman, DO
3620 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 988-1256  Fax: 248 988-1257
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-25-21-015

Minnesota

Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Pgm Director: Ricardo B Bardales, MD
701 Park Avenue
Minneapolis, MN 55415
Tel: 612 367-3668  Fax: 612 364-4282
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-26-31-087

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Pgm Director: Mithra Baliga, MD
2500 North State Street
Jackson, MS 39216
Tel: 662 915-4667  Fax: 662 915-4667
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-27-21-007

Missouri

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Pgm Director: Brian T Collins, MD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-8732
E-mail: collinbt@slu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-28-21-040

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Pgm Director: Rosa M Davila, MD
One Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314 862-0145
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-28-21-062

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Pgm Director: Therese Booklage, MD
Department of Pathology
MSC08 4640
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-8568  Fax: 505 272-6726
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-34-12-091

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Pgm Director: Mark Suhrlind, MD
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Andrew H Fischer, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 990-4249  Fax: 718 915-5315
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-35-31-027
Accredited Programs in Cytopathology (Pathology)

**New Hyde Park**
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program  
Sponsor: Long Island Jewish Medical Center  
Prgm Director: Patricia G. Kozakowski, MD  
Dept of Pathology, 11th Floor  
New Hyde Park, NY 11040  
Tel: 718-470-7599 Fax: 718-347-4856  
E-mail: sullivan@lij.edu  
Length: 1 Yr  
Program Id: 307-35-21-006

**New York**
Memorial Sloan-Kettering Cancer Center Program  
Sponsor: Memorial Sloan-Kettering Cancer Center  
Prgm Director: Maureen P. Zakowski, MD  
Dept of Pathology, 4th Floor  
Booth Building, 4th Floor  
New York, NY 10021  
Tel: 212-639-5660 Fax: 212-639-6318  
E-mail: sabowdenw@mskcc.org  
Length: 1 Yr  
Program Id: 307-35-21-006

Mount Sinai School of Medicine Program  
Sponsor: Mount Sinai School of Medicine  
Prgm Director: Arnold H. Sporn, MD  
1 Gustave Levy Place  
Annenberg 15-44  
New York, NY 10029  
Tel: 212-241-9140  
Length: 1 Yr  
Program Id: 307-35-31-048

New York Presbyterian Hospital (Cornell Campus) Program  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Cornell Campus)  
Prgm Director: John P. Grapazano, MD  
635 East 86th Street, P312A  
New York, NY 10021  
Tel: 212-746-2200 Fax: 212-746-3050  
E-mail: joseph.g3004@med.cornell.edu  
Length: 1 Yr  
Program Id: 307-35-31-042

New York University School of Medicine Program  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Prgm Director: Joan Cangiarella, MD  
Suite 1305 West Tower  
650 First Avenue  
New York, NY 10016  
Tel: 212-265-0470 Fax: 212-265-5909  
Length: 1 Yr  
Program Id: 307-35-31-070

Syracuse
SUNY Upstate Medical University Program  
Sponsor: SUNY Upstate Medical University  
Prgm Director: Kamal K Khurana, MD  
75 East Adams Street  
Syracuse, NY 13210  
Tel: 315-464-4270 Fax: 315-464-4287  
Length: 1 Yr  
Program Id: 307-35-21-025

Valhalla
New York Medical College at Westchester Medical Center Program  
Sponsor: New York Medical College  
Westchester Medical Center  
Prgm Director: Muhammad B. Zaman, MD  
Valhalla, NY 10595  
Tel: 914-943-1072  
Length: 1 Yr  
Program Id: 307-35-51-007

North Carolina
Chapel Hill
University of North Carolina Hospitals Program  
Sponsor: University of North Carolina Hospitals  
Prgm Director: Susan J. Maygarden, MD  
CMB 7525 Brinkman-Bullitt Building  
Department of Pathology and Laboratory Medicine  
Chapel Hill, NC 27599  
Tel: 919-843-1071  
Length: 1 Yr  
Program Id: 307-36-21-044

Durham
Duke University Hospital Program  
Sponsor: Duke University Hospital  
Prgm Director: Claudia K Jones, MD  
Box 3712  
Durham, NC 27710  
Tel: 919-615-9711  
Length: 1 Yr  
Program Id: 307-36-21-039

Greenville
Pitt County Memorial Hospital/East Carolina University Program  
Sponsor: Pitt County Memorial Hospital  
East Carolina University School of Medicine  
Prgm Director: Nancy L Smith, MD  
Greeneville, NC 27834  
Tel: 252-744-5580 Fax: 252-947-5584  
Length: 1 Yr  
Program Id: 307-36-21-021

Winston-Salem
Wake Forest University School of Medicine Program  
Sponsor: Wake Forest University Baptist Medical Center  
Prgm Director: Kim R. Geislinger, MD  
Medical Center Boulevard  
Winston-Salem, NC 27157  
Tel: 336-716-7306 Fax: 336-716-7306  
Length: 1 Yr  
Program Id: 307-36-21-032

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program  
Sponsor: University Hospital Inc  
Prgm Director: John Bishop, MD  
231 Albert Salmon Way, OH 45299  
Tel: 513-569-0628  
E-mail: pathology@uc.edu  
Length: 1 Yr  
Program Id: 307-38-21-005

Cleveland
Case Western Reserve University (MetroHealth) Program  
Sponsor: MetroHealth Medical Center  
Prgm Director: Amer Khayami, MD  
2500 MetroHealth Drive  
Dept of Pathology  
Cleveland, OH 44109  
Tel: 216-778-3879 Fax: 216-778-5701  
E-mail: akhayami@metrohealth.org  
Length: 1 Yr  
Program Id: 307-38-21-005

Cleveland Clinic Foundation Program  
Sponsor: Cleveland Clinic Foundation  
Prgm Director: Andrea E. Dawson, MD  
Department of Anatomic Pathology  
1900 Euclid Avenue  
Cleveland, OH 44195  
Tel: 216-444-5495 Fax: 216-445-0971  
Length: 1 Yr  
Program Id: 307-38-21-005

Columbus
Ohio State University Hospital Program  
Sponsor: Ohio State University Hospital  
Prgm Director: Gerard Niu, MD  
3000 Rhodes Hall  
450 West 10th Avenue  
Columbus, OH 43210  
Tel: 614-295-8987 Fax: 614-295-8747  
Length: 1 Yr  
Program Id: 307-38-31-077

Oregon
Portland
Oregon Health & Science University Program  
Sponsor: Oregon Health & Science University Hospital  
Prgm Director: Anne Rader, MD  
Dept of Pathology, L113  
3181 SW Sam Jackson Park Road  
Portland, OR 97201  
Tel: 503-494-6792 Fax: 503-494-8148  
Length: 1 Yr  
Program Id: 307-38-21-083
Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: John F. Silverman, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412-392-9638 Fax: 412-392-9639
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-41-31004

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women’s Hospital
UPMC Presbyterian/Shadyside
Program Director: John A. Gholson, MD
Department of Pathology, A-410
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412-647-3343 Fax: 412-647-3345
E-mail: oholmorn@upmc.edu
Length: 1 Yr ACGME Approved/Offers Positions: 3
Program ID: 007-41-31049

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Program Director: Bana S. Hoda, MD
171 Ashley Avenue, Suite 300
PO Box 23068
Charleston, SC 29425
Tel: 843-792-3111 Fax: 843-792-6555
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-41-31012

Tennessee
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical Center
Program Director: Stephen B. DePeters, MD
2424 Alcoa Highway, Box 108
Knoxville, TN 37920
Tel: 865-843-8438 Fax: 865-843-7591
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 007-40-31009

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Roberta Ashkin, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-590-1477 Fax: 214-590-1477
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-41-31004

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Roberto Logomeni, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409-772-8438 Fax: 409-772-8437
E-mail: rsloben@utmb.edu
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 007-48-31-093

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: Dina R. Mody, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713-794-6483 Fax: 713-794-6499
Length: 1 Yr ACGME Approved/Offers Positions: 4
Program ID: 007-48-31-024

University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas M D Anderson Cancer Center
Program Director: Greg A Starks, MD
1515 Holcombe Boulevard, Unit 53
Houston, TX 77030
Tel: 713-792-3088 Fax: 713-792-3087
Length: 1 Yr ACGME Approved/Offers Positions: 6
Program ID: 007-48-31-054

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Program Director: Karen K. Nauschworth, MD
Department of Pathology
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210-916-3387 Fax: 210-916-3385
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-48-31-011

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Philip R. Valente, MD
7708 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210-567-6701 Fax: 210-567-3478
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-48-31-018

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: Lubna H Sayage-Rahie, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254-773-3991 Fax: 254-773-3991
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 007-48-31-056

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Gladwyn Leiman, MD
111 Colchester Avenue
Burlington, VT 05401
Tel: 802-847-3021 Fax: 802-847-9644
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 007-50-31-056
Accredited Programs in Cytopathology (Pathology)

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Henry P. Prieto, MD
PO Box 862214
Charlottesville, VA 22908
Tel: 434 982-4814 Fax: 434 982-8792
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 037-51-21-069

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Celeste N Powers, MD, PhD
Box 956139
Richmond, VA 23298
Tel: 804 280-6830 Fax: 804 280-0152
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 037-51-21-055

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Nancy Kirtiat, MD
205 4th Avenue
Box 957981
Seattle, WA 98104
Tel: 206 731-8404 Fax: 206 731-8440
E-mail: nkpowers@pathology.washington.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 037-54-21-064

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
University of Wisconsin Hospital and Clinics
600 Highland Ave,
Madison, WI 53792
Tel: 608 285-9150 Fax: 608 285-4653
E-mail: smhelping@facstaff.wisc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 037-56-21-062

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Prosser Memorial Lutheran Hospital
Prgm Director: Vincent B Shulham, MD
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 865-8452 Fax: 414 865-8444
E-mail: vshulham@hotmail.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 037-56-21-085

Dermatology

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Craig A. Elmes, MD
EHH 414
1580 Third Avenue South
Birmingham, AL 35204
Tel: 205 934-5189 Fax: 205 934-5766
E-mail: jcarper@uab.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 080-03-21-010

Arizona
Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Maricopa Medical Center
Mayo Clinic Hospital
Phoenix Children's Hospital
Prgm Director: James A Yianias, MD
13400 E Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 358-4686 Fax: 480 301-5190
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-03-21-127

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Norma Levine, MD
535 N Wilmot Rd, Ste 101
P O Box 245938
Tucson, AZ 85724
Tel: 520 894-0686 Fax: 520 894-6677
E-mail: nlevine@u.arizona.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 080-03-21-012

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
University of Arkansas Hospitals
Prgm Director: Thomas D Horn, MD
4301 West Markham
Little Rock, AR 72205
Tel: 501 501-865-551 Fax: 501 501-865-7264
E-mail: hornthomas@uams.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 11
Subspecialties: DMP
Program ID: 080-03-21-013

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettit Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Nancy J. Anderson, MD
Dept of Dermatology, Suite 2600
11700 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-2542 Fax: 909 558-2542
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Subspecialties: PSD
Program ID: 080-05-21-111

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: A Paul Kelly, MD
2021 South Wilmingot Avenue
Los Angeles, CA 90016
Tel: 310 638-5766 Fax: 310 638-5842
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-05-12-016

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Robert L. Medlin, MD
52-121 CSH
10835 Le Conte Ave
Los Angeles, CA 90025
Tel: 310 826-5142 Fax: 310 826-0876
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-05-21-017

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
Prgm Director: David T Woodley, MD
1200 N State Street, Room 8440
Los Angeles, CA 90033
Tel: 323 865-0953 Fax: 323 865-0677
E-mail: dwwoodley@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 090-05-11-015

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Gary Cole, MD
161 City Dr
Bldg 56 Rm B171-17
Orange, CA 92868
Tel: 714 326-3458 Fax: 714 326-3457
E-mail: gcog@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: DMP
Program ID: 080-05-21-014
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Peter J Lynch, MD
4860 Y Street, Suite 3400
Sacramento, CA 95817
Tel: 916 734-4706 Fax: 916 734-6793
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-05-21-101

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Neil F Gibbs, MD
34500 Bob Wilson Drive, Suite 390
San Diego, CA 92134
Tel: 619 532-3666 Fax: 619 532-9458
E-mail: mncancom@nmc.mcr.med.navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080-05-31-006
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Terence O'Grady, MD
Division of Dermatology/UCSD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5630 Fax: 619 543-2144
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-05-21-018

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Timothy B Berger, MD
1701 Divisadero Street
Third Floor
San Francisco, CA 94115
Tel: 415 353-7797 Fax: 415 353-7850
E-mail: andersons@derm.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: PhD
Program ID: 080-05-21-019

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Yoon H Kim, MD
Department of Dermatology
900 Blake Wilbur Drive, Room W1069
Stanford, CA 94305
Tel: 650 733-7800 Fax: 650 733-7796
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 080-05-21-020

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: James F Fitzpatrick, MD
810 X Thousand Oaks Blvd
Fax: 720 848-6630
E-mail: kempp.pruett@UCHSC.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-07-21-002

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Michael Girardi, MD
PO Box 6110
Campus Stop F703
New Haven, CT 06508
Tel: 203 785-4034 Fax: 203 785-7237
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 080-08-21-003

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (GUIS)
Program Director: Karla E. Gayer, MD
Department of Dermatology
2150 Pennsylvania Avenue, NW
Washington, DC 20057
Tel: 202 741-2614 Fax: 202 741-2622
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 080-10-21-024

Howard University Program
Sponsor: Howard University Hospital
Children's National Medical Center
Veterans Affairs Medical Center (Washington DC)
Program Director: Rebah M Halder, MD
2041 Georgia Avenue, NW
Washington, DC 20033
Tel: 202 395-6726 Fax: 202 395-7137
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 080-10-21-025

Howland University Program
Sponsor: Howard University Hospital
Children's National Medical Center
Veterans Affairs Medical Center (Washington DC)
Program Director: Rebah M Halder, MD
2041 Georgia Avenue, NW
Washington, DC 20033
Tel: 202 395-6726 Fax: 202 395-7137
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 080-10-21-025

Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Thomas F Nigro, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-3288 Fax: 202 877-3288
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-10-21-106

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Stanton K Wesson, MD
PO Box 105277
Fax: 352 392-5376
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-11-21-119

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St. Luke's Hospital
Program Director: James H Keeling, MD
4900 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0430 Fax: 904 953-0430
E-mail: Derm-med@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-11-31-125

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Program Director: Lawrence A Schachner, MD
PO Box 012650 (R-250)
Miami, FL 33101
Tel: 305 444-1742 Fax: 305 444-7191
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: DMP
Program ID: 080-11-21-026

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Tampa)
Program Director: Neil A Fenske, MD
PO Box 450
Tampa, FL 33602
Tel: 813 974-2844 Fax: 813 974-2722
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: DMP
Program ID: 080-11-21-096
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
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<td>Georgia</td>
<td>University of Illinois College of Medicine at Chicago Program</td>
<td>Sponsor: University of Illinois College of Medicine at Chicago</td>
<td>080-12-21-034</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
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<td>Maywood Loyola University Program</td>
<td>Sponsor: Loyola University Medical Center</td>
<td>080-16-11-155</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 6</td>
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<td>University of Illinois College of Medicine at Chicago Program</td>
<td>Sponsor: University of Illinois College of Medicine at Chicago</td>
<td>080-12-21-034</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
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<td>Maywood Loyola University Program</td>
<td>Sponsor: Loyola University Medical Center</td>
<td>080-16-11-155</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 6</td>
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<td>Indiana</td>
<td>Indiana University School of Medicine Program</td>
<td>Sponsor: Indiana University School of Medicine</td>
<td>080-16-21-118</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 6</td>
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<td>Iowa</td>
<td>University of Iowa Hospitals and Clinics Program</td>
<td>Sponsor: University of Iowa Hospitals and Clinics</td>
<td>080-18-21-036</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 13</td>
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<td>Kansas</td>
<td>Kansas City University of Kansas Medical Center Program</td>
<td>Sponsor: University of Kansas School of Medicine</td>
<td>080-18-11-037</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 7</td>
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<td>Kentucky</td>
<td>Louisville University Program</td>
<td>Sponsor: University of Louisville School of Medicine</td>
<td>080-20-21-038</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 7</td>
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<td>Louisiana</td>
<td>Louisiana New Orleans Program</td>
<td>Sponsor: Louisiana State University School of Medicine</td>
<td>080-23-21-040</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
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<td>Maryland</td>
<td>Johns Hopkins University Program</td>
<td>Sponsor: Johns Hopkins University School of Medicine</td>
<td>080-23-21-040</td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 10</td>
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</table>

**Accredited Programs in Dermatology**

**Georgina**

- **Atlanta Emory University Program**
  - Sponsor: Emory University School of Medicine
  - Program Director: Calvin O Callow, MD
  - Length: 3 Yrs
  - Program ID: 080-12-21-028

- **Augusta Medical College of Georgia Program**
  - Sponsor: Medical College of Georgia
  - Program Director: Jack L Lesher, MD
  - Length: 3 Yrs
  - Program ID: 080-12-11-029

- **Illinois Chicago**
  - **Cook County Hospital Program**
    - Sponsor: John H Stroger Hospital of Cook County
    - Program Director: Warren W Piette, MD
    - Length: 3 Yrs
    - Program ID: 080-12-09-030
  - **McGaw Medical Center of Northwestern University Program**
    - Sponsor: McGaw Medical Center of Northwestern University
    - Program Director: Amy S Pulier, MD
    - Length: 3 Yrs
    - Program ID: 080-16-21-031

- **Rush University Medical Center Program**
  - Sponsor: Rush University Medical Center
  - Program Director: Michael D Tharp, MD
  - Length: 3 Yrs
  - Program ID: 080-16-11-032

- **University of Chicago Program**
  - Sponsor: University of Chicago Hospitals
  - Program Director: Christopher B Sheu, MD
  - Length: 3 Yrs
  - Program ID: 080-16-11-033

**Kansas Kansas City**

- **University of Kansas Medical Center Program**
  - Sponsor: University of Kansas School of Medicine
  - Program Director: Donald V Beliso, MD
  - Length: 3 Yrs
  - Program ID: 080-18-11-037

**Kentucky Louisville**

- **University of Louisville Program**
  - Sponsor: University of Louisville School of Medicine
  - Program Director: Jeffrey F Callen, MD
  - Length: 3 Yrs
  - Program ID: 080-20-21-038

**Louisiana Louisiana New Orleans**

- **University of New Orleans Program**
  - Sponsor: Louisiana State University School of Medicine
  - Program Director: Brian D Leo, MD
  - Department of Dermatology
  - Length: 3 Yrs
  - Program ID: 080-21-21-109

**Maryland Baltimore**

- **Johns Hopkins University Program**
  - Sponsor: Johns Hopkins University School of Medicine
  - Program Director: Grant Ashalt, MD
  - Length: 3 Yrs
  - Program ID: 080-23-21-040
University of Maryland Program
Sponsor: University of Maryland Medical System Veterans Affairs Medical Center (Baltimore)
Program Director: Anthony A. Gaqari, MD, MPh
Address: 200 W North Street, 6th Floor
Baltimore, MD 21201
Phone: 410-388-5050
Fax: 410-388-1111
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 080-23-1-041

Baltimore
National Capital Consortium Program
Sponsor: National Capital Consortium
Program Director: George W. Byars, MD
Address: 6900 Georgia Avenue NW
Washington, DC 20037
Phone: 202-365-6434
Fax: 202-365-6468
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080-10-21-125
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: National Institutes of Health Clinical Center Program
Program Director: Mark C. Udey, MD, PhD
Address: 10 Center Drive MSC 1017
Baltimore, MD 21282
Phone: 301-496-5001
Fax: 301-496-5370
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 080-23-2-006
US Armed Services Program

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center Tufts-New England Medical Center Veterans Affairs Medical Center (Boston)
Program Director: Barbara A. Gilchrist, MD
Address: 600 Albany Street
Boston, MA 02118
Phone: 617-637-5001
Fax: 617-637-5396
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080-24-21-044

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital Beth Israel Deaconess Medical Center Brigham and Women's Hospital Massachusetts General Hospital
Address: 55 Fruit Street
Boston, MA 02114
Phone: 617-726-5000
Fax: 617-726-1875
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080-24-31-043

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School Baystate Medical Center (University Campus)
Program Director: Thomas C. Cogliano, MD
Division of Dermatology
281 Lincoln St/Babineau Campus
Worcester, MA 01601
Phone: 508-534-5900
Fax: 508-534-5901
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-24-31-114

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Charles N. Ellis, MD
Address: 1500 E Medical Center Drive
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 080-23-1-045

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Mark F. Shwayder, MD
Address: 2599 West Grand Boulevard
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 080-23-2-006

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: George M. Mushakow, MD
Address: 4501 St. Antoine Blvd
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 080-25-3-045

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Hospitals
Program Director: Peter K. Lee, MD, PhD
Address: 300 17th Avenue Southeast
Minneapolis, MN 55455
Phone: 612-626-1100
Fax: 612-626-1100
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 080-26-21-048

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo Clinic
Program Director: Joseph R. Cropley, MD
Address: 205 1st St, SW
Rochester, MN 55901
Phone: 507-284-5900
Fax: 507-284-2010
Email: rochester.mayoclinic.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 080-26-21-049

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Program Director: Dana S. Ward, MD
Department of Dermatology
Address: 1 hospital Drive MA111
Columbia, MO 65212
Phone: 573-882-8573
Fax: 573-884-5947
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 080-28-21-050

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Program Director: Scott W. Fertig, MD
Address: 1402 South Grand Boulevard
St Louis, MO 63104
Phone: 314-551-5535
Fax: 314-551-5535
Email: scott.fertig@slu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-28-21-116

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish-Hospital
Program Director: Lynn A. Cornelius, MD
Address: 1402 South Euclid Avenue, Box 3523
St Louis, MO 63110
Phone: 314-362-8187
Fax: 314-362-8187
Email: stlouisdermatology@wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 080-28-21-051

New Hampshire
Lebanon
Dartmouth Hitchcock Medical Center Program
Sponsor: Dartmouth Hitchcock Medical Center
Program Director: Kathrynn Schwarzzenreiter, MD
Address: One Medical Center Drive
Lebanon, NH 03766
Phone: 603-656-0000
Fax: 603-656-0021
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-32-21-003

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Justin J. Green, MD
Address: 9 Cooper Plaza
Camden, NJ 08103
Phone: 856-442-2014
Fax: 856-442-2042
Email: rjgreen@dorrain@cooperhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 080-33-21-117

Graduate Medical Education Directory 2005-2006
New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program A
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Babar K Rao, MD
Clinical Academic Building
135 Paterson Street, Suite 1306
New Brunswick, NJ 08901
Tel: 732 235-7765 Fax: 732 235-6558
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-33-21-129

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Robert A Schwartz, MD
185 South Orange Avenue
MSB-B1756
Newark, NJ 07103
Tel: 973 972-8984
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-33-21-107

New Mexico
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: R Steven Padilla, MD, MBA*
Dept of Dermatology
1021 Medical Arts Avenue, NE
Albuquerque, NM 87113
Tel: 505 273-6000 Fax: 505 273-6003
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 080-34-21-054

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Alan R Shalita, MD
450 Clarkson Avenue
Brooklyn, NY 11210
Tel: 718 270-1299
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: DMP
Program ID: 080-35-21-065

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children’s Hospital of Buffalo)
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Prgm Director: Alan Oseroff, MD, PhD
Roswell Park Cancer Institute - Dermatology - MRC
Elm and Carlton Streets
Buffalo, NY 14263
Tel: 716 845-8815 Fax: 716 845-3005
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080-35-21-067

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
North General Hospital
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Steven R Cohen, MD, MPH
One Gustave L Levy Place, Box 1047
New York, NY 10029
Tel: 212 659-9530 Fax: 212 348-7434
E-mail: steve.cohen@nyu.edu
Length: 3 Yrs ACGME Approved/Offereed Positions: 10
Subspecialties: DMP, PFID
Program ID: 080-35-21-061

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: David B Bickers, MD
615 Fort Washington Avenue
12th Floor
New York, NY 10032
Tel: 212 305-5665 Fax: 212 305-4571
E-mail: nn2122@cmich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 080-35-21-104

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Lincoln Medical and Mental Health Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Antimish A Sinha, MD, PhD*
325 E 68th Street
New York, NY 10021
Tel: 212 746-5600 Fax: 212 746-5604
E-mail: angjo009@med.cornell.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 080-35-21-062

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Health Care System
Prgm Director: David Polisky, MD, PhD
555 First Avenue, Room H100
New York, NY 10016
Tel: 212 263-6546 Fax: 212 263-8792
E-mail: dermpol@med.nyu.edu
Length: 3 Yrs ACGME Approved/Offereed Positions: 22
Program ID: 080-35-21-064

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
St Luke’s-Roosevelt Hospital Center-Roosevelt Division
St Luke’s-Roosevelt Hospital Center-St Luke’s Division
Prgm Director: Vincent A DeLeo, MD
1000 Amsterdam Avenue
Suite 11B
New York, NY 10025
Tel: 212 533-3814 Fax: 212 533-3808
E-mail: vdleoo@chpnet.org
Length: 3 Yrs ACGME Approved/Offereed Positions: 9
Program ID: 080-35-21-154

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Alice P Pestland, MD
601 Elmwood Avenue, Box 997
Rochester, NY 14642
Tel: 585 275-0183 Fax: 585 275-0023
E-mail: marysou_williams@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offereed Positions: 8
Program ID: 080-35-21-152

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Richard S Kaliash, MD, PhD
Dept of Dermatology
HSC T-16, Room 606
Stony Brook, NY 11794
Tel: 631 444-3943 Fax: 631 444-3944
E-mail: richard.kaliash@sunybrook.edu
Length: 3 Yrs ACGME Approved/Offereed Positions: 6
Program ID: 080-35-21-118

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
Westchester Medical Center
Prgm Director: Bijan Safai, MD
Department of Dermatology
3150 Westchester Avenue
Valhalla, NY 10595
Tel: 914 594-4566 Fax: 914 594-4019
Length: 3 Yrs ACGME Approved/Offereed Positions: 9
Program ID: 080-35-21-063
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Luis A Diaz, MD
Department of Dermatology, CB47287
3100 Thurston-Stowers Bldg
Chapel Hill, NC 27599
Tel: 919-966-0785 Fax: 919-966-3938
E-mail: cherie_ezuka@med.unc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 088-36-11-006

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Sarah A Myers, MD
Division of Dermatology
PO Box 3852
Durham, NC 27710
Tel: 919-664-6185 Fax: 919-668-1465
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 088-36-21-067

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: William A Burke, MD
600 Moye Boulevard, Brody 3E-117
Greenville, NC 27858
Tel: 252-744-3555 Fax: 252-744-3545
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 088-36-19-132

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Amy J McMichael, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336-716-3768 Fax: 336-716-7328
E-mail: amcMichael@wfuhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 088-36-21-110

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Diya F Mutalam, MD
Department of Dermatology
231 Albert Shabin Way, PO Box 270592
Cincinnati, OH 45227
Tel: 513-558-8424 Fax: 513-558-8188
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 088-38-21-068

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Bryan E Davis, MD
111 South Euclid Avenue
Cleveland, OH 44106
Tel: 216-364-5794 E-mail: kntwha.myers@uhhospitals.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 088-36-21-120

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Allison T Vidimos, MD
6001 Euclid Avenue, Desk A64
Cleveland, OH 44106
Tel: 216-444-2345 Fax: 216-444-9060
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 088-36-12-070

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: David R Lambert, MD
130 Dean Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614-293-8111 Fax: 614-293-8080
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 088-36-11-072

Dayton

Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Wright-Patterson Medical Center
Program Director: Michael J White, MD
Division of Dermatology
PO Box 507
Dayton, OH 45401
Tel: 937-242-3045 Fax: 937-242-3056
E-mail: michael.white@wright.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 088-36-21-073

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children’s Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Raymond L Cornillon, MD
Department of Dermatology
513 Northeast 15th Street
Oklahoma City, OK 73104
Tel: 405-271-6682 Fax: 405-271-7216
E-mail: ray.cornillon@earthlink.net
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 088-39-21-074

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Neil J Swanson, MD
3151 SW Sam Jackson Park Rd PO Box 1933
Portland, OR 97201
Tel: 503-494-1371 Fax: 503-494-8644
E-mail: dermao@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 088-49-21-076

Pennsylvania

Danville

Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Michele D Marson, MD
100 North Academy Drive
Danville, PA 17822
Tel: 570-271-9069 Fax: 570-271-9040
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: DMP, PRD
Program ID: 080-41-12-076

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Jeffrey J Miller, MD
Department of Dermatology, UPC 11 Ste 4300 (HU14)
500 University Drive, PO Box 950
Hershey, PA 17033
Tel: 717-531-8207 Fax: 717-531-6516
E-mail: dermatology@hmc.psu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 088-41-21-103

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MC)
Hahnemann University Hospital (Tenet Health System)
Program Director: Herbert Allies, MD
310 N Broad Street
Mail Stop 401 HUH
Philadelphia, PA 19102
Tel: 215-763-8556 Fax: 215-763-6570
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: DMP
Program ID: 088-41-21-077

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Veterans Affairs Medical Center (Wilmington)
Program Director: Jauhi J Uitto, MD, PhD
Rhame Life Sciences Bldg, Ste 450
223 S 15th Street
Philadelphia, PA 19107
Tel: 215-665-5786 Fax: 215-665-9789
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 088-41-21-079

Graduate Medical Education Directory 2005-2006 629
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: William D. James, MD
Department of Dermatology
3600 Spruce Street, 2 Maloney Building
Philadelphia, PA 19104
Tel: 215 662-7883 Fax: 215 662-7884
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 080-41-21-080

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Joseph C. English, MD
190 Lothrop Street
Suite 140 Lothrop Hall
Pittsburgh, PA 15213
Tel: 412 648-9288 Fax: 412 648-9162
E-mail: englishj@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-41-11-081

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Prgm Director: Jorge L. Sanchez, MD
University District Hospital
PO Box 360506
San Juan, PR 00936
Tel: 787 765-7956 Fax: 787 767-0467
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 080-43-21-082

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Memorial Hospital of Rhode Island
Veterans Affairs Medical Center (Providence)
Prgm Director: Thomas P Long, MD*
Dermatology Foundation
500 Eddy Street
Providence, RI 02903
Tel: 401 444-7101 Fax: 401 444-7105
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 080-43-31-122

Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Providence Community Health Center
Prgm Director: Vincent Palanga, MD
50 Maude Street
Providence, RI 02908
Tel: 401 456-2551 Fax: 401 456-5440
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080-43-21-083

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Ross B Pollack, MD*
135 Rutledge Avenue, 11th Floor
POB 250578
Charleston, SC 29425
Tel: 843 792-6555 Fax: 843 792-9804
E-mail: pollack@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: FRD
Program ID: 080-48-21-099

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: E William Rosenberg, MD
Department of Medicine
1211 Union Ave, Suite 340
Memphis, TN 38104
Tel: 901 448-5765 Fax: 901 448-2284
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-47-21-084

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Darrel L. Ellis, MD
1301 22nd Avenue S
Suite 9900
Nashville, TN 37232
Tel: 615 322-0845
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-47-21-098

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Ponciano D Cruz, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8806 Fax: 214 648-7976
E-mail: Joczur@uthscsw.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: FRD
Program ID: 080-48-21-095

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Sharon S Raimer, MD
412 McCullough Bldg
501 University Blvd
Galveston, TX 77555
Tel: 409 772-1011 Fax: 409 772-1943
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: FRD
Program ID: 080-48-11-086

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Medical Center
Michael E Dollasey, MD, VA Medical Center - Houston
Prgm Director: John E. Wolf, MD
6335 Fannin FR640
Houston, TX 77030
Tel: 713 798-7620 Fax: 713 798-6823
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: DMP, PRD
Program ID: 080-48-21-087

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
University of Texas M D Anderson Cancer Center
Prgm Director: Ronald P Bapini, MD
Department of Dermatology
6666 Travis St, Suite 880
Houston, TX 77090
Tel: 713 500-8314 Fax: 713 500-8233
E-mail: Irene.M.Morales@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 080-48-21-100

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Bexar Army Medical Center
Wilford Hall Medical Center (ASTC)
Prgm Director: Jeffrey L Melfert, MD
759 MDDS/MDMD
2236 Bergquist Dr Suite 1
Lackland AFB, TX 78236
Tel: 210 292-5350 Fax: 210 292-3781
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 080-48-21-121

US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Veterans Affairs Medical Center (Amarillo)
Prgm Director: Clove L Steen, MD
4A-100 Stop 9400
801 Fourth Street
Lubbock, TX 79430
Tel: 866 743-2406 Fax: 866 743-1105
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080-48-21-105
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
Program: University Health System
Program Director: Ronald S. Grimwood, MD
Division of Dermatology 7876
7701 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4855  Fax: 210 567-4679
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 088-44-22-056

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Program Director: David F Butler, MD
Department of Internal Medicine, Division of Dermatology
2401 South 31st Street
Temple, TX 76508
Tel: 254 747-5786  Fax: 254 747-5789
E-mail: dfbutler@email.tamhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 088-44-21-133

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Marta J Peterson, MD
43454 School of Medicine
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-6485  Fax: 801 581-6484
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 088-44-21-112

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Glenn D Goldman, MD
1 South Prospect Street
Burlington, VT 05401
Tel: 802 656-0761  Fax: 802 656-4116
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Subspecialties: FRD
Program ID: 088-45-13-129

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Kenneth S Greer, MD
PO Box 804718
Charlottesville, VA 22908
Tel: 434 243-5115  Fax: 434 243-6306
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 088-51-11-099

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Program Director: Antoinette F. Hood, MD
700 Olney Road
Norfolk, VA 23507
Tel: 757 446-6014
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-51-23-130

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Julia B Nolan, MD
401 North 11th Street
PO Box 600164
Richmond, VA 23298
Tel: 804 828-0900  Fax: 804 828-0956
E-mail: jhanoan@vcu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-51-21-090

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Rodney F Kovach, MD
Health Sciences Center North
PO Box 9158
Morgantown, WV 26506
Tel: 304 293-6618  Fax: 304 293-7373
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Subspecialties: FRD
Program ID: 080-51-11-092

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Marshfield Clinic-St Joseph's Hospital
Program Director: Donald J Miech, MD
1000 North Oak Avenue
Marshfield, WI 54446
Tel: 715 287-8411  Fax: 715 287-6411
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 080-56-22-131
## Accredited Programs in Dermatopathology (Dermatology)

### Alabama

**Birmingham**

**University of Alabama Medical Center Program**

- **Sponsor:** University of Alabama Hospital
- **Prgm Director:** Emily F. Omona, MD
- **Dept of Pathology, Krevicke Building, RM 306**
- **South Ninth Northeast Street, South Birmingham, AL 35223**
- **Tel:** 205 975-6904  Fax: 205 975-6922
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2  **Program ID:** 100-01-21-024

### Arkansas

**Little Rock**

**University of Arkansas for Medical Sciences Program**

- **Sponsor:** University of Arkansas College of Medicine Central Arkansas Veterans Health Care System University Hospital of Arkansas
- **Prgm Director:** Bruce R Smoller, MD
- **403 West Markham**
- **Department of Pathology, Slot 317**
- **Little Rock, AR 72205**
- **Tel:** 501 683-1508  Fax: 501 396-1184
- **E-mail:** gordon.renee@uams.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-04-21-062

### California

**Los Angeles**

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **Prgm Director:** Scott W Binder, MD
- **10935 Le Conte Avenue**
- **Los Angeles, CA 90095**
- **Tel:** 310 267-2067  Fax: 310 267-2058
- **E-mail:** shinder@mednet.ucla.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2  **Program ID:** 100-05-21-071

**Orange**

**University of California (Irvine) Program**

- **Sponsor:** University of California (Irvine) Medical Center
- **Prgm Director:** Ronald J Barr, MD
- **101 City Drive South**
- **Orange, CA 92868**
- **Tel:** 714 856-0555  Fax: 714 456-9850
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-05-21-053

### Colorado

**Denver**

**University of Colorado Program**

- **Sponsor:** University of Colorado School of Medicine Denver Health Medical Center
- **Prgm Director:** Loren E Golitz, MD
- **Department of Pathology**
- **8216**
- **4200 East Ninth Avenue**
- **Denver, CO 80262**
- **Tel:** 303 262-0600  Fax: 303 355-5744
- **E-mail:** diane.coyle@uchsc.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2  **Program ID:** 100-07-13-067

### Connecticut

**New Haven**

**Yale-New Haven Medical Center Program**

- **Sponsor:** Yale-New Haven Hospital
- **Prgm Director:** Elsottta Lazova, MD
- **PO Box 286959**
- **15 York Street**
- **New Haven, CT 06530**
- **Tel:** 203 785-6476  Fax: 203 785-8899
- **E-mail:** wendy.colin@yale.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-08-21-045

### Florida

**Gainesville**

**University of Florida Program**

- **Sponsor:** University of Florida College of Medicine Shands Hospital at the University of Florida
- **Prgm Director:** Ashok M Hasanain, MD, PhD
- **PO Box 100275**
- **Gainesville, FL 32610**
- **Tel:** 352 205-9690  Fax: 352 205-9691
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-11-31-065

### Georgia

**Atlanta**

**Emory University Program**

- **Sponsor:** Emory University School of Medicine Emory University Hospital
- **Prgm Director:** Alvin R Solomon, MD
- ** Bronx (MD) Pathology, Emory University Hospital**
- **1684 Clifton Road, NE**
- **Atlanta, GA 30322**
- **Tel:** 404 727-4380  Fax: 404 727-2519
- **E-mail:** haslund@emory.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-12-12-077

### Illinois

**Chicago**

**McGaw Medical Center of Northwestern University Program**

- **Sponsor:** McGaw Medical Center of Northwestern University
- **Children's Memorial Hospital Northwestern Memorial Hospital Veterans Affairs Chicago Health Care System**
- **Prgm Director:** Joan Guitart, MD
- **645 N Michigan Avenue**
- **Suite 500**
- **Chicago, IL 60611**
- **Tel:** 312 695-1415
- **E-mail:** j.guitart@northwestern.edu
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 1  **Program ID:** 100-16-21-064

### District of Columbia

**Washington**

**Armed Forces Institute of Pathology Program**

- **Sponsor:** Armed Forces Institute of Pathology Walter Reed Army Medical Center
- **Prgm Director:** George F Lupton, MD
- **14th Street and Alaska Ave, NW**
- **Washington, DC 20030**
- **Tel:** 202 782-2115  Fax: 202 782-3975
- **Length:** 1 Yr  **ACGME Approved/Offered Positions:** 2  **Program ID:** 100-10-31-191

**US Armed Services Program**
University of Chicago Program  
Sponsor: University of Chicago Hospitals  
Program Director: Christopher R Shea, MD  
5841 S Maryland Avenue, MC 5087  
Room L-503  
Chicago, IL 60637  
Tel: 773 702-6558 Fax: 773 702-8388  
E-mail: jplummer@medicine.bsd.uchicago.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 100-15-31-591

Indiana  
Indianapolis  
Indiana University School of Medicine Program  
Sponsor: Indiana University School of Medicine  
Clarian Indiana University Hospital  
Clarian Riley Hospital for Children  
Richard L Koutchenek Veterans Affairs Medical Center  
William St. Jude Children's Research Hospital  
Program Director: William R Moore, MD  
550 N University Boulevard  
Suite 3274  
Indianapolis, IN 46202  
Tel: 317 274-4232 Fax: 317 278-1310  
E-mail: shamrick@iupui.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 100-17-21-020

Louisiana  
New Orleans  
Tulane University Program  
Sponsor: Tulane University School of Medicine  
Medical Center of Louisiana at New Orleans  
Program Director: Alan J Wang, MD, PhD  
Derm Fellowship, Dept Pathology, SL-70  
1430 Tulane Avenue  
New Orleans, LA 70112  
Tel: 504 899-1179 Fax: 504 898-7362  
E-mail: dermd@tulane.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 100-21-21-052

Maryland  
Baltimore  
Johns Hopkins University Program  
Sponsor: Johns Hopkins University School of Medicine  
Johns Hopkins Hospitals  
Program Director: Terry L Barrett, MD  
Baltimore, MD 21287  
Tel: 410 614-2848 Fax: 410 655-2445  
E-mail: burrett@jhmi.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 100-23-21-036

Massachusetts  
Boston  
Beth Israel Deaconess Medical Center/Harvard Medical School Program  
Sponsor: Beth Israel Deaconess Medical Center  
Brigham and Women's Hospital  
Massachusetts General Hospital  
Program Director: Steven E Tahan, MD  
1101 Boylston Ave  
Boston, MA 02215  
Tel: 617 667-4344 Fax: 617 975-5499  
E-mail: stahan@bidmc.harvard.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 100-24-21-082

Minnesota  
Rochester  
Mayo School of Graduate Medical Education (Rochester) Program  
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic  
College of Medicine  
Mayo Clinic (Rochester)  
Program Director: Lawrence Z Gibson, MD  
200 First Street, SW  
Rochester, MN 55905  
Tel: 507 284-9875 Fax: 507 284-2072  
E-mail: mayo@derm.mayo.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 100-26-21-094

Missouri  
St Louis  
Washington University/B-JH/SLCH Consortium Program  
Sponsor: Washington University/B-JH/SLCH Consortium  
 Barnes-Jewish Hospital  
Program Director: Annie C Lind, MD  
660 South Euclid Avenue  
Campus Box, 8318  
St Louis, MO 63110  
Tel: 314 362-0117 Fax: 314 362-8599  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 100-26-21-036

New Jersey  
Newark  
UMDNJ-New Jersey Medical School Program  
Sponsor: UMDNJ-New Jersey Medical School  
UMDNJ-University Hospital  
Program Director: W Clark Lambert, MD  
Boren C50, Medical Sciences Building  
185 South Orange Avenue  
Newark, NJ 07103  
Tel: 973 972-6355 Fax: 973 972-7393  
E-mail: lamberec@umdnj.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 100-38-21-084

New York  
Brooklyn  
SUNY Health Science Center at Brooklyn Program  
Sponsor: SUNY Health Science Center at Brooklyn  
Academy of Dermatopathology  
Kings County Hospital Center  
Program Director: Edward H Hellman, MD  
145 East 32nd Street, 10th Floor  
New York, NY 10016  
Tel: 718 270-1229  
Length: 1 Yr  
ACGME Approved/Offered Positions: 7  
Program ID: 100-33-31-074

New York  
Mount Sinai School of Medicine Program  
Sponsor: Mount Sinai School of Medicine  
Mount Sinai Medical Center  
Program Director: Robert  G Phelps, MD  
One Gustave L Levy Place, Box 1104  
New York, NY 10029  
Tel: 212 341-6064 Fax: 212 341-7832  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 100-39-21-056

New York Presbyterian Hospital (Cornell Campus) Program  
Sponsor: New York Presbyterian Hospital  
Memorial Sloan-Kettering Cancer Center  
New York Presbyterian Hospital (Cornell Campus)  
Rockefeller University Hospital  
Program Director: H Scott Mathis, MD  
55 East 68th Street (F-309)  
New York, NY 10021  
Tel: 212 746-6434 Fax: 212 746-4570  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 100-35-31-027

New York University School of Medicine Program  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Manhattan VA Harbor Health Care System  
Program Director: Sidney Kaneko, MD  
530 First Avenue, Suite 74  
New York, NY 10016  
Tel: 212 263-7280 Fax: 212 684-3991  
Length: 1 Yr  
ACGME Approved/Offered Positions: 5  
Program ID: 100-35-21-500
**North Carolina**

**Durham**

**Duke University Hospital Program**

- **Sponsor:** Duke University Hospital
- **Program Director:** M Angela Selim, MD
- **Box:** 39712
- **Telephone:** 919 681-4032
- **Fax:** 919 684-4445

**Program ID:** 100-36-21-006

**Pennsylvania**

**Danville**

**Geisinger Health System Program**

- **Sponsor:** Geisinger Health System
- **Program Director:** Dick M Elston, MD
- **Department of Dermatology**
- **100 North Academy Drive**
- **Danville, PA 17822**
- **Telephone:** 570 271-8900
- **Fax:** 570 271-8940

**Program ID:** 100-41-32-076

**South Carolina**

**Charleston**

**Medical University of South Carolina Program**

- **Sponsor:** Medical University of South Carolina College of Medicine
- **Program Director:** John S Motcall, MD
- **171 Ashley Avenue**
- **Charleston, SC 29425**
- **Telephone:** 843 792-3401
- **Fax:** 843 792-9874

**Program ID:** 100-41-21-023

**Tennessee**

**Memphis**

**University of Tennessee Program**

- **Sponsor:** University of Tennessee College of Medicine
- **Program Director:** Andree Stelmak, MD
- **930 Madison Avenue, Suite 509**
- **Memphis, TN 38163**
- **Telephone:** 901 445-6300

**Program ID:** 100-47-21-040

**Texas**

**Dallas**

**University of Texas Southwestern Medical School Program**

- **Sponsor:** University of Texas Southwestern Medical School
- **Dallas County Hospital District-Parkland Memorial Hospital**
- **Program Director:** Clay J Cockerell, MD
- **2330 Butler Street, Suite 110**
- **Dallas, TX 75235**
- **Telephone:** 214 639-5200
- **Fax:** 214 639-5210

**Program ID:** 100-48-21-013

**Alabama**

**Birmingham**

**University of Alabama at Birmingham Medical School Program**

- **Sponsor:** University of Alabama at Birmingham Medical School
- **Program Director:** Michael E Crane, MD
- **3140 2nd Avenue South**
- **Birmingham, AL 35203**
- **Telephone:** 205 975-3030

**Program ID:** 100-49-21-031

**Florida**

**Jacksonville**

**University of Florida Jacksonville Medical College Program**

- **Sponsor:** University of Florida Jacksonville Medical College
- **Program Director:** Emily M Ross, MD
- **201 W University Boulevard**
- **Jacksonville, FL 32207**
- **Telephone:** 904 644-5000

**Program ID:** 100-36-21-100

**Graduate Medical Education Directory 2005-2006**
### Accredited Programs in Developmental-Behavioral Pediatrics (Pediatrics)

#### University of Texas M D Anderson Cancer Center Program
- **Sponsor:** University of Texas M D Anderson Cancer Center
- **Program ID:** 100-39-19-072

#### Vermont
- **Burlington**
- **University of Vermont Program**
  - **Sponsor:** Fletcher Allen Health Care
  - **Tel:** 802-847-5186
  - **Fax:** 802-847-4155
  - **Length:** 1 Yr
  - **Program ID:** 100-39-19-079

#### Virginia
- **Charlottesville**
- **University of Virginia Program**
  - **Sponsor:** University of Virginia Medical Center
  - **Program Director:** James W Patterson, MD
  - **PO Box:** 800324
  - **Charlottesville, VA 22908
  - **Tel:** 434-982-4402
  - **Fax:** 434-982-6757
  - **Length:** 1 Yr
  - **Program ID:** 100-31-21-061

#### Washington
- **Seattle**
- **University of Washington Program**
  - **Sponsor:** University of Washington School of Medicine
  - **Program Director:** B Argenyi, MD
  - **Box:** 356100
  - **Seattle, WA 98195
  - **Tel:** 206-598-2118
  - **Fax:** 206-598-4928
  - **E-mail:** residency@pathology.washington.edu
  - **Length:** 1 Yr
  - **Program ID:** 100-34-11-070

#### Connecticut
- **New Haven**
- **Yale-New Haven Medical Center Program**
  - **Sponsor:** Yale New Haven Hospital
  - **Program Director:** David J Schonfeld, MD
  - **PO Box:** 208064
  - **New Haven, CT 06510
  - **Tel:** 203-737-3182
  - **Fax:** 203-737-1366
  - **E-mail:** david.schonfeld@yale.edu
  - **Length:** 3 Yrs
  - **Program ID:** 336-08-11-001

#### Illinois
- **Chicago**
- **University of Chicago Program**
  - **Sponsor:** University of Chicago Hospitals
  - **Program Director:** Michel E Small, MD
  - **Tel:** 773-834-6885
  - **Fax:** 773-834-5984
  - **E-mail:** msmall@peds.ucchicago.edu
  - **Length:** 3 Yrs
  - **Program ID:** 336-16-21-025

#### Iowa
- **Iowa City**
- **University of Iowa Hospitals and Clinics Program**
  - **Sponsor:** University of Iowa Hospitals and Clinics
  - **Program Director:** Deborah C Lin-Dyken, MD
  - **100 Hawkins Drive
  - **Iowa City, IA 52242
  - **Tel:** 319-353-6132
  - **Fax:** 319-353-8284
  - **Length:** 3 Yrs
  - **Program ID:** 336-16-21-021

#### Kansas
- **Kansas City**
- **University of Kansas Medical Center Program**
  - **Sponsor:** University of Kansas School of Medicine
  - **Children's Mercy Hospital
  - **Program Director:** Chet D Johnson, MD
  - **1515 Holcombe Boulevard, MH 1100
  - **Houston, TX 77225
  - **Tel:** 713-794-1003
  - **Fax:** 713-794-6163
  - **E-mail:** ohwagner@umaryland.edu
  - **Length:** 3 Yrs
  - **Program ID:** 336-16-21-021

#### Maryland
- **Baltimore**
- **University of Maryland Program**
  - **Sponsor:** University of Maryland Medical System
  - **Program Director:** Linda S Grossman, MD
  - **Department of Pediatrics
  - **630 W Fayette Street - Room 5-680
  - **Baltimore, MD 21201
  - **Tel:** 410-706-6358
  - **Fax:** 410-706-0146
  - **E-mail:** lgrossman@kumc.edu
  - **Length:** 3 Yrs
  - **Program ID:** 336-16-31-027

#### Massachusetts
- **Boston**
- **Children's Hospital/Boston Medical Center Program**
  - **Sponsor:** Children's Hospital
  - **Program Director:** Leonard Rappaport, MD, MS
  - **300 Longwood Avenue
  - **Boston, MA 02115
  - **Tel:** 617-355-7939
  - **Fax:** 617-739-0153
  - **Length:** 1 Yr
  - **Program ID:** 336-24-31-019
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Length</th>
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<tbody>
<tr>
<td>Minnesota</td>
<td>Minneapolis University of Minnesota Program</td>
<td>University of Minnesota</td>
<td>200 Oak Street, SE</td>
<td>612 636-4260</td>
<td>612 624-0991</td>
<td>3 yrs</td>
<td>336-26-31-023</td>
<td>ACGME Approved/Offered Positions: 1</td>
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<tr>
<td>New York</td>
<td>Bronx Albert Einstein College of Medicine Program</td>
<td>Albert Einstein College of Medicine of Yeshiva University</td>
<td>1410 Pulman Parkway South</td>
<td>718 430-8504</td>
<td>718 892-2296</td>
<td>3 yrs</td>
<td>336-35-21-105</td>
<td>ACGME Approved/Offered Positions: 6</td>
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<td>New York</td>
<td>New York University School of Medicine Program</td>
<td>New York University School of Medicine</td>
<td>550 First Avenue</td>
<td>212 842-6342</td>
<td>212 662-2474</td>
<td>3 yrs</td>
<td>336-35-21-065</td>
<td>ACGME Approved/Offered Positions: 2</td>
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<tr>
<td>Ohio</td>
<td>Cincinnati Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program</td>
<td>Cincinnati Children's Hospital Medical Center</td>
<td>3333 Barnett Avenue</td>
<td>513 636-8983</td>
<td>513 636-2837</td>
<td>3 yrs</td>
<td>336-35-31-006</td>
<td>ACGME Approved/Offered Positions: 6</td>
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<td>Pennsylvania</td>
<td>Philadelphia Children's Hospital of Philadelphia Program</td>
<td>Children's Hospital of Philadelphia</td>
<td>34th and Civic Center Boulevard</td>
<td>215 590-7094</td>
<td>215 590-6804</td>
<td>3 yrs</td>
<td>336-38-13-019</td>
<td>ACGME Approved/Offered Positions: 3</td>
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<td>Pittsburgh</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>University of Pittsburgh Medical Center</td>
<td>3705 Fifth Avenue</td>
<td>412 662-6300</td>
<td>412 692-8729</td>
<td>3 yrs</td>
<td>336-44-13-000</td>
<td>ACGME Approved/Offered Positions: 2</td>
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<td>Rhode Island</td>
<td>Providence Brown University Program</td>
<td>Brown University Hospital</td>
<td>401 444-8488</td>
<td>401 444-8498</td>
<td>E-mail: phibhs2lifepan.org</td>
<td>3 yrs</td>
<td>336-43-21-012</td>
<td>ACGME Approved/Offered Positions: 4</td>
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<td>South Carolina</td>
<td>Charleston Medical University of South Carolina Program</td>
<td>Medical University of South Carolina</td>
<td>171 Ashley Avenue</td>
<td>843 876-1516</td>
<td>843 876-1518</td>
<td>3 yrs</td>
<td>336-45-12-020</td>
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<tr>
<td>Virginia</td>
<td>Charlottesville University of Virginia Program</td>
<td>University of Virginia</td>
<td>2270 Ivy Road</td>
<td>434 982-2875</td>
<td>434 982-0780</td>
<td>3 yrs</td>
<td>336-51-22-014</td>
<td>ACGME Approved/Offered Positions: 6</td>
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</tbody>
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Emergency Medicine

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Pgm Director: Edward J Roe, MD, MBA
618 19th Street, Jefferson Tower N266
Birmingham, AL 35248
Tel: 205 995-3600 Fax: 205 995-9197
E-mail: omrresidency@uabmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-01-31-165

Arizona

Phoenix
Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Pgm Director: Paul A Blackburn, DO
2661 East Roosevelt
P.O Box 508
Phoenix, AZ 85210
Tel: 602 344-5000 Fax: 602 344-5907
E-mail: neda_klingler@medproducers.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: E/TX
Program ID: 110-03-21-092

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Pgm Director: Samuel M Kein, MD
1501 North Campbell
Tucson, AZ 85724
Tel: 520 626-7233 Fax: 520 626-1633
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-03-12-066

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
University Hospital of Arkansas
Pgm Director: Christopher D Metlen, MD
4301 West Markham, Slot 584
Little Rock, AR 72205
Tel: 501 686-6516 Fax: 501 686-6586
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-04-21-071

California

Bakersfield
Kern Medical Center Program
Sponsor: Kern Medical Center
Pgm Director: Rick A McPhieers, DO
Department of Emergency Medicine
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2160 Fax: 661 326-2165
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-04-12-001

Fresno
University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-Uiversity Medical Center
Pgm Director: Herbert G Birnna, MD
University Medical Center
445 S Cedar Avenue, Room 217
Fresno, CA 93702
Tel: 559 459-5105 Fax: 559 459-3844
E-mail: emun@ucsf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 110-04-13-009

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Riverside County Regional Medical Center
Pgm Director: Gregory F Guildner, MD
11334 Anderson Street, Room A 188
Loma Linda, CA 92354
Tel: 909 558-4695 Fax: 909 558-6121
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: E
Program ID: 110-04-12-068

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC+Kern Medical Center
Pgm Director: Eugene Hardin, MD
Emergency Medicine Rm 1034
1201 S Wishing Avenue
Los Angeles, CA 90035
Tel: 310 668-4100 Fax: 310 762-6155
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 110-04-12-004

UCLA Medical Center/Olive View Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Pgm Director: Pamela L Dyne, MD
Emergency Medicine Center
10805 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 346-3114 Fax: 310 346-3238
E-mail: pldyne@mednet.ucla.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-04-12-003

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Pgm Director: Stuart Swadron, MD
2000 North State Street
Room 1011 GH
Los Angeles, CA 90033
Tel: 323 224-6667 Fax: 323 224-6544
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 110-04-12-005

Oakland
Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
University of California (San Francisco) Medical Center
Pgm Director: Eric B Sneyd, MD
1411 East 31st Street
Oakland, CA 94609
Tel: 510 437-4554 Fax: 510 437-5322
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 110-04-12-006

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Pgm Director: Jennifer A Oman, MD
101 The City Drive South, Route 128
Orange, CA 92868
Tel: 714 456-5359 Fax: 714 456-5390
E-mail: jkrawczy@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 110-04-21-078

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Pgm Director: Peter E Sokolowski, MD
2315 Stockton Boulevard
PSSB, Suite 2100
Sacramento, CA 95817
Tel: 916 734-8571 Fax: 916 734-7960
E-mail: emres@ucdmc.ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: E/TX
Program ID: 110-04-21-097

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Pgm Director: Robert G Buckley, MD, MPH
Department of Emergency Medicine
Suite 118
San Diego, CA 92134
Tel: 619 532-6500 Fax: 619 532-5007
E-mail: rgbuckley@navmed.med.navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: E/P
Program ID: 110-04-12-067
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Pgm Director: Stephen R Hayden, MD
300 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-6236 Fax: 619 543-7588
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-04-21-066

Stanford
Stanford University Hospital/Kaiser Permanente Medical Center Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
San Francisco General Hospital Medical Center
Pgm Director: Phillip M Harter, MD
Division of Emergency Medicine
701 Welch Rd, Hldg C
Palo Alto, CA 94304
Tel: 650 723-6210 Fax: 650 723-0121
E-mail: em.residency@med.stanford.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-04-21-098

Graduate Medical Education Directory 2005-2006
Accredited Programs in Emergency Medicine

**Torrance**

**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center

Program Director: David B Burbury, MD

1900 West Carson Street, E9

Harbor Mail Box 21, PO Box 2910

Torrance, CA 90602

Tel: 310 222-3500 Fax: 310 782-1763

Length: 3 Yrs ACGME Approved/Offered Positions: 36

Program ID: 110-09-12-008

**Colorado**

**Denver**

**Denver Health Medical Center Program**

Sponsor: Denver Health Medical Center

University of Colorado Hospital

Program Director: Vincenzo Marcelli, MD*

Mail Code 0168

777 Bannock Street

Denver, CO 80223

Tel: 303 438-7143 Fax: 303 438-7541

Length: 4 Yrs ACGME Approved/Offered Positions: 66

Subspecialties: ETX

Program ID: 110-07-12-009

**Connecticut**

**Farmington**

**University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine

Hartford Hospital

St Francis Hospital and Medical Center

UConn Health Center/John Dempsey Hospital

Program Director: Susan E Dufel, MD

Dept of Traumatology/Emter Medicine

89 Seymour Street

Hartford, CT 06102

Tel: 860 545-1407 Fax: 860 545-1401

Length: 3 Yrs ACGME Approved/Offered Positions: 36

Subspecialties: ETX, PE

Program ID: 110-08-21-120

**New Haven**

**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital

Bridgeport Hospital

Program Director: Laura J Bontempo, MD*

Emergency Medicine Residency

404 Congress Avenue, Suite 260

New Haven, CT 06519

Tel: 203 785-5174 Fax: 203 785-4580

E-mail: laura.bontempo@yale.edu

Length: 4 Yrs ACGME Approved/Offered Positions: 40

Program ID: 110-08-21-139

**Georgia**

**Atlanta**

**Emory University Program**

Sponsor: Emory University School of Medicine

Crawford Long Hospital of Emory University

Grady Health System

Program Director: Philip Shayne, MD

40 Jesse Hill Jr Drive, SE

Atlanta, GA 30303

Tel: 404 616-6773 Fax: 404 616-0191

E-mail: emergency@emory.edu

Length: 3 Yrs ACGME Approved/Offered Positions: 54

Subspecialties: ETX

Program ID: 110-12-12-012

**District of Columbia**

**Washington**

**George Washington University Program**

Sponsor: George Washington University School of Medicine

George Washington University Hospital (UHS)

Inova Fairfax Hospital

Program Director: Taiyya C Haywood, MD

2150 Pennsylvania Avenue, NW

Suite 2B-421

Washington, DC 20037

Tel: 202 784-2511 Fax: 202 784-1921

E-mail: yhaywood@mha.gwu.edu

Length: 3 Yrs ACGME Approved/Offered Positions: 30

Program ID: 110-10-12-011

**Florida**

**Jacksonville**

**University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville

Shands Jacksonville Medical Center

Program Director: Steven A Goldin, MD

655 West 8th Street, Building 1

Jacksonville, FL 32099

Tel: 904 244-9857 Fax: 904 244-4568

E-mail: melissa.silverman@jax.ufl.edu

Length: 3 Yrs ACGME Approved/Offered Positions: 48

Subspecialties: ETX

Program ID: 110-11-12-058

**Orlando**

**Orlando Regional Healthcare Program**

Sponsor: Orlando Regional Healthcare

Orlando Regional Medical Center

Program Director: Jay L Falk, MD

1414 South Kahl Avenue

Orlando, FL 32806

Tel: 407 237-6334 Fax: 407 649-3083

Length: 3 Yrs ACGME Approved/Offered Positions: 36

Program ID: 110-11-21-072

**Tampa**

**University of South Florida Program**

Sponsor: University of South Florida College of Medicine

Tampa General Hospital

Program Director: Kelly P O’Keefe, MD

4 Columbia Drive, Suite B15

Barbourside Medical Tower

Tampa, FL 33606

Tel: 813 227-6901 Fax: 813 227-6440

Length: 3 Yrs ACGME Approved/Offered Positions: 18

Program ID: 110-11-21-167

**Augusta**

**Medical College of Georgia Program**

Sponsor: Medical College of Georgia

Program Director: Carl R Merritt, MD

1100 15th Street

AF 2037

Augusta, GA 30962

Tel: 706 721-2614 Fax: 706 721-9081

Length: 3 Yrs ACGME Approved/Offered Positions: 27

Program ID: 110-12-12-090

**Illinois**

**Chicago**

**Cook County Hospital Program**

Sponsor: John H Stroger Hospital of Cook County

Program Director: Steven B Bowman, MD

1100 West Polk Street 10th Floor

Chicago, IL 60612

Tel: 312 364-0694 Fax: 312 364-0694

Length: 3 Yrs ACGME Approved/Offered Positions: 60

Program ID: 110-16-21-083

**McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University

Evanski Hospital

Northwestern Memorial Hospital

Program Director: Jamie L Collins, MD

360 E Erie

Suite 100

Chicago, IL 60611

Tel: 312 694-1930 Fax: 312 694-1930

E-mail: emedres@northwestern.edu

Length: 4 Yrs ACGME Approved/Offered Positions: 48

Program ID: 110-16-12-015

**Resurrection Medical Center Program**

Sponsor: Resurrection Medical Center

St Francis Hospital

Program Director: Marc A Duffman, MD*

Emergency Medicine Residency Program

7435 West Talbot Avenue

Chicago, IL 60631

Tel: 773 792-7921 Fax: 773 584-7934

E-mail: JH_Menckhoff@wmc.net

Length: 3 Yrs ACGME Approved/Offered Positions: 39

Program ID: 110-16-12-3146

**University of Chicago Program**

Sponsor: University of Chicago Hospitals

Advocate Lutheran General Hospital

Program Director: David S Howes, MD

8841 South Maryland Avenue, MC 6068

Chicago, IL 60617

Tel: 773 702-2887 Fax: 773 702-3135

Length: 3 Yrs ACGME Approved/Offered Positions: 43

Program ID: 110-16-12-014

**University of Illinois College of Medicine at Chicago Program**

Sponsor: University of Illinois College of Medicine at Chicago

Advocate Illinois Masonic Medical Center

Mercy Hospital and Medical Center

University of Illinois Hospital and Clinics

Program Director: Timothy B Erickson, MD

Suite 471 College of Medicine, East

866 S Wood Street

Chicago, IL 60612

Tel: 312 413-7085 Fax: 312 413-0289

Length: 3 Yrs ACGME Approved/Offered Positions: 36

Program ID: 110-16-12-016

**University of Colorado College of Medicine**

Sponsor: University of Colorado College of Medicine

Program Director: E O'Connor, MD

4750 Ogilvie-Stanton Road

PO Box 6091

Newark, DE 19718

Tel: 302 733-4176 Fax: 302 733-1696

Length: 3 Yrs ACGME Approved/Offered Positions: 45

Program ID: 110-09-12-005
Accredited Programs in Emergency Medicine

Oak Lawn
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Pgm Director: Robert C Harwood, MD, MPH
4440 West 95th Street
Dept of Emergency Medicine Bm 156W
Oak Lawn, IL 60453
Tel: 708 346-5375 Fax: 708 346-1028
E-mail: cherri.overcast@advocatehealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program Id: 110-16-12-017

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Pgm Director: Marc D Squillante, DO
530 North East Glen Oak Avenue
Peoria, IL 61615
Tel: 309 666-7270 Fax: 309 624-8687
Length: 3 Yrs ACGME Approved Ofered Positions: 30
Program Id: 110-16-12-009

Indiana
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
William N Wishard Memorial Hospital
Pgm Director: Casey O Chisholm, MD
1818 West 16th Street
PO Box 1367
Indianapolis, IN 46202
Tel: 317 962-5975 Fax: 317 962-2396
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: ETX
Program Id: 110-17-12-018

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
St Luke's Hospital
Pgm Director: Eric W Dickson, MD*
200 Hawkins Drive
1105 RCPC
Iowa City, IA 52242
Tel: 319 384-6511 Fax: 319 384-9194
E-mail: eric.dickson@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program Id: 110-18-12-174

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Pgm Director: Roger L Humphries, MD
Department of Emergency Medicine
880 Rose Street, Room M 53
Lexington, KY 40536
Tel: 859 223-5683 Fax: 859 323-8056
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program Id: 110-20-21-129

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Pgm Director: Salvator J Vicario, MD
520 South Jackson
Louisville, KY 40202
Tel: 502 852-6668 Fax: 502 852-0666
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program Id: 110-18-12-020

Memphis
Baton Rouge
Louisiana State University (Baton Rouge) Program
Sponsor: Earl K Long Medical Center
Baton Rouge General Medical Center
Pgm Director: Eric V Mandel, MD
Emergency Medicine Residency Program
5825 Airline Highway
Baton Rouge, LA 70806
Tel: 225 368-3940 Fax: 225 368-3939
E-mail: emandl@lsuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program Id: 110-21-21-117

New Orleans
Louisiana State University Hospital (New Orleans) Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Pgm Director: Peter M DeBlieux, MD
MC LAN, Room 1581
1530 Tulane Avenue
New Orleans, LA 70112
Tel: 504 903-2111 Fax: 504 903-0221
E-mail: wulanen@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Program Id: 110-21-12-021

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Pgm Director: Thomas C Arnold, MD
1541 Kings Highway
PO Box 30902
Shreveport, LA 71130
Tel: 318 675-6885 Fax: 318 675-6878
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program Id: 110-21-22-170

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Pgm Director: Andrew D Perron, MD
22 Bramhall Street
ED Residency Office
321 Brackett Street, 2nd floor
Portland, ME 04122
Tel: 207 667-7050 Fax: 207 667-7045
E-mail: kanej@mmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program Id: 110-22-21-142

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Gabor D Kelen, MD
800 North Wolfe Street
Marlberg 81R6
Baltimore, MD 21287
Tel: 410 855-5107 Fax: 410 855-9141
E-mail: emedresidency@jhmi.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program Id: 110-23-12-022

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Pgm Director: Mark Mathis, MD
419 West Redwood St, Suite 208
Baltimore, MD 21201
Tel: 410 328-8025 Fax: 410 328-9625
E-mail: amal.mathis@umm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program Id: 110-23-21-101

Massachusetts
Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Pgm Director: Carlo Bozan, MD
Department of Emergency Medicine
One Deaconess Road, West/UC
Boston, MA 02135
Tel: 617 734-2350 Fax: 617 734-2350
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program Id: 110-24-31-103

Boston University Medical Center Program
Sponsor: Boston Medical Center
Pgm Director: Andrew S Ulrich, MD
One Boston Medical Center Place
Dowing 1 South Room 1408
Boston, MA 02118
Tel: 617 414-4429 Fax: 617 414-7759
E-mail: auulrich@bu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program Id: 110-24-21-084

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Pgm Director: Eric Ladel, MD
Department of Emergency Medicine
75 Francis Street - Neville House
Boston, MA 02115
Tel: 617 739-8970 Fax: 617 582-6038
E-mail: pclinbase@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: RTX
Program Id: 110-24-21-100
Accredited Programs in Emergency Medicine

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Prgm Director: Stephen J. Playe, MD
739 Chestnut Street
Springfield, MA 01199
Tel: 413-794-9669 Fax: 413-794-2970
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PE
Program ID: 110-24-21-116

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Jeffrey A Cukor, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-854-5426 Fax: 508-334-7411
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ETX
Program ID: 110-24-21-074

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Hurley Medical Center
St Joseph Mercy Health System
Prgm Director: Terry Kowalczko, MD
1500 E Medical Center Drive
8188 Taubman Center
Ann Arbor, MI 48109
Tel: 734-763-7119 Fax: 734-763-9296
Length: 4 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: PE
Program ID: 110-25-21-186

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Christopher A Lewandowski, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313-916-1553 Fax: 313-916-7437
E-mail: joweaus@hfhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 110-25-12-025

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Prgm Director: Deon M Bozen, DO
22101 Morose Road
Detroit, MI 48236
Tel: 313-248-0797 Fax: 313-248-7020
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-25-21-132

Wayne State University/Detroit Medical Center (Grace Hospital) Program
Sponsor: Wayne State University/Detroit Medical Center
Sinal Grace Hospital (Grace Campus)
Prgm Director: Matthew J Griffin, MD
760 West Outer Drive
Detroit, MI 48235
Tel: 313-966-1020 Fax: 313-966-1024
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-039

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Prgm Director: Robert P Wahl, MD
66 University Health Center
4301 St Antoine Blvd
Detroit, MI 48201
Tel: 313-993-2550 Fax: 313-993-7703
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ETX
Program ID: 110-25-12-024

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health Butte-Worth Campus
Prgm Director: Michael D. Brown, MD, MSc
1000 Monroe Ave NW
MC-49
Grand Rapids, MI 49503
Tel: 616-391-3568 Fax: 616-391-3674
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-026

Kalamazoo
Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Bronson Medical Center
Prgm Director: David T Overton, MD
1000 Oakwood Drive
Kalamazoo, MI 49008
Tel: 269-337-5000 Fax: 269-337-6475
Length: 3 Yrs ACGME Approved/Offered Positions: 60
Program ID: 110-25-21-124

Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Ingham Regional Medical Center
Prgm Director: Gregory L. Walker, MD
PO Box 30480
Lansing, MI 48909
Tel: 517-643-2583 Fax: 517-643-2763
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-027

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
William Beaumont Hospital-Troy
Prgm Director: Frank McGehee, MD
Department of Emergency Medicine
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248-608-2001 Fax: 248-898-2017
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-085

Saginaw
Synergy Medical Education Alliance/Michigan State University Program
Sponsor: Synergy Medical Education Alliance
Covenant Healthcare System-Cooper Campus
St Mary's Medical Center
Prgm Director: Mary Jo Wagner, MD
1000 Houghton Avenue
Saginaw, MI 48632
Tel: 989-583-6817 Fax: 989-583-7436
E-mail: mjwagner@synergymedical.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-25-11-138

Minnesota
Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Prgm Director: Douglas B Brunette, MD
701 Park Avenue South
Department of Emergency Medicine
Minneapolis, MN 55415
Tel: 612-873-5683 Fax: 612-994-4241
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-26-12-078

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Prgm Director: Annie T Sadowsky, MD
Gertrude 04-10
1216 Second Street, SW
Rochester, MN 55902
Tel: 507-255-1255 Fax: 507-255-6502
E-mail: emres@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-26-21-161

St Paul
HealthPartners Institute for Medical Education Program
Sponsor: HealthPartners Institute for Medical Education
Regions Hospital
Prgm Director: Felix K. Askelid, MD
640 Jackson St
Mail Stop: 11102F
St Paul, MN 55101
Tel: 651-254-9966 Fax: 651-254-8216
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-26-21-114

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: LouAnn Woodward, MD
2500 North State Street
Jackson, MS 39216
Tel: 601-584-5582 Fax: 601-584-5583
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-27-21-078
Missouri

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Truman Medical Center
Pgm Director: Christine Sullivan, MD
2301 Holmes Street
Kansas City, MO 64108
Tel: 816 404-1536 Fax: 816 404-5064
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 110-28-15-020

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children’s Hospital
 Pgm Director: Douglas M Chat, MD
 660 South Euclid Avenue, Box 8072
  St. Louis, MO 63110
 Tel: 314 363-6177 Fax: 314 363-0478
 Length: 4 Yrs ACGME Approved/Offered Positions: 56
 Program ID: 110-28-21-164

Nebraska

Omaha
University of Nebraska Medical Center Program
Sponsor: University of Nebraska Medical Center College of Medicine
Regional West Medical Center
 The Nebraska Medical Center
 Pgm Director: Michael C Wadman, MD
 981150 Nebraska Medical Center
  Omaha, NE 68198
 Tel: 402-559-0705 Fax: 402-559-0959
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 110-04-31-168

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital University Medical Center
 Pgm Director: Sarah A Stahmer, MD
 One Cooper Plaza
 Camden, NJ 08103
 Tel: 856 245-9269 Fax: 856 968-8272
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Subspecialties: PE
 Program ID: 110-04-31-118

Morristown
Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
 Morristown Memorial Hospital
 Pgm Director: Richard D Shih, MD
 100 Madison Avenue Box 8
 Morristown, NJ 07960
 Tel: 973 791-7750 Fax: 973 790-7202
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 110-09-12-060

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
 Pgm Director: Thomas B Perera, MD
 47 New Scotland Avenue
  Albany, NY 12208
 Tel: 518 262-4650 Fax: 518 262-3226
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-35-21-075

Bronx
Albert Einstein College of Medicine (Jacobi/Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Pgm Director: Adrienne Birnbaum, MD
 110-30-31-168

Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
 Pgm Director: Benson Yeh, MD
 121 DeKalb Avenue
  Dept of Emergency Medicine
  Brooklyn, NY 11201
 Tel: 718 250-8399 Fax: 718 250-6528
 E-mail: yehb@brooklynfm.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 35
 Program ID: 110-35-21-062

Maine

Academic Programs in Emergency Medicine

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
 Pgm Director: David Doezema, MD
 Department of Emergency Medicine
 MSC10 5559
 Albuquerque, NM 87131
 Tel: 505 272-5063 Fax: 505 272-6503
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-35-31-177

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
 Pgm Director: Thomas B Perera, MD
 47 New Scotland Avenue
  MC-139
  Albany, NY 12208
 Tel: 518 262-4650 Fax: 518 262-3226
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-35-21-075

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
 Our Lady of Mercy Medical Center
 Pgm Director: Joel Gernsheimer, MD
 234 East 149th Street
  Bronx, NY 10451
 Tel: 718 579-0410 Fax: 718 579-4822
 Length: 3 Yrs ACGME Approved/Offered Positions: 33
 Program ID: 110-35-12-065

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
 Pgm Director: James G Ryan, MD
 56-45 Main Street
  Flushing, NY 11355
 Tel: 718 661-7976 Fax: 718 661-7976
 E-mail: rinem@nychhc.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-35-31-127

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
 Pgm Director: Richard S Krause, MD
 Dept of Emergency Medicine
 100 High Street, A-143
  Buffalo, NY 14203
 Tel: 716 893-1993 Fax: 716 859-1555
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-35-31-135

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
 Pgm Director: James G Ryan, MD
 56-45 Main Street
  Flushing, NY 11355
 Tel: 718 661-7976 Fax: 718 661-7976
 E-mail: rinem@nychhc.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-35-31-127

Programs
Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgm Director: Joseph LaMantia, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-1244 Fax: 516 562-3566
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-36-21-141

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Jacobi Medical Center
Prgm Director: Giro A Farina, MD
20 New Hyde Park Rd
New Hyde Park, NY 11040
Tel: 516 470-7873 Fax: 516 470-9113
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-35-12-082

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Kait Sturmann, MD
First Avenue at 16th Street
New York, NY 10016
Tel: 212 420-4252 Fax: 212 420-2954
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-11-149

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Eminhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Andy S Jagoda, MD
One Gustave L Levy Place, Box 1149
New York, NY 10029
Tel: 212 241-4367 Fax: 212 241-4366
E-mail: andy.jagoda@msm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 110-35-21-067

New York Medical College (Metropolitan) Program
Sponsor: New York Medical College Metropolitan Hospital Center
Prgm Director: Gregory Almond, MD, MPH
1001 First Avenue, Room 23A9
New York, NY 10029
Tel: 212 420-7173 Fax: 212 420-6383
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-35-20-631

New York Presbyterian Hospital Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Wallace Carter, MD
Columbia University College of Physicians and Surgeons
525 East 68th Street Mailbox 301
New York, NY 10021
Tel: 212 746-9455 Fax: 212 746-9487
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-35-15-169

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
NYU Hospitals Center
Prgm Director: Eric L Legome, MD
Department of Emergency Medicine, Room A340A
45 First Avenue
New York, NY 10016
Tel: 212 592-4317 Fax: 212 263-6926
E-mail: hein0811@med.nyu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: ETX
Program ID: 110-36-21-092

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Richard Lanoix, MD
St Luke's-Roosevelt Hospital Center
1000 Tenth Avenue
New York, NY 10019
Tel: 212 523-0755 Fax: 212 523-8000
E-mail: rlanoix@clgenet.org
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-35-21-109

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Linda L Spillane, MD
Strong Memorial Hospital-Emergency Medicine Dept
605 Elmwood Avenue - Box 055
Rochester, NY 14624
Tel: 585 271-4124 Fax: 585 473-5645
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ESM, PI
Program ID: 110-35-21-131

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook
Prgm Director: Gregory F Garra, DO
Department of Emergency Medicine
Health Sciences Center Level 4, Room 090
Stony Brook, NY 11794
Tel: 631 444-3889 Fax: 631 444-3819
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-35-21-491

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
St Joseph's Hospital Health Center
Prgm Director: Hemamali Prasad, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4063 Fax: 315 464-6229
E-mail: rjxupstate@upstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: PE
Program ID: 110-35-21-121

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals Wake Medical Center
Prgm Director: Douglas R Trocki, MD
Department of Emergency Medicine
CBR 7524
Chapel Hill, NC 27510
Tel: 919 966-0365 Fax: 919 966-3049
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-36-21-130

Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Prgm Director: E Parker Bays, MD
1000 Blythe Blvd, PO Box 32061
3rd Floor MEB
Charlotte, NC 28233
Tel: 704 356-1786 Fax: 704 356-7047
E-mail: mary.fornillo@carolinahealthcare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ETX
Program ID: 110-36-12-682

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Susan B Premo, MD
Box 9305
Durham, NC 27710
Tel: 919 681-2247 Fax: 919 681-6115
E-mail: nnresidency@nc.duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-35-13-166

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital Wake Medical Center
Prgm Director: Christina L. Schenarts, MD
Department of Emergency Medicine
606 Mayo Boulevard
Greenville, NC 27834
Tel: 252 744-4184 Fax: 252 744-5014
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Program ID: 110-36-12-063

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Mitchell C Sokolosky, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4625 Fax: 336 716-5438
E-mail: emedres@wfubmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-36-12-033
Ohio

Akron General Medical Center/NEOUCOM Program
Sponsor: Akron General Medical Center
Program Director: Christ G Kyrissides, DO
640 Walnut Avenue
Akron, OH 44303
Tel: 330 335-8296 Fax: 330 335-8293
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-12-035

Ohio State University Medical Center Program
Sponsor: Ohio State University Medical Center
Program Director: Michael S Benson, MD, MBA
555 East Market Street
PO Box 2090
Akron, OH 44304
Tel: 330 375-4021 Fax: 330 375-4052
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-38-12-034

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Andrea L Blomkalns, MD*
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-8114 Fax: 513 558-5791
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ETX
Program ID: 110-38-12-036

Cleveland

Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundation
Program Director: Jeffrey Pennington, MD
2500 MetroHealth Drive
BC-3
Cleveland, OH 44109
Tel: 216 778-7088 Fax: 216 778-6049
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-38-12-110

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Grant Medical Center (OhioHealth)
Riverside Methodist Hospitals (OhioHealth)
Program Director: Daniel R Martin, MD
167 Meads Hall
1634 Upham Dr
Columbus, OH 43210
Tel: 614 293-3551 Fax: 614 293-3124
E-mail: harr1@osum.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-38-12-038

Dayton

Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Kettering Medical Center
Miami Valley Hospital
Wright-Patterson Medical Center
Program Director: James J Brown, MD
3335 Southern Boulevard
Kettering, OH 45429
Tel: 937 293-8899 Fax: 937 293-8897
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ESM
Program ID: 110-38-12-039

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Andrea L Blomkalns, MD*
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-8114 Fax: 513 558-5791
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ETX
Program ID: 110-38-12-036

Cleveland

Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundation
Program Director: Jeffrey Pennington, MD
2500 MetroHealth Drive
BC-3
Cleveland, OH 44109
Tel: 216 778-7088 Fax: 216 778-6049
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-38-12-110

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Grant Medical Center (OhioHealth)
Riverside Methodist Hospitals (OhioHealth)
Program Director: Daniel R Martin, MD
167 Meads Hall
1634 Upham Dr
Columbus, OH 43210
Tel: 614 293-3551 Fax: 614 293-3124
E-mail: harr1@osum.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-38-12-038

Dayton

Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Kettering Medical Center
Miami Valley Hospital
Wright-Patterson Medical Center
Program Director: James J Brown, MD
3335 Southern Boulevard
Kettering, OH 45429
Tel: 937 293-8899 Fax: 937 293-8897
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ESM
Program ID: 110-38-12-039

Pennsylvania

Baltimore

St. John's Hospital Program
Sponsor: St. John's Hospital
Program Director: Michael B Heller, MD
601 Osram Street
Baltimore, PA 21207
Tel: 410 752-8465 Fax: 410 752-2173
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-41-21-110

Danville

Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Douglas P Kopas, MD
Department of Emergency Medicine
100 North Academy Avenue
Danville, PA 17822
Tel: 717 214-9442 Fax: 717 214-9442
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-41-21-043

Hershey

Penn State University College of Medicine Program
Sponsor: Milton S Hershey Medical Center
PinnacleHealth System/Harrisburg Hospital
Program Director: Lawrence E Kass, MD*
500 University Drive, H 043
Hershey, PA 17033
Tel: 717 531-1443 Fax: 717 531-4441
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-41-33-171

Philadelphia

Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Douglas L McGee, DO
5501 Old York Road
Korman B-9
Philadelphia, PA 19141
Tel: 215 462-6701 Fax: 215 462-8599
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-41-21-122

Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Mercy Hospital of Philadelphia
Program Director: Richard J Hamilton, MD
Hahnemann University Hospital
245 North 15th Street
Philadelphia, PA 19102
Tel: 215 707-5251 Fax: 215 707-5254
E-mail: richard.hamilton@drexel.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: ETX, PE
Program ID: 110-41-12-045

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Jacob W Ufberg, MD*
Jones Hall, Third Floor
Park Avenue & Ontario Street
Philadelphia, PA 19140
Tel: 215 707-5490 Fax: 215 707-5490
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-41-21-155

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Methodist Hospital
Program Director: Shawn G Griswold, MD
1030 Sansom Street
Room 1651 B Thompson Building
Philadelphia, PA 19107
Tel: 215 665-8127 Fax: 215 665-8170
E-mail: berrylemary@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-41-12-064

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Program Director: Francis De Roos, MD
4000 Spruce Street
Ground Radvan
Philadelphia, PA 19104
Tel: 215 662-6805 Fax: 215 662-6805
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: ETX, UME
Program ID: 110-41-21-148

Accredited Programs in Emergency Medicine
**Pittsburgh**

**Allegeny General Hospital Program**
- Sponsor: Allegheny General Hospital
- Prgm Director: Dennis P Hanlon, MD
- 320 East North Avenue
- Pittsburgh, PA 15212
- Tel: 412-359-4500  Fax: 412-359-4503
- Length: 3 Yrs  ACGME Approved
- Subspecialties: ESM
- Program ID: 110-41-12-054

**University of Pittsburgh Medical Center Medical Education Program**
- Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
- Mercy Hospital of Pittsburgh
- The Western Pennsylvania Hospital
- UPMC Presbyterian/Shadyside
- Prgm Director: Allan B Wiltson, MD
- 230 McKee Place
- Suite 500
- Pittsburgh, PA 15213
- Tel: 412-647-8225  Fax: 412-647-8225
- Length: 3 Yrs  ACGME Approved
- Subspecialties: ETX
- Program ID: 110-41-12-055

**York**

**York Hospital Program**
- Sponsor: Yorl Hospital
- Children's Hospital of Philadelphia
- Milton S Hershey Medical Center
- Prgm Director: David A Kramer, MD
- 1061 South George Street
- York, PA 17405
- Tel: 717-851-3070  Fax: 717-851-3469
- E-mail: drkramer@wellspan.org
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-41-21-048

**Puerto Rico**

**San Juan**

**University of Puerto Rico Program**
- Sponsor: University of Puerto Rico School of Medicine
- University of Puerto Rico Hospital at Carolina
- University Pediatric Hospital
- Veterans Affairs Medical Center (San Juan)
- Prgm Director: Juan A Gonzalez-Sanchez, MD
- PO Box 52907
- San Juan, PR 00939
- Tel: 787-757-1800  Fax: 787-759-0890
- E-mail: jas@puhct.net
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-42-12-046

**Rhode Island**

**Providence**

**Brown University Program**
- Sponsor: Rhode Island Hospital/Alpert
- Prgm Director: Robert D Sidman, MD
- 593 Eddy Street
- Samuels Building, 2nd Floor
- Providence, RI 02903
- Tel: 401-444-6562  Fax: 401-444-6562
- Length: 4 Yrs  ACGME Approved
- Program ID: 110-43-21-114

**South Carolina**

**Columbia**

**Palmetto Health/University of South Carolina School of Medicine**
- Prgm Director: Palmetto Health
- Palmetto Health Richland
- Prgm Director: Thomas P Cook, MD
- Five Richland Medical Park Drive
- Suite 360
- Columbia, SC 29603
- Tel: 803-434-3759  Fax: 803-434-3846
- E-mail: ypougou@sc.edu
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-45-12-047

**Tennessee**

**Nashville**

**Vanderbilt University Program**
- Sponsor: Vanderbilt University Medical Center
- Prgm Director: Keith D Wrenn, MD
- 703 Oxford House
- 1313 21st Avenue South
- Nashville, TN 37232
- Tel: 615-936-1157  Fax: 615-936-1316
- Length: 2 Yrs  ACGME Approved
- Subspecialties: PE
- Program ID: 110-47-21-113

**Texas**

**Dallas**

**University of Texas Southwestern Medical School**
- Sponsor: University of Texas Southwestern Medical School
- Dallas County Hospital District-Parkland Memorial Hospital
- Prgm Director: Michael P Wainscott, MD
- Emergency Medicine Residency Program
- 6325 Harry Hines Boulevard
- Dallas, TX 75390
- Tel: 214-590-1552  Fax: 214-590-4079
- E-mail: medres@utsouthwestern.edu
- Length: 3 Yrs  ACGME Approved
- Subspecialties: EMT
- Program ID: 110-48-21-168

**El Paso**

**Texas Tech University (El Paso) Program**
- Sponsor: Texas Tech University Health Sciences Center at El Paso
- R E Thomason General Hospital
- Prgm Director: Brian R Nelson, MD
- 4601 Alberta Dr
- Suite B300
- 51 Paso, TX 79905
- Tel: 915-545-7383  Fax: 915-545-7383
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-49-21-070

**For Hood**

**Darnall Army Community Hospital**
- Sponsor: Darnall Army Community Hospital
- Prgm Director: Lt Col Michael A Miller, MD
- Emergency Medicine Residency Program
- N7000 Darnall Loop, Box 32
- Fort Hood, TX 76544
- Tel: 254-845-3800  Fax: 254-845-7055
- Length: 2 Yrs  ACGME Approved
- Program ID: 110-49-21-084

**US Armed Services Program**

**Houston**

**University of Texas at Houston Program**
- Sponsor: University of Texas Medical School at Houston
- Memorial Hermann Hospital System
- Prgm Director: Eric F Reichman, PhD, MD
- 631 Fannin, JIL 431
- Houston, TX 77025
- Tel: 713-790-7884  Fax: 713-600-0758
- E-mail: Eric.F.Reichman@uth.tmc.edu
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-48-21-096

**Lackland AFB**

**San Antonio Uniformed Services Health Education Consortium Program**
- Sponsor: San Antonio Uniformed Services Health Education Consortium
- Brooke Army Medical Center
- Wilford Hall Medical Center (AETC)
- Prgm Director: Robert A De Lorenzo, MD
- Department of Emergency Medicine
- 8511 Roger Brooke Drive
- Fort Sam Houston, TX 78234
- Tel: 210-416-1066  Fax: 210-416-2265
- E-mail: Robert.DeLorenzo@amedd.army.mil
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-48-21-096

**Temple**

**Texas A&M College of Medicine-Scott and White Program**
- Sponsor: Scott and White Memorial Hospital
- Prgm Director: Timothy C Shallard, MD
- 5401 South 25th Street
- Temple, TX 76508
- Tel: 254-772-0110  Fax: 254-772-1044
- E-mail: creagh@swmail.org
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-48-21-102

**Utah**

**Salt Lake City**

**University of Utah Program**
- Sponsor: University of Utah Medical Center
- LDS Hospital
- Primary Children’s Medical Center
- University of Utah Medical Center (Salt Lake City)
- Prgm Director: Stephen C Hartless, MD
- 175 North Medical Drive East
- 1151 Moran
- Salt Lake City, UT 84132
- Tel: 801-585-6886  Fax: 801-585-6889
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-49-21-178

**Virginia**

**Charlottesville**

**University of Virginia Program**
- Sponsor: University of Virginia Medical Center
- Prgm Director: Chris A Ghaemmaghami, MD
- Department of Emergency Medicine
- Box 800999
- Charlottesville, VA 22908
- Tel: 434-922-1850  Fax: 434-987-4116
- E-mail: cg vh@ virginia.edu
- Length: 3 Yrs  ACGME Approved
- Program ID: 110-51-31-125
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Prgm Director: Francis L Counselman, MD
Raleigh Building Room 304
600 Griswold Drive
Norfolk, VA 23507
Tel: 757 668-3807  Fax: 757 668-2585
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 110-51-12-050

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Children's Hospital of the King's Daughters
DePau1 Medical Center
Riverside Regional Medical Center
Program Director: James V Ritchie, MD
630 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-1408  Fax: 757 953-6231
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-51-21-105
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Timothy C Evans, MD
401 North 12th Street
PO Box 89401
Richmond, VA 23298
Tel: 804 628-0392  Fax: 804 628-4603
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-51-21-160

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Froedtert Memorial Lutheran Hospital
Program Director: Edward F Callahan, MD, MS
9200 West Wisconsin Avenue
FMH Ht East
Milwaukee, WI 53226
Tel: 414 806-6400  Fax: 414 806-6414
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-56-12-062

Virginia Commonwealth University

Washington
Tacoma
Madigan Army Medical Center/University of Washington Program
Sponsor: Madigan Army Medical Center
University of Washington Harborview Medical Centers
Program Director: Benjamin P Harrison, MD
Department of Emergency Medicine
MCJU-EM
Tacoma, WA 98431
Tel: 253 968-1250  Fax: 253 968-2550
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-54-12-051
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Rosanna D Silsora, MD
Robert C Byrd Health Sciences Center, North
Rm 2034, PO Box 9148
Morgantown, WV 26506
Tel: 304 293-7215  Fax: 304 293-6078
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 110-55-21-128

Endocrinology, Diabetes, and Metabolism (Internal Medicine)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: Fernando Oracio, MD
510 20th Street South
FOT Suite 758
Birmingham, AL 35204
Tel: 205 934-4171  Fax: 205 934-4379
E-mail: foveal@uabmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-01-21-103

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Program Director: B Sylvia Veia, MD
Carl T Hayden Veterans Affairs Medical Center
650 E Indian School Road
Phoenix, AZ 85012
Tel: 602 200-6004  Fax: 602 277-5551
E-mail: sylvia.veia@med.va.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-03-21-169

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas for Medical Sciences Program
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Debra L Simmons, MD, MS
401 W Markham Street, Slot 587
Little Rock, AR 72205
Tel: 501 686-5130  Fax: 501 686-8148
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-04-21-165

California
La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Program Director: James D Callahan, MBChB
10808 North Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-5284  Fax: 858 554-3232
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-05-21-067
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### Iowa
#### Iowa City
**University of Iowa Hospitals and Clinics Program**
- **Sponsor:** University of Iowa Hospitals and Clinics
- **Veteran Affairs Medical Center (Iowa City)**
- **Prgm Director:** William J. Sivitz, MD
- **Department of Medicine**
- **200 Hawkins Drive**
- **Iowa City, IA 52242**
- **Tel:** 319-335-0001 **Fax:** 319-335-7005
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 4 **Program ID:** 143-19-21-679

### Kentucky
#### Louisville
**University of Louisville Program**
- **Sponsor:** University of Louisville School of Medicine
- **Jewish Hospital**
- **Norton Healthcare - Norton Hospital**
- **University of Louisville Hospital**
- **Veteran Affairs Medical Center (Louisville)**
- **Prgm Director:** Stephen J. Winners, MD
- **Department of Medicine**
- **550 South Jackson Street**
- **Louisville, KY 40202**
- **Tel:** 502-855-3255 **Fax:** 502-850-4678
- **E-mail:** sjw@louisville.edu
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 2 **Program ID:** 143-20-31-673

### Louisiana
#### New Orleans
**Louisiana State University Program**
- **Sponsor:** Louisiana State University School of Medicine
- **Medical Center of Louisiana at New Orleans**
- **Prgm Director:** Robert Richards, MD
- **Department of Medicine**
- **1542 Tulane Avenue**
- **Medicine/Endocrinology**
- **New Orleans, LA 70112**
- **Tel:** 504-568-6446 **Fax:** 504-568-4100
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 2 **Program ID:** 143-21-673

**Ochsner Clinic Foundation Program**
- **Sponsor:** Ochsner Clinic Foundation
- **Prgm Director:** Ramona Grande, MD*
- **1514 Jefferson Highway**
- **New Orleans, LA 70121**
- **Tel:** 504-543-4003 **Fax:** 504-842-3410
- **E-mail:** gme@ochsner.org
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 2 **Program ID:** 143-21-673

**Tulane University Program**
- **Sponsor:** Tulane University School of Medicine
- **Medical Center of Louisiana at New Orleans**
- **Tulane University Hospital and Clinic**
- **Veterans Affairs Medical Center (New Orleans)**
- **Prgm Director:** Virginia A. Fonseca, MD*
- **Tulane University School of Medicine**
- **1450 Tulane Avenue, SL-35**
- **New Orleans, LA 70112**
- **Tel:** 504-866-6072
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 5 **Program ID:** 143-21-21-679

### Massachusetts
#### Boston
**Beth Israel Deaconess Medical Center Program**
- **Sponsor:** Beth Israel Deaconess Medical Center
- **Prgm Director:** Jennifer Wyckoff, MD*
- **Endocrinology, Diabetes and Metabolism**
- **330 Brookline Ave/Stoneham 748**
- **Boston, MA 02215**
- **Tel:** 617-667-1769 **Fax:** 617-975-5362
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 6 **Program ID:** 143-24-21-679

**Boston University Medical Center Program**
- **Sponsor:** Boston Medical Center
- **Prgm Director:** Alan O Malabanan, MD
- **88 East Newton Street/ E-201**
- **Boston, MA 02118**
- **Tel:** 617-414-5504 **Fax:** 617-638-7221
- **E-mail:** alas.malabanan@busmc.org
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 6 **Program ID:** 143-24-21-127

**Brigham and Women's Hospital Program**
- **Sponsor:** Brigham and Women's Hospital
- **Bethyl Israel Deaconess Medical Center**
- **Prgm Director:** Robert G Dudley, MD*
- **75 Francis Street**
- **Boston, MA 02315**
- **Tel:** 617-732-5011 **Fax:** 617-732-5764
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 6 **Program ID:** 143-24-21-679

**Massachusetts General Hospital Program**
- **Sponsor:** Massachusetts General Hospital
- **Prgm Director:** Beverly M K Billet, MD
- **Department of Medicine**
- **55 Fruit Street, BUL 407B**
- **Boston, MA 02114**
- **Tel:** 617-726-0870 **Fax:** 617-726-5072
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 6 **Program ID:** 143-24-21-127

**Tufts-New England Medical Center Program**
- **Sponsor:** Tufts-New England Medical Center
- **Prgm Director:** Ronald M Lechan, MD, PhD
- **750 Washington Street, #268**
- **Boston, MA 02111**
- **Tel:** 617-636-8668 **Fax:** 617-636-4719
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 4 **Program ID:** 143-24-21-679

### Springfield
**Baystate Medical Center/Tufts University School of Medicine Program**
- **Sponsor:** Baystate Medical Center
- **Prgm Director:** Burritt L Haag, MD*
- **759 Chestnut Street**
- **Springfield, MA 01199**
- **Tel:** 413-794-8207 **Fax:** 413-794-9229
- **E-mail:** burritt.hasag@bhs.org
- **Length:** 2 Yrs **ACGME Approved/Offered Positions:** 2 **Program ID:** 143-24-21-679
**Worcester**

University of Massachusetts Program  
Sponsor: University of Massachusetts Medical School  
UMass Memorial Health Care (University Campus)  
Pgm Director: Neil Aronin, MD*  
55 Lake Avenue, North  
Worcester, MA 01605  
Tel: 508 349-3536  
Fax: 508 856-6050  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 143-24-21-007

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**Michigan**

Ann Arbor  

University of Michigan Program  
Sponsor: University of Michigan Hospitals and Health Centers  
Veterans Affairs Medical Center (Ann Arbor)  
Pgm Director: Ariel L Barkan, MD  
1500 W Medical Center Drive  
3920 Taubman Center, Box 0354  
Ann Arbor, MI 48109  
Tel: 734 615-6004  
Fax: 734 330-9400  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 143-25-21-083

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**Detroit**

Henry Ford Hospital Program  
Sponsor: Henry Ford Hospital  
Pgm Director: D Sudniker Rao, MD  
2709 West Grand Blvd  
Room P-1618  
Detroit, MI 48202  
Tel: 313 914-2399  
Fax: 313 914-9204  
E-mail: dsa.rao@hfhs.org  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 143-35-11-112

---

**Wayne State University/Detroit Medical Center Program**  
Sponsor: Wayne State University/Detroit Medical Center  
Detroit Receiving Hospital and University Health Center  
Harper-Flintz Hospital  
Pgm Director: Paulos Berhanss, MD  
Division of Endocrinology, UHIC 4H  
4001 St Antoine Blvd  
Detroit, MI 48201  
Tel: 313 745-4098  
E-mail: pberhanu@intmed.wayne.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 5  
Program ID: 143-25-21-040

---

**Mississippi**

**Jackson**  

University of Mississippi Medical Center Program  
Sponsor: University of Mississippi School of Medicine  
University Hospitals and Clinics  
Veterans Affairs Medical Center (Jackson)  
Pgm Director: Jose S Subauste, MD  
Division of Endocrinology/Metabolism  
2500 North State Street  
Jackson, MS 39216  
Tel: 601 984-5635  
Fax: 601 984-5769  
E-mail: Subauste.Jose@ummc.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 143-27-21-171

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**Missouri**

**Columbia**  

University of Missouri-Columbia Program  
Sponsor: University of Missouri-Columbia School of Medicine  
Harry S Truman Memorial Veterans Hospital  
University Hospitals and Clinics  
Pgm Director: Stephen A Brietzke, MD  
D110A Diabetes & Endocrinology Center UMHC  
One Hospital Drive  
Columbia, MO 65212  
Tel: 573 884-2727  
Fax: 573 884-6409  
E-mail: brietzke@health.missouri.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 143-28-21-064

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**St Louis**

St Louis University School of Medicine Program  
Sponsor: St Louis University School of Medicine  
St Louis University Hospital  
Pgm Director: Arashf D Mooradian, MD  
1402 E Grand Blvd PFD-14  
St Louis, MO 63104  
Tel: 314 577-8658  
Fax: 314 773-4567  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 143-28-21-080

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**Washington University/B-JH/SLCH Consortium Program**  
Sponsor: Washington University/B-JH/SLCH Consortium  
 Barnes-Jewish Hospital  
Veterans Affairs Medical Center (St Louis)  
Pgm Director: Clay F Sennenovich, MD  
4989 Barnes Hospital Plaza  
Campus Box 1217  
St Louis, MO 63110  
Tel: 314 362-7617  
Fax: 314 362-7641  
E-mail: kennevich.f@wusm.wustl.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 143-28-21-099

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**Nebraska**

**Omaha**

University of Nebraska Medical Center College of Medicine Program  
Sponsor: University of Nebraska Medical Center College of Medicine  
Creighton University Medical Center (Omaha)  
The Nebraska Medical Center  
Veterans Affairs Medical Center (Omaha)  
Pgm Director: Janet L Lane, MD*  
DEH-Diabetes, Endocrinology Metabolism  
980202 Nebraska Medical Center  
Omaha, NE 68198  
Tel: 402 559-6505  
Fax: 402 559-6504  
E-mail: janet.lane@ummc.edu  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 143-30-21-160

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**New Jersey**

**New Brunswick**  

UMDNJ-Robert Wood Johnson Medical School Program  
Sponsor: UMDNJ-Robert Wood Johnson Medical School  
Robert Wood Johnson University Hospital  
Pgm Director: Louis F Amorosa, MD  
One Robert Wood Johnson Place  
Box 10  
New Brunswick, NJ 08900  
Tel: 732 235-7748  
Fax: 732 235-7096  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 143-33-21-026

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**New York**

**Newark**  

UMDNJ-New Jersey Medical School Program  
Sponsor: UMDNJ-New Jersey Medical School  
UMDNJ-University Hospital  
Veterans Affairs New Jersey Health Care System  
Pgm Director: Marvin A Kirschner, MD  
185 S Orange Avenue, MSB 1-588  
Newark, NJ 07103  
Tel: 973 972-6171  
Fax: 973 972-5185  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 143-33-21-148

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**New Mexico**

**Albuquerque**

University of New Mexico Program  
Sponsor: University of New Mexico School of Medicine  
University of New Mexico Health Sciences  
Veterans Affairs Medical Center (Albuquerque)  
Pgm Director: Kathleen Colleran, MD  
MSC10550  
1 University of New Mexico  
Albuquerque, NM 87131  
Tel: 505 272-4658  
Fax: 505 272-5155  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 143-34-21-13
New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Matthew C Leinring, MD
Department of Medicine
32 New Scotland Avenue
Albany, NY 12208
Tel: 518 263-6185    Fax: 518 263-6303
E-mail: galeam@mail.amc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-35-31-027

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Martin Sarkis, MD
1300 Morris Park Avenue
New York, NY 14616
Tel: 718 920-7923    Fax: 718 920-5202
E-mail: msarkis@westnet.com
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-097

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
State University of New York Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Samy I McFarlane, MD
450 Clarkson Ave, Box 50
Brooklyn, NY 11203
Tel: 718 270-8324    Fax: 718 270-1699
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 143-35-21-010

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Western New York Healthcare System
Program Director: Arindam Bandyopadhyay, MD*
3 Gates Circle
Buffalo, NY 14209
Tel: 716 897-4000    Fax: 716 887-4773
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-31-008

East Meadow

Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Kenneth H Engert, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6004    Fax: 516 572-0062
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-35-21-061

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Lawrence F Shapiro, MD
222 Station Plaza North, #300
Mineola, NY 11501
Tel: 516 663-4775    Fax: 516 663-4790
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 143-35-11-005

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
North Shore University Hospital
Program Director: Harvey L Katzoff, MD
2800 Marcus Ave, Suite 300
Manhasset, NY 11030
Tel: 516 708-2541    Fax: 516 708-2579
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-35-31-178

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Leonid Peretz, MD
Division of Endocrinology and Metabolism
317 East 17th Street, Room TG06
New York, NY 10003
Tel: 212 420-2226    Fax: 212 420-2224
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-11-009

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Queens Hospital Center
Program Director: Robert T Yanagisawa, MD*,
One Gustave L Levy Place
Box 1065
New York, NY 10029
Tel: 212 241-1500    Fax: 212 241-4218
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-11-009

New York Presbyterian College of Columbia University Program
Sponsor: New York Presbyterian College of Columbia University
Program Director: Richard J Robbins, MD
1275 York Avenue
Box 296
New York, NY 10021
Tel: 212 639-2988    Fax: 212 717-3055
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-136

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
Veteran Sloan Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Richard J Robbins, MD
1275 York Avenue
New York, NY 10021
Tel: 212 844-0828    Fax: 212 717-2088
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-136

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Ann Danoff, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 363-3600    Fax: 212 363-3503
E-mail: yva.romeror@nyc.yu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 143-35-21-098

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
Program Director: F Xavier Pt-Sumy, MPH
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-4111    Fax: 212 523-4300
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-35-21-098

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: John E Gerich, MD
601 Elmwood Avenue Box 693
Rochester, NY 14642
Tel: 585 276-5206    Fax: 585 276-1288
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-11-145

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook
Veteran Affairs Medical Center (Northport)
Program Director: Harold R Carlton, MD
T-15, Room 060
Stony Brook, NY 11794
Tel: 631 444-1091    Fax: 631 444-9092
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-011

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veteran Affairs Medical Center (Syracuse)
Program Director: Ruth S Weinstock, MD
375 E Adams Street
Syracuse, NY 13210
Tel: 315 473-5728
E-mail: haighms@upstate.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-087

Graduate Medical Education Directory 2005-2006
Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 493-7578  Fax: 914 584-4380
E-mail: Aaron_Southern@nymc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 143-38-21-172

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: David P Clemmons, MD
301 Old Clinic Bldg, 226H
Chapel Hill, NC 27599
Tel: 919 984-4725
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-36-21-115

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Mark S Panglisi, MD
Box 3032
Durham, NC 27710
Tel: 919 696-4005  Fax: 919 681-8477
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 143-36-21-116

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: K. Patrick Ober, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4688  Fax: 336 716-5985
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-36-21-013

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: James A Fagin, MD
Mail Location 6547
Cincinnati, OH 45267
Tel: 513 585-4444  Fax: 513 585-8581
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-38-21-066

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Robert F Klein, MD
3811 SW Sam Jackson Park Road
Division of Endocrinology - Ll07
Portland, OR 97239
Tel: 503 494-7450  Fax: 503 494-6990
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-48-01-147

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Andrea Manni, MD
500 University Drive
P O Box 800
Hershey, PA 17033
Tel: 717 531-8396  Fax: 717 531-5736
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-41-11-018

Philadelphia
Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Allan D Marks, MD
3401 North Broad St, Suite 907
Philadelphia, PA 19140
Tel: 215 707-9591  Fax: 215 707-5599
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-41-21-028

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Barry J Goldstein, MD
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 695-1272
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-41-21-186

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Susan J Mandel, MD, MPH
2400 Spruce Street
Maloney Building
Philadelphia, PA 19104
Tel: 215 662-6125  Fax: 215 614-1940
E-mail: sherardg@mail.med.upenn.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 143-41-21-021

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Program Director: Andrew F Stewart, MD
1200 Scale House
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 668-8317  Fax: 412 668-3220
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 143-41-21-037

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Program Director: Margarita Ramirez-Vick, MD
University Hospital
Box 5067
San Juan, PR 00936
Tel: 787 754-4101  Fax: 787 294-3622
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-42-21-100
Accredited Programs in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Roger Williams Medical Center
Veterans Affairs Medical Center (Providence)
Program Director: Robert J Smith, MD
Rhode Island Hospital, Box G
593 Eddy Street
Providence, RI 02903
Tel: 401 444-3420 Fax: 401 444-0921
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-43-11-101

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: Ronald K Mayfield, MD
96 Jonathan Lucas Street, Ste 316
P O Box 259824
Charleston, SC 29425
Tel: 843 792-3039 Fax: 843 792-4114
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-45-21-088

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Program Director: Tu Liu, MD
Department of Medicine
Library Building, Suite 316
Columbia, SC 29080
Tel: 803 733-3124 Fax: 803 733-1547
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-45-21-077

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Abhishek E Kitabchi, MD, PhD
Division of Endocrinology
651 Court Avenue
Memphis, TN 38103
Tel: 901 448-2610
E-mail: akitabchi@utmem.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-47-21-117

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: James M May, MD
715 Preston Research Building
2220 Pierce Ave
Nashville, TN 37232
Tel: 615 936-1603 Fax: 615 936-1607
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-47-31-016

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: William J Kowadzka, MD*
5333 Harry Hines Blvd
Baylor J6.110
Dallas, TX 75390
Tel: 214 648-3494 Fax: 214 648-8917
E-mail: Endocrine.Fellows@UTSouthwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 143-45-21-083

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Mandeep Bajaj, MD
8 105 Medical Research Building
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1822 Fax: 409 772-8709
E-mail: kbajaj@utmb.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-45-21-163

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
University of Texas MD Anderson Cancer Center
Program Director: Jan M Bruder, MD
One Baylor Plaza, Room N520
Section of Endocrinology
Houston, TX 77030
Tel: 713 798-8564 Fax: 713 798-3810
E-mail: jbruder@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 143-49-21-070

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Phillip R Orlando, MD
Department of Medicine
6431 Fannin, MSB 6.100
Houston, TX 77201
Tel: 713 500-5650 Fax: 713 500-6647
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-48-01-117

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Program Director: Lt Col Tom J Sauerwein, MD*
Endocrinology Service/MMIE
2230 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6475 Fax: 210 292-7668
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 143-45-12-048

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Jan M Bruder, MD
7703 Floyd Curl Drive MSC 9787
San Antonio, TX 78229
Tel: 210 567-4899 Fax: 210 567-6693
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 143-49-21-005

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Program
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Donald A McClain, MD, PhD
50 N Medical Drive
Bldg S65 Room 156
Salt Lake City, UT 84132
Tel: 801 581-7715 Fax: 801 585-8666
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-49-21-175

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: John (Jack) I Lebarg, MD
Gwen C331
85 Beaumont Avenue
Burlington, VT 05405
Tel: 802 656-3530 Fax: 802 656-8031
E-mail: jlebarg@vcu.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-56-21-194

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Alan C Dalink, MD
Department of Internal Medicine
P O Box 804142
Charlottesville, VA 22908
Tel: 434 243-2003 Fax: 434 242-1294
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-51-21-019

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Seaford Norfolk General Hospital
Program Director: John T O'Brien, MD
855 West Brambleton Avenue
Norfolk, VA 23510
Tel: 757 446-6102 Fax: 757 446-5070
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-51-12-176

Graduate Medical Education Directory 2005-2006

652
Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Diane M Bokokong, MD
Medical College of Virginia
POB 98011
Richmond, VA 23298
Tel: 804 288-9696 Fax: 804 288-8380
E-mail: dmblakbok@vsu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-61-020

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Pgm Director: John D Brunsell, MD
1959 NE Pacific Street
Box 35426 Medicine/Endocrinology
Seattle, WA 98105
Tel: 206 586-4700 Fax: 206 586-2890
E-mail: elle@u.washington.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-54-21-971

West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Pgm Director: Bruce J Chertow, MD
Department of Medicine
1600 Medical Center Dr, Suite G500
Huntington, WV 25701
Tel: 304 691-1065 Fax: 304 691-1693
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-54-21-381

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: Marc K Drezner, MD
84/568 Clinical Science Ctr (5145)
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7760 Fax: 608 263-9863
E-mail: yshenker@fasstaff.wisc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-54-31-102

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedert Memorial Lutheran Hospital
St Luke's Medical Center
Pgm Director: Albert L Locher, MD
9200 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 456-8816 Fax: 414 456-8610
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-56-31-009

Endovascular Surgical Neuroradiology (Radiology)

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Pgm Director: Kieran Murphy, MD
600 N Wolfe Street, Nelson B-106
Baltimore, MD 21287
Tel: 410 614-5430 Fax: 410 614-0828
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 422-23-31-006

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Pgm Director: Colin P Derdeyn, MD
510 South Kingshighway, WUSM Box 8131
St Louis, MO 63110
Tel: 314 362-5850 Fax: 314 362-8880
E-mail: derdeyn@wulice.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 422-28-12-003

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Thomas J Masaryk, MD
9500 Euclid Avenue, S-80
Cleveland, OH 44195
Tel: 216 444-3585 Fax: 216 444-8974
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 422-38-13-004
Family Medicine

Alabama

Anniston
Northeast Alabama Regional Medical Center Program
Sponsor: Northeast Alabama Regional Medical Center
Pgm Director: Nelson W. Cook, MD
PO Box 2208
Anniston, AL 36202
Tel: 256-331-8875 Fax: 256-331-8751
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-01-21-838

Birmingham
Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Pgm Director: Marshall N. Boone, MD, PhD
9001 27th Street North
Birmingham, AL 35207
Tel: 205-592-5801 Fax: 205-592-5566
Length: 3 Yrs ACGME Approved/Offered Positions: 14 Subspecialties: PSM
Program ID: 120-01-31-019

Medical Center East Program
Sponsor: Medical Center East
Pgm Director: Marion B. Sims, MD
3151 Old Springville Road
Birmingham, AL 35215
Tel: 205-938-6023 Fax: 205-938-6999
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-01-31-029

University of Alabama Medical Center (Selma Dallas County) Program
Sponsor: University of Alabama Hospital
Vaughan Regional Medical Center
Pgm Director: Boyd L. Bailey, MD
1023 Medical Center Parkway
Suite 300
Selma, AL 36701
Tel: 334-875-4134 Fax: 334-874-3511
E-mail: shunter@uaflow.org
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-01-21-026

Huntsville
University of Alabama Medical Center (Huntsville) Program
Sponsor: University of Alabama Hospital
Huntsville Hospital
Pgm Director: Ralph C. Samborski, MD*
301 Governors Drive SW
Huntsville, AL 35801
Tel: 256-551-6532 Fax: 256-551-4633
E-mail: francis@uasbh.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Subspecialities: PSM
Program ID: 120-01-11-023

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospital
University of South Alabama Medical Center
USA Children’s and Women’s Hospital
Pgm Director: Allen Perkins, MD, MPH
1504 Springhill Avenue
Suite 3414
Mobile, AL 36604
Tel: 251-434-3480 Fax: 251-434-3673
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-01-11-024

Montgomery
Baptist Outreach Services (Montgomery) Program
Sponsor: Baptist Outreach Services
Baptist Medical Center South
Pgm Director: Samuel J. Saliba, MD
4371 Narrow Lane Rd #100
Montgomery, AL 36116
Tel: 334-613-9680 Fax: 334-613-9685
E-mail: ssaliba@chartnet.net
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-01-21-024

Tuscaloosa
University of Alabama Medical Center (Tuscaloosa) Program
Sponsor: University of Alabama Hospital
DCI Regional Medical Center
Pgm Director: Cheryl K. Alexander, MD*
Box 97031
Tuscaloosa, AL 35487
Tel: 205-348-3173 Fax: 205-348-2965
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-01-21-027

Alaska
Anchorage
Alaska Family Medicine/Providence Hospital Program
Sponsor: Providence Hospital
Pgm Director: Harold Johnston, MD
1201 East 30th Avenue
Anchorage, AK 99508
Tel: 907-561-4500 Fax: 907-561-4606
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-01-21-094

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Pgm Director: Jeffrey D. Wolfrey, MD
1300 North 12th Street, Suite 460
Phoenix, AZ 85006
Tel: 602-239-2068 Fax: 602-239-2067
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-01-21-020

Banner Baptist Hospital and Medical Center Program
Sponsor: Phoenix Baptist Hospital and Med Ctr/Vanguard Health System
Pgm Director: Walter A. Ford, MD
Family Medicine Residency Program
2000 West Bethany Home Road
Phoenix, AZ 85015
Tel: 602-246-5521 Fax: 602-433-6641
E-mail: stivgg@bannerhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-01-21-029

St Joseph’s Hospital and Medical Center Program
Sponsor: St Joseph’s Hospital and Medical Center
Pgm Director: Paul R. Steinberg, MD, MSW
2937 North 7th Avenue
Phoenix, AZ 85013
Tel: 602-406-3591 Fax: 602-406-4122
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialities: PSM
Program ID: 120-01-21-080

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Scottsdale Healthcare
Mayo Clinic Hospital
Pgm Director: Frederick D. Edwards, MD
12737 North 92nd Street
Scottsdale, AZ 85260
Tel: 480-860-4868 Fax: 480-860-6809
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-01-21-570

Scottsdale Healthcare-Osborn Program
Sponsor: Scottsdale Healthcare-Osborn
Pgm Director: Robert I. Creaiger, MD
Family Practice Center
7301 E. Second Street, Suite 210
Scottsdale, AZ 85251
Tel: 480 882-4890 Fax: 480 883-6601
E-mail: dpickett@shc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-01-31-011

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Pgm Director: Patricia Leberboln, MD
Family Practice Office
707 North Alvernon, Ste 101
Tucson, AZ 85711
Tel: 520-884-1807 Fax: 520-884-1428
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: PSM
Program ID: 120-01-12-082

Arkansas
El Dorado
University of Arkansas for Medical Sciences AHEC (South Arkansas) Program
Sponsor: UAMS-Area Health Education Centers
Medical Center of South Arkansas (Union Medical Center)
Pgm Director: Marilyn D Marshall, MD
490 West Oak, 3rd Floor East
El Dorado, AR 71730
Tel: 870-881-4460 Fax: 870-881-4497
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-04-21-406

Fort Smith
University of Arkansas for Medical Sciences AHEC (Fort Smith) Program
Sponsor: UAMS-Area Health Education Centers
Sparks Regional Medical Center
Pgm Director: Jimmy D. Acklin, MD
AHEC Family Medical Center
612 South 12th Street
Fort Smith, AR 72901
Tel: 479-785-0431 Fax: 479-785-0732
E-mail: comith@ahsecs.uams.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-01-21-034
**Accredited Programs in Family Medicine**

**Jonesboro**
- **University of Arkansas for Medical Sciences AHEC (Northeast) Program**
  - Sponsor: UAMS-Area Health Education Centers
  - Nearsared Medical Center: St Bernards Regional Medical Center
  - Prgm Director: Joe H Stallings, MD
  - 22 East Jackson
  - Jonesdale, AR 72401
  - Tel: 870 972-9063  Fax: 870 910-0024
  - Length: 3 yrs  ACGME Approved/Offered Positions: 18
  - Program ID: 120-04-21-046

**Bakersfield**
- **Kern Medical Center Program**
  - Sponsor: Kern Medical Center
  - Prgm Director: James A Sprout, MD
  - 1830 Flower Street
  - Bakersfield, CA 93305
  - Tel: 661 325-9583  Fax: 661 882-7935
  - Length: 3 yrs  ACGME Approved/Offered Positions: 15
  - Program ID: 120-05-11-038

**Little Rock**
- **University of Arkansas for Medical Sciences AHEC (Northwest) Program**
  - Sponsor: UAMS-Area Health Education Centers
  - Northwest Medical Center
  - Washington Regional Medical Center
  - Prgm Director: F Allan Martin, MD
  - Family Medical Center
  - 3907 East Joyce Blvd
  - Fayetteville, AR 72703
  - Tel: 479 521-0263  Fax: 479 521-6723
  - Length: 3 yrs  ACGME Approved/Offered Positions: 27
  - Program ID: 120-04-21-043

**University of Arkansas for Medical Sciences Program**
- Sponsor: University of Arkansas College of Medicine
- University Hospital of Arkansas
  - Prgm Director: Daniel A Knight, MD
  - 521 Jack Stephens Drive
  - Little Rock, AR 72205
  - Tel: 501 686-6563  Fax: 501 886-8421
  - Length: 3 yrs  ACGME Approved/Offered Positions: 18
  - Program ID: 120-04-21-005

**Pine Bluff**
- **University of Arkansas for Medical Sciences AHEC (Pine Bluff) Program**
  - Sponsor: UAMS-Area Health Education Centers
  - Jefferson Regional Medical Center
  - Prgm Director: Herbert F Pendley, MD
  - Family Medicine Department
  - Pine Bluff, AR 71603
  - Tel: 870 541-6010  Fax: 870 541-9909
  - Length: 3 yrs  ACGME Approved/Offered Positions: 50
  - Program ID: 120-04-11-087

**Texarkana**
- **University of Arkansas for Medical Sciences AHEC (Southwest) Program**
  - Sponsor: UAMS-Area Health Education Centers
  - Christus St Michael Health System
  - Wadley Regional Medical Center (Texarkana TX)
  - Prgm Director: Russell Mayo, MD
  - 300 East 6th Street
  - Texarkana, AR 71854
  - Tel: 870 759-0800  Fax: 870 779-8083
  - Length: 3 yrs  ACGME Approved/Offered Positions: 21
  - Program ID: 120-04-21-057

**Fontana**
- **Kaiser Permanente Southern California (Fontana) Program**
  - Sponsor: Kaiser Permanente Southern California
  - Kaiser Foundation Hospital (Fontana)
  - Prgm Director: Kendall G Scott, MD
  - 9961 Sierra Avenue
  - Fontana, CA 92335
  - Tel: 909 347-6053  Fax: 909 477-5419
  - Length: 3 yrs  ACGME Approved/Offered Positions: 27
  - Subspecialties: PFP
  - Program ID: 120-06-11-067

**Glendale**
- **Glendale Adventist Medical Center Program**
  - Sponsor: Glendale Adventist Medical Center
  - Prgm Director: Janet A Cunningham, MD, MPH
  - Family Medicine Center, Suite 201
  - 501 South CIVERY Drive
  - Glendale, CA 91205
  - Tel: 818 500-5594  Fax: 818 500-5550
  - Length: 3 yrs  ACGME Approved/Offered Positions: 24
  - Program ID: 120-05-21-372

**Loma Linda**
- **Loma Linda University Program**
  - Sponsor: Loma Linda University Medical Center
  - Jerry L Pettis Memorial Veterans Hospital
  - Prgm Director: Jamie S Osborne, MD
  - Family Medicine Center
  - 25455 Barton Road, Suite 209-B
  - Perris, CA 92570
  - Tel: 951 583-0055  Fax: 951 583-0070
  - Length: 3 yrs  ACGME Approved/Offered Positions: 34
  - Program ID: 120-06-21-044

**Long Beach**
- **Long Beach Memorial Medical Center Program**
  - Sponsor: Long Beach Memorial Medical Center
  - Prgm Director: Susan Y Melvin, DO
  - 450 East Spring Street, #1
  - Long Beach, CA 90801
  - Tel: 562 933-0055  Fax: 562 933-0070
  - Length: 3 yrs  ACGME Approved/Offered Positions: 24
  - Program ID: 120-05-11-048

**Los Angeles**
- **Charles R Drew University Program**
  - Sponsor: Charles R Drew University of Medicine and Science
  - LAC-King/Drew Medical Center
  - Prgm Director: Muhammad A Farooq, MD, MBA
  - 12021 S Wilshire Boulevard
  - Los Angeles, CA 90025
  - Tel: 213 845-4500  Fax: 213 845-4544
  - E-mail: DrFarooqMD@Drew.com
  - Length: 3 yrs  ACGME Approved/Offered Positions: 24
  - Program ID: 120-05-11-048

**UCLA Medical Center Program**
- Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
  - Olive View/UCLA Medical Center
  - Santa Monica-UCLA Medical Center
  - Prgm Director: Denise K Star, MD
  - 1920 Colorado Ave
  - Santa Monica, CA 90404
  - Tel: 310 453-4016  Fax: 310 453-4016
  - Length: 3 yrs  ACGME Approved/Offered Positions: 36
  - Subspecialties: PFP
  - Program ID: 120-05-11-049
Accredited Programs in Family Medicine

University of Southern California
Program
Sponsor: University of Southern California School of Medicine
San Gabriel Valley Medical Center
Prm Dir: Tracy L. Norton, DO
1430 San Pablo Street
PMB B-215
Los Angeles, CA 90033
Tel: 213 442-1961 Fax: 213 442-3957
E-mail: usefpenr@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-05-12-674

University of Southern California/California Medical Center (Los Angeles) Program
Sponsor: California Hospital Medical Center
Prm Dir: Maureen P. Strohm, MD
1600 South Grand Ave Suite 101
Los Angeles, CA 90015
Tel: 213 744-6001 Fax: 213 741-1434
E-mail: metrohm@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PPG
Program ID: 120-05-21-458

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Prm Dir: Luis Samaniego, MD
1720 Cesar E. Chavez Avenue
Los Angeles, CA 90033
Tel: 213 260-5799 Fax: 213 881-3644
E-mail: wmmcfp@ah.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-05-21-460

Martinez
Contra Costa County Health Services Program
Sponsor: Contra Costa Regional Medical Center
Prm Dir: Jeremy Fitch, MD*, MD
2500 Alhambra Avenue
Martinez, CA 94553
Tel: 925 370-5117 Fax: 925 370-5142
E-mail: jbfitch@hotmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 96
Program ID: 120-05-31-050

Merced
Mercy Medical Center (Merced) Program
Sponsor: Mercy Medical Center Merced
Prm Dir: David Arajo, MD
Family Medicine Residency Program
315 East 13th Street
Merced, CA 95340
Tel: 209 385-7172 Fax: 209 385-7883
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 120-05-21-459

Modesto
Stanislaus Residency Program
Sponsor: Stanislaus County Health Services
Doctors Medical Center
Prm Dir: John G Payne, MD
830 Scenic Drive
Modesto, CA 95350
Tel: 209 579-5228 Fax: 209 576-3507
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-05-11-052

Moreno Valley
Riverside County Regional Medical Center Program
Sponsor: Riverside County Regional Medical Center
Prm Dir: Asma B Jafr, MD
26500 Cactus Avenue
Moreno Valley, CA 92555
Tel: 951 486-5610 Fax: 951 486-5620
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-05-21-421

Northridge
Northridge Hospital Medical Center Program
Sponsor: Northridge Hospital Medical Center
Prm Dir: Pamela M Davis, MD
14046 Reseda Boulevard
Northridge, CA 91225
Tel: 818 993-4030 Fax: 818 993-0713
E-mail: pamela.davis@chw.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-05-11-053

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Western Medical Center
Prm Dir: Charles F Vega, MD*
Department of Family Medicine
360 E 12th Street
Orlando, CA 92668
Tel: 714 456-6502 Fax: 714 456-7834
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-05-21-462

Pomona
Pomona Valley Hospital Medical Center Program
Sponsor: Pomona Valley Hospital Medical Center
Prm Dir: Gregory E Dahlquist, MD*
1770 N Orange Grove/Suite 201
Pomona, CA 91767
Tel: 909 699-0400 Fax: 909 699-2982
E-mail: greg.dahlquist@pvhmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-05-21-469

Redding
Mercy Medical Center (Redding) Program
Sponsor: Mercy Medical Center
Prm Dir: Diane Bland, MD
2170 Roseanne Avenue
PO Box 60660
Redding, CA 96094
Tel: 530 225-6000 Fax: 530 225-6033
E-mail: d bland@redmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-05-31-064

Riverside
Kaiser Permanente Southern California (Riverside) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Riverside)
Prm Dir: Walter C Morgan, MD
10800 Magnolia Avenue (MMC-3F)
Family Medicine Residency
Riverside, CA 92505
Tel: 951 535-4384 Fax: 951 535-3698
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-05-21-500

Sacramento
Methodist Hospital of Sacramento Program
Sponsor: Methodist Hospital of Sacramento
Mercy General Hospital (Mercy Healthcare Sacramento)
Prm Dir: Amir Sweha, MD
7500 Hospital Drive
Sacramento, CA 95823
Tel: 916 433-6898 Fax: 916 688-0235
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-05-21-564

Sutter Health Program
Sponsor: Sutter Health
Sutter Davis Hospital
Sutter General Hospital
Sutter Memorial Hospital
Prm Dir: Marion Jeff, MD
1201 Alhambra Blvd, Suite 340
Sacramento, CA 95816
Tel: 916 731-7856 Fax: 916 731-7856
E-mail: sutterfprp@sutterhealth.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-05-31-359

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prm Dir: James Noon, MD
Department of Family and Community Medicine
4800 Y St, Suite #3200
Sacramento, CA 95817
Tel: 916 734-3345 Fax: 916 734-3345
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: FSM
Program ID: 120-05-11-039

Salinas
Natividad Medical Center Program
Sponsor: Natividad Medical Center
Prm Dir: Marc E. Thou, MD
3500 Constitution Blvd, Bldg 500
PO Box 81611
Salinas, CA 93912
Tel: 831 755-2021 Fax: 831 755-6815
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FSM
Program ID: 120-05-31-065

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Naval Medical Center (San Diego)
Prm Dir: Tyson Ikeda, MD
200 West Arbor Drive, #8809
San Diego, CA 92161
Tel: 619 543-5776 Fax: 619 543-5996
E-mail: tikeda@ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-05-21-068

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Prm Dir: Teresa J Villela, MD
1010 Potrero Avenue
San Francisco, CA 94110
Tel: 415 386-6681 Fax: 415 386-8387
E-mail: ucsfdir@tsa.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 29
Program ID: 120-05-11-069
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Connecticut

Hartford

University of Connecticut Program
Sponsor: University of Connecticut: School of Medicine
St Francis Hospital and Medical Center
Pgm Director: Allen L Hison, MD
99 Woodland Street
Hartford, CT 06116
Tel: 860-714-5213 Fax: 860-714-9079
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-08-21-076

Middlesex

Middlesex Hospital Program
Sponsor: Middlesex Hospital
Pgm Director: Michael A Steloney, MD, MPH
90 South Main Street
Middlesex, CT 06457
Tel: 860-344-0400 Fax: 860-344-6050
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-08-21-077

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Sponsor: Stamford Hospital
Pgm Director: Joseph C Connelly, MD
30 Shelburne Road
PO Box 5117
Stamford, CT 06904
Tel: 203-352-2130 Fax: 203-652-2143
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-08-11-076

Florida

Clearwater

University of South Florida (Morton Plant Mease Health Care Program)
Sponsor: University of South Florida College of Medicine
Morton Plant Hospital
Pgm Director: Bruce Flahore, MD
807 N Myrtle Avenue
Clearwater, FL 33756
Tel: 727-457-2371 Fax: 727-457-2417
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-21-003

Daytona Beach

Halifax Medical Center Program
Sponsor: Halifax Medical Center
Pgm Director: Edwin E Provost, MD
301 N Clyde Morris Blvd
Daytona Beach, FL 32214
Tel: 386-254-4167 Fax: 386-254-6557
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FSM
Program ID: 120-11-11-083

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands at AGH
Pgm Director: Karen L Hall, MD
625 SW 4th Avenue
Gainesville, FL 32601
Tel: 352-392-4541 Fax: 352-392-7556
E-mail: t28n2k@vchm.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-21-004

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Jacksonville)
St Luke’s Hospital
Pgm Director: Sandra L Aragonio, MD
4560 San Pablo Rd
Jacksonville, FL 32234
Tel: 904-953-0477 Fax: 904-953-0450
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-11-21-115

Naval Hospital (Jacksonville) Program
Sponsor: Naval Hospital (Jacksonville)
Pgm Director: Jeffrey D Quinlan, MD
Department of Family Medicine
2080 Child Street
Jacksonville, FL 32214
Tel: 904-542-7702 Fax: 904-542-7856
E-mail: calomoninger@srmed.-navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 120-11-21-015

St Vincent’s Medical Center Program
Sponsor: St Vincent’s Medical Center
Pgm Director: David A McElrath, MD
2027 Riverdale Avenue
Jacksonville, FL 32204
Tel: 904-368-7374 Fax: 904-368-2998
E-mail: F再eirm Bemel@stvin.som
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-11-11-095

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Pgm Director: Anna M Wright, MD
1255-B Lila Ave
Jacksonville, FL 32206
Tel: 904-244-5840 Fax: 904-244-5855
E-mail: fspresidency@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Program ID: 120-11-21-406

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Pgm Director: Penny Tenzer, MD
Department of Family Medicine & Community Health
PO Box 010700 (B-370)
Miami, FL 33101
Tel: 305-243-2651 Fax: 305-243-1251
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-21-087

Orlando

Florida Hospital Program
Sponsor: Florida Hospital Medical Center
Pgm Director: Kristen D Gray, MD
2561 N Orange Avenue, Suite 235
Orlando, FL 32801
Tel: 407-303-3814 Fax: 407-303-3885
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: CFG
Program ID: 120-11-11-086
Pensacola
Naval Hospital (Pensacola) Program
Sponsor: Naval Hospital (Pensacola)
Prgm Director: Thomas J. Jersch, MD
Code 62
6000 Highway 98 West
Pensacola, FL 32513
Tel: 850-461-6494 Fax: 850-461-6494
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-11-12-016
US Armed Services Program

St Petersburg
Bayfront Medical Center Program
Sponsor: Bayfront Medical Center
Prgm Director: Darleen L Lee, MD*
700 Sixth Street South
St Petersburg, FL 33701
Tel: 727-833-6891 Fax: 727-553-7340
E-mail: fp.web@bayfront.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FSM
Program ID: 120-11-11-090

Tallahassee
Tallahassee Family Medicine Program
Sponsor: Tallahassee Memorial HealthCare
Prgm Director: Donald A Zorn, MD
Family Medicine Residency Program
1301 Hodges Drive
Tallahassee, FL 32308
Tel: 850-431-3482 Fax: 850-431-6403
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-12-21-525

Georgia
Albany
Phoebe Putney Memorial Hospital Program
Sponsor: Phoebe Putney Memorial Hospital
Prgm Director: Sean T Hezan, MD*
3096 Dawson Road
Albany, GA 31701
Tel: 229-312-8797 Fax: 229-312-8743
E-mail: bailex@putnym.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-12-21-525

Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Prgm Director: Frank R. Don Diego, MD
1000 Corporate Center Drive
Suite 200
Morrow, GA 30260
Tel: 770-868-6460 Fax: 770-868-6465
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-12-21-536

Emory University Program
Sponsor: Emory University School of Medicine
Emory Dunwoody Medical Center
Grady Health System
Prgm Director: Eddie Needham, MD
4555 North Shallowford Road
Suite 100
Atlanta, GA 30338
Tel: 404-712-0981 Fax: 404-712-0914
E-mail: jsneed@emory.medic.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 120-12-21-562

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Grady Health System
Southwest Community Hospital and Medical Center
Prgm Director: Michelle L Nichols, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404-756-1209 Fax: 404-756-1213
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-12-21-459

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Prgm Director: Paul D Forney, MD
Department of Family Medicine
Savannah, GA 30901
Tel: 706-721-3107 Fax: 706-721-6123
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-12-21-001

Columbus
The Medical Center Program
Sponsor: The Medical Center Inc
Prgm Director: John R Barcholdt, DO
1000 10th Avenue
Suite 100
Columbus, GA 31902
Tel: 706-571-1430 Fax: 706-571-1604
E-mail: john.barcholdt@echs.net
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-12-11-092

Fort Benning
Martin Army Community Hospital Program
Sponsor: Martin Army Community Hospital
Prgm Director: John J O’Brien, MD
MEDDAC (Attn: MCFB-PFY)
7050 Martin Loop
Fort Benning, GA 31905
Tel: 706-544-1056 Fax: 706-544-3304
E-mail: subadorc96@battlemail.army.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-12-11-098
US Armed Services Program

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Prgm Director: Michael S Friedman, MD
Dept of Family & Community Medicine
Dwight David Eisenhower Army Medical Center
Fort Gordon, GA 30905
Tel: 706-787-9038 Fax: 706-787-9356
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-12-21-099
US Armed Services Program

Macon
Mercer University School of Medicine Program
Sponsor: Mercer University School of Medicine
Prgm Director: Richard J Ackermann, MD
Family Health Center
2380 Eisenhower Parkway
Macon, GA 31206
Tel: 478-633-6500 Fax: 478-784-6496
E-mail: mjrotth@mercer.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-12-12-093

Rome
Floyd Medical Center Program
Sponsor: Floyd Medical Center
Prgm Director: Randy G Robinson, MD
304 Shorter Ave
Suite 201
Rome, GA 30165
Tel: 706-506-2358 Fax: 706-509-3221
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-12-31-094

Savannah
Mercer University School of Medicine (Savannah) Program
Sponsor: Mercer University School of Medicine
Prgm Director: Paul D Forney, MD
Department of Family Medicine
1107 East 56th Street
Savannah, GA 31404
Tel: 912-350-9397 Fax: 912-350-5118
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-12-11-095

Waycross
Medical College of Georgia/Satilla Regional Medical Center Program
Sponsor: Medical College of Georgia
Satilla Regional Medical Center
Prgm Director: Paul D Forney, MD
Department of Family Medicine
1120 15th Street
Augusta, GA 30901
Tel: 706 721-4675 Fax: 706 721-6123
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-12-21-687

Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Prgm Director: Dawn C Ulthol, MD
Residency Director
I Jarrett White Road
Honolulu, HI 96859
Tel: 808-433-1115 Fax: 808-433-1153
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-12-21-502
US Armed Services Program

Wahiawa
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Wahiawa General Hospital
Prgm Director: Lee Buenconsejo-Lum, MD*
A Family Practice Clinic
IB-300 Kuhio Avenue
Mililani, HI 96789
Tel: 808-627-3360 Fax: 808-627-3365
E-mail: lebahun@hawaii.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-14-21-541
Accredited Programs in Family Medicine

Idaho

Boise

Family Practice Residency of Idaho Program
Sponsor: Family Practice Residency of Idaho
St. Luke’s Regional Medical Center
Pgm Director: Ted Epperly, MD
777 North Raymond Street
Boise, ID 83704
Tel: 208 367-6042 Fax: 208 367-6123
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: FSM
Program ID: 120-15-11-097

Caldwell

Family Medicine Residency of Idaho Rural Program
Sponsor: Family Practice Residency of Idaho
St. Luke’s Regional Medical Center
Pgm Director: Jonathan Gree, MD, MA
777 N Raymond
Boise, ID 83704
Tel: 208 367-6042 Fax: 208 367-6123
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-15-21-588

Pocatello

Idaho State University Program
Sponsor: Idaho State University
Portneuf Regional Medical Center
Pgm Director: Diane R. Roman, MD
Department of Family Medicine
Campus Box 8357
Pocatello, ID 83209
Tel: 208 282-9293 Fax: 208 282-4818
E-mail: diane.roman@usu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-15-21-621

Illinois

Aurora

Rush University Medical Center/Copley Memorial Hospital Program
Sponsor: Rush University Medical Center
Rush Copley Medical Center
Pgm Director: Diane R. Roman, MD
2020 Ogden Avenue, Suite 225
Aurora, IL 60504
Tel: 630 976-6500 Fax: 630 976-5812
E-mail: diane.roman@rush.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-16-21-604

Belleville

St. Louis University School of Medicine (Belleville) Program
Sponsor: St. Louis University School of Medicine
St. Elizabeth’s Hospital
Scott Medical Center
Pgm Director: Charles Robacker, MD
180 South Third Street, Suite 400
Belleville, IL 62220
Tel: 618 232-7989 Fax: 618 232-4792
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 120-18-21-427

St. Joseph Hospital/Northwestern University Program
Sponsor: St. Joseph Hospital
Pgm Director: Luis T Garcia, MD
3900 North Lake Shore Drive
Chicago, IL 60614
Tel: 773 665-3800 Fax: 773 665-2328
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-11-103

Swedish Covenant Hospital Program
Sponsor: Swedish Covenant Hospital
Pgm Director: Walter I Baba, MD, PhD
5145 North California Avenue
Chicago, IL 60660
Tel: 773 893-3638 Fax: 773 893-1548
E-mail: medinfo@svchop.org
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 120-16-31-106

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Pgm Director: Mark C. Potter, MD
Dept of Family Medicine (MC 663)
1919 West Taylor Street
Chicago, IL 60612
Tel: 312 966-2570 Fax: 312 966-2570
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-21-488

University of Illinois College of Medicine at Chicago/Advocate Illinois Masonic Med Ctr Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Pgm Director: Margaret Miedwied, MD
Family Medicine Residency Program
806 West Wellington Avenue
Chicago, IL 60657
Tel: 773 286-8248 Fax: 773 286-8249
E-mail: uptownpeds@uic.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-16-21-497

Decatur

Southern Illinois University (Decatur) Program
Sponsor: Southern Illinois University School of Medicine
Decatur Memorial Hospital
Pgm Director: John G Bradley, MD
200 West Kenwood Avenue
Decatur, IL 62522
Tel: 217 876-5650 Fax: 217 876-6622
E-mail: decaturfpinfo@siu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-16-21-354

Evanston

McGaw Medical Center of Northwestern University (Evanston) Program
Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Glenbrook Hospital
Pgm Director: Mitchell A King, MD
2000 N Street Avenue
Evanston, IL 60201
Tel: 847 657-1840 Fax: 847 657-1823
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-21-604
St Francis Hospital of Evanston Program
Sponsor: St Francis Hospital
Program Director: J Chava Zimmerman, MD
7106 North Lincoln Avenue
Lincolnwood, IL 60712
Tel: 847 316-5906 Fax: 847 316-5827
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-21-599

Hinsdale
Hinsdale Hospital Program
Sponsor: Hinsdale Hospital
Program Director: Clara L Carl, DO
135 North Oak Street
Hinsdale, IL 60521
Tel: 630 566-8980 Fax: 630 566-9823
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-16-21-109

LaGrange
La Grange Memorial Hospital Program
Sponsor: La Grange Memorial Hospital
Program Director: William J Nelson, MD
1203 Memorial Drive, Suite 314
La Grange, IL 60525
Tel: 708 482-1651 Fax: 708 579-4568
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-16-11-110

Maywood
Loyola University/Cook County Hospital Program
Sponsor: Loyola University Medical Center
John H Stroger Hospital of Cook County
Pram Director: Crystal D Cash, MD
Department of Family Medicine
500 E 51st Avenue, 5th Floor
Chicago, IL 60615
Tel: 312 572-3671 Fax: 312 572-3669
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-16-11-100

Oak Lawn
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Program Director: Matthew A Brown, MD*
4140 Southwest Highway
Hometown, IL 60456
Tel: 708 887-1061 Fax: 708 422-6536
E-mail: journ.xach@advocatehealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-16-21-364

Oak Park
West Suburban Medical Center Program
Sponsor: West Suburban Medical Center
Program Director: Katherine A Walsh, MD
Family Practice Center
7411 West Lake Street, Suite 1010
River Forest, IL 60305
Tel: 708 489-2863 Fax: 708 763-2102
E-mail: westubmp@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-16-31-112

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: Judith A Gratwald, MD, PhD*
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847 723-5763 Fax: 847 723-5615
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: FPM
Program ID: 120-16-11-107

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Program Director: Thomas B Coleman, MD
Family Medicine Center
815 Main Street, Suite C
Peoria, IL 61602
Tel: 309 672-5608 Fax: 309 672-4700
E-mail: residencyprogram@uiuc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FP
Program ID: 120-16-11-113

Quincy
Southern Illinois University (Quincy) Program
Sponsor: Southern Illinois University School of Medicine
Blinning Hospital
Program Director: Thomas H Miller, MD
612 N 11th Street, Suite B
Quincy, IL 62301
Tel: 217 224-4545 Fax: 217 224-7650
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPM
Program ID: 120-16-21-866

Rockford
University of Illinois College of Medicine (Rockford) Rural Program
Sponsor: University of Illinois College of Medicine at Rockford
Program Director: Farion R Williams, MD
1221 East State Street
Rockford, IL 61104
Tel: 815 872-1095 Fax: 815 872-1092
E-mail: dmoehlen@stmarys.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-16-11-475

University of Illinois College of Medicine at Rockford Program
Sponsor: University of Illinois College of Medicine at Rockford
Swedish American Hospital
Program Director: Farion R Williams, MD
1221 East State Street
Rockford, IL 61104
Tel: 815 872-4465 Fax: 815 872-1092
E-mail: farionw@rockford.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Subspecialties: FP
Program ID: 129-16-31-116

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John’s Hospital
Program Director: Janet R Albers, MD
PO Box 10879
550 4th St
Springfield, IL 62704
Tel: 217 757-5140 Fax: 217 757-5155
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-16-21-117

Urbana
Carle Foundation Hospital Program
Sponsor: Carle Foundation Hospital
Program Director: Timothy S Menney, DO
602 W University Avenue
South Clinic 2
Urbana, IL 61801
Tel: 217 383-3502 Fax: 217 383-4837
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-16-21-492

Indiana
Beech Grove
St Francis Hospital and Health Centers Program
Sponsor: St Francis Hospital and Health Centers
Program Director: Richard D Feldman, MD
1500 Albany Street, Suite 807
Beech Grove, IN 46107
Tel: 317 752-8411 Fax: 317 752-6672
E-mail: nancy.miller@sfsa.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-17-11-128

Evansville
Deaconess Hospital Program
Sponsor: Deaconess Hospital
Program Director: Kim A Voit, MD
Wallace M Ayde Center
515 Bead Street
Evansville, IN 47711
Tel: 812 450-5002 Fax: 812 450-5002
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-17-21-119

St Mary’s Medical Center Program
Sponsor: St Mary’s Medical Center
Program Director: Charles A Struckland, MD
3700 Washington Avenue
Evansville, IN 47759
Tel: 812 485-4177 Fax: 812 485-7968
E-mail: dmvoelker@stmarys.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-17-21-120

Fort Wayne
Fort Wayne Medical Education Program
Sponsor: Fort Wayne Medical Education Program
Lutheran Hospital of Indiana
Parkview Memorial Hospital
St Joseph Hospital
Program Director: Brenda S O’Hara, MD
2445 Lake Avenue
Fort Wayne, IN 46805
Tel: 260 422-6672 Fax: 260 423-6631
E-mail: heir@fwmep.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-17-21-121

Gary
Methodist Hospitals Program
Sponsor: Methodist Hospitals
Program Director: David E Ross, MD
600 Grant Street
Gary, IN 46402
Tel: 219 896-4636 Fax: 219 896-4106
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-17-21-493
Indianapolis
Community Hospitals of Indianapolis Program
Sponsor: Community Hospitals of Indianapolis
Program Director: H Clifford Knight, MD
10123 East 10th Street - Suite 100
Indianapolis, IN 46229
Tel: 317-358-6133 Fax: 317-986-8760
E-mail: fpmed@Community.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-17-11-123

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Dr. John L. Holford, MD
Program Director: Robert W. Littman, MD
600 N. Morton Street Room E208
Indianapolis, IN 46202
Tel: 317-259-9000 Fax: 317-259-9005
E-mail: fpmed@iu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: All Specialties
Program ID: 129-15-12-124
St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Thomas B. Callahan, MD
1250 N. College Avenue
Indianapolis, IN 46290
Tel: 317-338-7100 Fax: 317-338-7106
E-mail: FPMDirector@svh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FP
Program ID: 120-17-11-127

Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Program Director: John B. Jermyn, MD
3000 West Washington Street
Muncie, IN 47303
Tel: 765-773-4424 Fax: 765-773-4427
E-mail: sbrw1006@bme.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: All Specialties
Program ID: 129-15-12-128

South Bend
Memorial Hospital of South Bend Program
Sponsor: Memorial Hospital of South Bend
Program Director: Robert J. Riley, MD
714 North Michigan Street
South Bend, IN 46601
Tel: 574-472-9371 Fax: 574-472-9383
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Subspecialties: All Specialties
Program ID: 129-15-12-129

St Joseph's Regional Medical Center (South Bend) Program
Sponsor: St Joseph's Regional Medical Center (South Bend)
Program Director: Martin F. Wiesehans, MD
801 E LaSalle Street
PO Box 10183
South Bend, IN 46683
Tel: 574-236-6162 Fax: 574-472-6088
E-mail: moenm@njcme.com
Length: 3 Yrs ACGME Approved/Offered Positions: 17
Subspecialties: All Specialties
Program ID: 120-17-11-130

Terre Haute
Union Hospital Program
Sponsor: Union Hospital Inc
Program Director: James F. Whelan, MD
1513 N S 1/2 Street
Terre Haute, IN 47807
Tel: 812-338-7631 Fax: 812-231-7000
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-17-11-131

Iowa

Cedar Rapids
Cedar Rapids Medical Education Foundation Program
Sponsor: Cedar Rapids Medical Education Foundation
Program Director: Donald A. Hauenstein, MD
St Luke’s Hospital
1026 A Avenue, NE
Cedar Rapids, IA 52402
Tel: 319-369-7383 Fax: 319-369-8352
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-18-22-132

Davenport
Genesis Medical Education Foundation Program
Sponsor: Genesis Medical Education Foundation
Program Director: Donald A. Hauenstein, MD
1365 W Central Park
Davenport, IA 52804
Tel: 563-476-4966 Fax: 563-476-4944
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-22-133

Des Moines
Broadlawns Medical Center Program
Sponsor: Broadlawns Medical Center
Program Director: John A. Bunting, MD
3150 Southeast 2nd Street
Des Moines, IA 50316
Tel: 515-283-2500 Fax: 515-283-2332
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-18-18-134

Central Iowa Health System (Iowa Lutheran Hospital) Program
Sponsor: Central Iowa Health System (Iowa Lutheran Hospital)
Program Director: L W (Lynn) Mathers, MD
840 East University Avenue
Des Moines, IA 50316
Tel: 515-285-1050
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-18-18-135

Mayo School of Graduate Medical Education (Des Moines) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
Program Director: Charles H. Korte, MD
250 Laurel Street
Des Moines, IA 50314
Tel: 515-643-4610 Fax: 515-643-4662
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-18-21-508

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Michael K. Maharry, MD
Department of Family Medicine
200 Hawkins Dr
Iowa City, IA 52242
Tel: 319-335-7167 Fax: 319-335-7282
E-mail: fp-residency@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-11-136

Mason City
Mercy Medical Center (Mason City) Program
Sponsor: Mercy Medical Center-Mercy Medical Center
Program Director: Scott T. Henderson, MD
1000 4th Street SE
Mason City, IA 50401
Tel: 641-422-7770 Fax: 641-422-7125
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-573

Pella
University of Iowa Hospitals and Clinics Rural (Pella) Program
Sponsor: University of Iowa Hospitals and Clinics
Pella Regional Health Center
Program Director: Michael K. Maharry, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-335-7167 Fax: 319-335-7282
E-mail: fp-rural@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-18-21-660

Sioux City
Siouxland Medical Education Foundation Program
Sponsor: Siouxland Medical Education Foundation
Program Director: Matthew J. Maharry, MD
St Luke’s Regional Medical Center
Program Director: Kurt A. Rosenkranz, MD
2561 Pierce Street
Sioux City, IA 51104
Tel: 712-294-5000 Fax: 712-294-5091
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-137

Waterloo
Northeast Iowa Medical Education Foundation Program
Sponsor: Northeast Iowa Medical Education Foundation
Program Director: Matthew J. Maharry, MD
Covenant Medical Center
Program Director: John E. Sutherland, MD
2055 Kimball Avenue
Waterloo, IA 50702
Tel: 319-272-2525 Fax: 319-272-2527
E-mail: jbsutler@meid.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-138
Kansas

Junction City
University of Kansas Medical Center
(Junction City) Rural Program
Sponsor: University of Kansas School of Medicine
Geary Community Hospital
University of Kansas Medical Center
Frgm Director: Belinda A Vall, MD
3801 Rainbow Boulevard
1600 Delp
Kansas City, KS 66160
Tel: 913 886-1902  Fax: 913 886-1951
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 120-19-21-843

Kansas City
University of Kansas Medical Center
Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Frgm Director: Belinda A Vall, MD
3901 Rainbow Blvd
1660 Delp
Kansas City, KS 66160
Tel: 913 886-1902  Fax: 913 886-1951
Length: 2 Yrs  ACGME Approved/Offered Positions: 27
Subspecialties: FP
Program ID: 120-19-11-139

Salina
University of Kansas (Wichita)/Salina Program
Sponsor: University of Kansas School of Medicine (Wichita)
Salina Regional Health Center
Frgm Director: Charles T Allred, MD
Salina Health Education Foundation
501 South Santa Fe, Ste 200
Salina, KS 67401
Tel: 785 825-7255  Fax: 785 825-1005
E-mail: callred@shhco.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 120-19-21-366

Wichita
University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Centers-St Francis
Via Christi Regional Medical Centers-St Joseph
Frgm Director: Richard H Lenox, MD
925 S Emporia
Wichita, KS 67214
Tel: 316 298-6996  Fax: 316 291-7860
Length: 3 Yrs  ACGME Approved/Offered Positions: 54
Subspecialties: PSM
Program ID: 120-19-21-630

University of Kansas (Wichita)/Wesley Program
Sponsor: University of Kansas School of Medicine
Wesley Medical Center
Frgm Director: Paul A Callaway, MD
850 N Hillside
Wichita, KS 67214
Tel: 316 682-3971  Fax: 316 682-7184
Length: 3 Yrs  ACGME Approved/Offered Positions: 27
Program ID: 120-19-11-142

Kentucky

Edgewood
St Elizabeth Medical Center Program
Sponsor: St Elizabeth Medical Center
Frgm Director: Donald J Swietert, MD
413 South Loop Road
Edgewood, KY 41017
Tel: 859 344-3841  Fax: 859 344-3830
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-20-11-143

Glasgow
University of Louisville (Glasgow) Program
Sponsor: University of Louisville School of Medicine
T J Samson Community Hospital
Frgm Director: Brent Wright, MD
1325 North Race Street
Glasgow, KY 42141
Tel: 270 651-6885  Fax: 270 651-4751
E-mail: bwright@louisville.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 120-20-21-613

Hazard
University of Kentucky College of Medicine (Hazard) Program
Sponsor: University of Kentucky College of Medicine
ASH Regional Medical Center (Hazard)
Frgm Director: Baretta R Casey, MD
Room B440
750 Morton Blvd
Hazard, KY 41701
Tel: 606 439-3557  Fax: 606 439-1131
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 120-20-21-612

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Frgm Director: Steve Wightson, MD
University of Kentucky Family Practice
Lexington, KY 40506
Tel: 859 232-1710  Fax: 859 233-6661
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Subspecialties: PSM
Program ID: 120-20-21-144

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Frgm Director: Stephen F Wheeler, MD
201 Abraham Flexner Way, Suite 600
Louisville, KY 40202
Tel: 502 852-5049  Fax: 502 852-4046
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Subspecialties: PSM
Program ID: 120-20-21-145

Madisonville
Trover Clinic Foundation Program
Sponsor: Trover Clinic Foundation
Regional Medical Center of Hopkins County
Frgm Director: Robert L Wood, MD
200 Clinic Drive
Madisonville, KY 42431
Tel: 270 855-6660  Fax: 270 855-6694
Length: 3 Yrs  ACGME Approved/Offered Positions: 9A
Program ID: 120-20-31-146

Morehead
University of Kentucky College of Medicine (Morehead) Rural Program
Sponsor: University of Kentucky College of Medicine
St Claire Medical Center
University of Kentucky Hospital
Frgm Director: Steve Wightson, MD
9300 Kentucky Clinic
Lexington, KY 40506
Tel: 859 232-6712  Fax: 859 332-6661
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 120-20-31-663

Louisiana

Alexandria
Louisiana State University (Shreveport)/Rapides Regional Medical Center Program
Sponsor: LSU Health Sciences-University Hospital
Rapides Regional Medical Center
Frgm Director: Michael Muddler, MD
621 Elliot Street
Alexandria, LA 71301
Tel: 318 441-1014  Fax: 318 441-1066
E-mail: rcaplan@lsuhsna.net
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 120-21-31-506

Baton Rouge
Baton Rouge General Medical Center Program
Sponsor: Baton Rouge General Medical Center
Frgm Director: Derek J Anderson, MD
3601 North Boulevard
Baton Rouge, LA 70806
Tel: 225 387-7899  Fax: 225 381-2579
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-21-31-500

Kenner
Louisiana State University (Kenner) Program
Sponsor: Louisiana State University School of Medicine
Kenner Regional Medical Center
Frgm Director: James S Campbell, MD*
Department of Family Medicine
200 West Espanola Avenue, Suite 420
Kenner, LA 70065
Tel: 504 471-2767  Fax: 504 471-2764
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 120-21-31-644

Lafayette
Louisiana State University (Lafayette) Program
Sponsor: University Medical Center (Lafayette)
Frgm Director: Glen Mtre, MD*
3200 West Congress Street
Lafayette, LA 70506
Tel: 337 261-6600  Fax: 337 261-6662
Length: 3 Yrs  ACGME Approved/Offered Positions: 34
Program ID: 120-21-11-149
Accredited Programs in Family Medicine

Lake Charles
Louisiana State University (Lake Charles) Program
Sponsor: Louisiana State University School of Medicine
Lake Charles Memorial Hospital
Prgm Director: Alan LeBato, MD
1525 Oak Park Boulevard
Lake Charles, LA 70601
Tel: 337 494-3203  Fax: 337 430-6966
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 120-21-21-594

Metairie
East Jefferson General Hospital Program
Sponsor: East Jefferson General Hospital
Prgm Director: David W Evans, MD
Family Practice Center
4206 Houma Boulevard, Suite 220
Metairie, LA 70006
Tel: 504 883-3722 Fax: 504 883-3723
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 120-21-21-651

Monroe
Louisiana State University (Shreveport)/Monroe Program
Sponsor: EA Conway Medical Center
Prgm Director: Brian P Krier, MD, MA
4804 Jackson Street
PO Box 1581
Monroe, LA 71210
Tel: 318 336-7650 Fax: 318 336-7613
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-21-21-440

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Christus Schumpert Health System
Prgm Director: Michael B Harper, MD
PO Box 33922
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5815  Fax: 318 675-7960
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-21-21-150

Vivian
Louisiana State University Medical Center (Shreveport) Rural Program
Sponsor: LSU Health Sciences Center-University Hospital
North Caddo Medical Center
Prgm Director: Michael B Harper, MD
PO Box 33822
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5515  Fax: 318 675-7050
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 120-21-31-567

Maine
Augusta
Maine-Dartmouth Family Practice Program
Sponsor: Maine-Dartmouth Family Practice Residency
Maine General Medical Center
Prgm Director: James A Schreid, MD
15 E Chestnut Street
Augusta, ME 04330
Tel: 207 626-1984 Fax: 207 626-1802
Length: 3 Yrs  ACGME Approved/Offered Positions: 29
Subspecialties: PFM
Program ID: 120-22-23-151

Bangor
Eastern Maine Medical Center Program
Sponsor: Eastern Maine Medical Center
Prgm Director: Robin M Pritham, MD, MS
Family Practice Center
905 Union Street - Suite 12
Bangor, ME 04401
Tel: 207 973-7973 Fax: 207 973-7584
Length: 3 Yrs  ACGME Approved/Offered Positions: 27
Program ID: 120-22-21-162

Lewiston
Central Maine Medical Center Program
Sponsor: Central Maine Medical Center
Prgm Director: Edmund Claxton, MD
76 High Street
Lewiston, ME 04240
Tel: 207 765-3955 Fax: 207 765-2190
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 120-22-21-113

Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Prgm Director: Alan J Montegut, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-2975 Fax: 207 662-6955
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Subspecialties: PFM
Program ID: 120-22-31-164

Maryland
Andrews AFB
National Capital Consortium Program
Sponsor: National Capital Consortium
Malcolm Grow Medical Center
Prgm Director: Col Douglas C Warren, MD
88 MDOS/SGD
1075 W Perimeter Road
Andrews AFB, MD 20762
Tel: 240 857-3696 Fax: 240 857-3011
Length: 3 Yrs  ACGME Approved/Offered Positions: 30
Program ID: 120-20-21-402
US Armed Services Program

Baltimore
Franklin Square Hospital Center Program
Sponsor: Franklin Square Hospital Center
Prgm Director: Sallie Boxey, MD, MId
9000 Franklin Square Drive
Baltimore, MD 21217
Tel: 443 777-3003 Fax: 443 777-3005
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-24-31-155

University of Maryland Program
Sponsor: University of Maryland Medical System
Union Memorial Hospital
Prgm Director: Kevin S Perenta, MD
Department of Family Medicine
29 South Paca Street, Lower Level
Baltimore, MD 21201
Tel: 410 328-4383 Fax: 410 328-0639
E-mail: kperenta@umaryland.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 96
Subspecialties: PFM
Program ID: 120-22-31-116

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Prgm Director: Thomas C Hines, MD
Dowling 5 South
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 414-4665 Fax: 617 414-3345
E-mail: family.medicine@bumc.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 120-24-21-644

Fitchburg
University of Massachusetts (Fitchburg) Program
Sponsor: University of Massachusetts Medical School Health Alliance Hospital-Leominster
Prgm Director: Beth Mazey, MD
Fitchburg Family Practice
275 Nichols Road
Fitchburg, MA 01420
Tel: 978 665-5065 Fax: 978 665-5069
E-mail: mazeyb@umassmed.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: PFM
Program ID: 120-24-31-159

Lawrence
Greater Lawrence Family Health Center Program
Sponsor: Greater Lawrence Family Health Center Inc
Lawrence General Hospital
Prgm Director: Scott C Early, MD
34 Haverhill Street
Lawrence, MA 01841
Tel: 978 720-7410 Fax: 978 697-2106
E-mail: residency@glfhc.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-24-31-528

Medford
Tufts University/Hallmark Health System Program
Sponsor: Hallmark Health System
Tufts-New England Medical Center
Prgm Director: Joseph W Gravel, MD
100 Hospital Road
Medlin, MA 01845
Tel: 781 338-7368 Fax: 781 338-7358
E-mail: tuftsfs@ihmd.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-24-31-506
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus) Program Director: Gerry Gleich, MD
Memorial Campus
119 Belmont Street, Jaquith 2
Worcester, MA 01605
Tel: 508 334-6111 Fax: 508 334-6464
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-24-21-160

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Chelsea Community Hospital Program Director: Eric P Shyu, MD
1500 E Medical Center Dr
Room L2003, Box 2039
Ann Arbor, MI 48109
Tel: 734 615-2656 Fax: 734 615-2657
E-mail: jet@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Subspecialties: FFM
Program ID: 120-25-21-425

Grand Blanc
Genesys Regional Medical Center Program
Sponsor: Genesys Regional Medical Center Program Director: Kenneth E Yokosawa, MD
One Genesys Parkway
Grand Blanc, MI 48439 Tel: 810-606-5980 Fax: 810-606-5980
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Program ID: 120-25-31-164

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids) Program Director: Susan L Racikey, MD
306 Jefferson, Suite 9000
Grand Rapids, MI 49503 Tel: 616 752-5747 Fax: 616 732-3033
E-mail: crispinan@trinity-health.org
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: FFM
Program ID: 120-35-21-187

Grosse Pointe
Bon Secours Hospital Program
Sponsor: Bon Secours Cottage Health System Program Director: Peter Redin, DO
448 Cadieux Road
Grosse Pointe, MI 48230 Tel: 313 343-1490 Fax: 313 343-1011
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-25-21-168

Kalamazoo
Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies Bronson Methodist Hospital Program Director: William W Allen, MD
900 East Main Street
Kalamazoo, MI 49006 Tel: 269 327-6554 Fax: 269 327-6666
E-mail: famprac@kcms.msu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FFM
Program ID: 120-25-21-169

Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital Program Director: George F Smith, MD
1600 E Michigan Suite 245-C
Lansing, MI 48912 Tel: 517 364-5762 Fax: 517 364-5764
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FFP, FFM
Program ID: 120-25-21-170

Marquette
Marquette General Hospital Program
Sponsor: Marquette General Hospital Program Director: William M Short, MD
1414 W Fair Ave, Suite #8
Marquette, MI 49855 Tel: 906 225-3677 Fax: 906 225-7667
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-25-21-979

Midland
MidMichigan Regional Medical Center Program
Sponsor: MidMichigan Medical Center-Midland Program Director: William H Dery, MD
Office of Medical Education
4005 Orchard Drive
Midland, MI 48670 Tel: 989 839-3330 Fax: 989 839-1949
E-mail: fpm residency@midmichigan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-29-31-171

Pontiac
North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers Program Director: Anthony N Vettriano, MD
Family Practice Center
461 West Huron
Pontiac, MI 48341 Tel: 248 857-6709 Fax: 248 857-7141
E-mail: svettraino@nomc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-172

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital William Beaumont Hospital/Troy Program Director: Paul W Mish, MD
Family Medicine Residency Program
43000 Dequindre Road
Sterling Heights, MI 48314 Tel: 586 994-0430 Fax: 586 994-1830
E-mail: pfp@beaumont.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-374

Saginaw
Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance Covenant HealthCare System-Cooper Campus Program Director: Edward A Jackson, MD
1000 Houghton Avenue
Saginaw, MI 48602 Tel: 989 585-7911 Fax: 989 583-7919
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-25-31-174

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers Program Director: Gary G Ouel, MD
Murray N Delighton Fam Pract Ctr
2250 Providence Dr, Ste 572
Southfield, MI 48075 Tel: 248 849-5277 Fax: 248 849-8277
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: FFM
Program ID: 120-25-21-175

Traverse City
Munson Medical Center Program
Sponsor: Munson Medical Center Program Director: Daniel M Webster, MD
Graduate Medical Education Office
1400 Medical Campus Drive
Traverse City, MI 49684 Tel: 231 935-9070 Fax: 931 935-8088
E-mail: dbwebster@mhc.net
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-25-31-602
Accredited Programs in Family Medicine

Wayne

Oakwood Annapolis Hospital Program

Sponsor: Oakwood Annapolis Hospital
Oakwood Hospital

Pgm Director: Michael J Wozniak, MD
38115 Annapolis Avenue
Wayne, MI 48184
810-744-2443 Fax: 734-467-2465
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-31-678

Robbinsdale

University of Minnesota/North Memorial Health Care Program

Sponsor: University of Minnesota Medical School
North Memorial Health Care
Pgm Director: Mark R Bishy, MD
1650 West Broadway
Minneapolis, MN 55113
Tel: 612-302-8290 Fax: 612-302-8275
E-mail: opcoppa@uminnesota.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-31-651

HealthPartners Institute for Medical Education Program

Sponsor: HealthPartners Institute for Medical Education

Regions Hospital

Pgm Director: Marianne Clinton-McCausland, MD
864 Arcade Street
St Paul, MN 55106
Tel: 651-735-2299 Fax: 651-735-2253
E-mail: linda.m.yde@healthpartners.com
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-26-11-180

University of Minnesota/HealthEast St Joseph's Hospital Program

Sponsor: University of Minnesota Medical School
HealthEast St Joseph's Hospital
Pgm Director: James S Van Vooren, MD
583 Rice Street
St Paul, MN 55103
Tel: 651-227-6551 Fax: 651-665-6884
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-12-653

Minnesota

Duluth

Duluth Graduate Medical Education Council Program

Sponsor: St Luke's Hospital
St Mary's Medical Center
Pgm Director: Thomas W Day, MD
900 North Eighth Avenue East
Duluth, MN 55805
Tel: 218-523-9105 Fax: 218-520-9120
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-29-21-178

Mankato

University of Minnesota (Waseca-Mankato) Program

Sponsor: University of Minnesota Medical School
Immanuel-St Joseph's Hospital
Pgm Director: John C McCabe, MD
501 N State Street
Waseca, MN 56093
Tel: 507-831-4143 Fax: 507-887-4268
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-29-31-568

Maplewood

University of Minnesota/St John's Hospital Program

Sponsor: University of Minnesota Medical School
HealthEast St John's Hospital
Pgm Director: David Current, MD
1414 Maryland Avenue East
St Paul, MN 55106
Tel: 651-793-6000 Fax: 651-772-5477
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-36-11-462

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Pgm Director: Patricia M Cole, MD
Family Medical Center
5 West Lake Street
Minneapolis, MN 55408
Tel: 612-545-0222 Fax: 612-545-0259
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Specialties: FSM
Program ID: 120-26-11-177

University of Minnesota/Fairview-University Medical Center Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Pgm Director: Jennifer Welsh, MD
Smiley's Clinic
2811 E Franklin Avenue
Minneapolis, MN 55406
Tel: 612-333-0774 Fax: 612-350-0475
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-26-21-600

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
Mississippi Baptist Medical Center
University Hospitals and Clinics
Pgm Director: Diana K Beebe, MD
Department of Family Medicine
2500 North State Street
Jackson, MS 39216
Tel: 601-894-5408 Fax: 601-894-6835
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-27-21-181

Tupelo

North Mississippi Medical Center (Tupelo) Program

Sponsor: North Mississippi Medical Center
Pgm Director: Michael O'Dell, MD
1665 South Green Street
Tupelo, MS 38804
Tel: 662-377-2261 Fax: 662-377-2263
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-27-21-554

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Pgm Director: Erika N Rindahl, MD
Dept of Family & Community Med
630 Medical Science Building
Columbia, MO 65212
Tel: 573-885-9099 Fax: 573-884-4122
E-mail: residnet@health.missouri.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Specialties: FSM
Program ID: 120-28-11-182
Kansas City
Baptist-Lutheran Medical Center Program
Sponsor: Baptist-Lutheran Medical Center
Program Director: Lawrence A. Roes, MD
Goppert-Trinity Family Care
6550 Troost Suite 305
Kansas City, MO 64131
Tel: 816 276-7050 Fax: 816 276-7000
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-28-21-189

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Truman Medical Center-Lakewood
Program Director: Todd D Shaffer, MD
7900 Lee's Summit Road
Kansas City, MO 64139
Tel: 816 404-7751 Fax: 816 404-7756
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FPG
Program ID: 120-28-21-122

Springfield
Cox Medical Centers Program
Sponsor: Cox Medical Center North
Cox Medical Center South
Program Director: Daniel L. Sontsehmer, MD, MBA*
Family Medicine Residency Program
1423 N Jefferson Ave, Suite A100
Springfield, MO 65802
Tel: 417 269-6878 Fax: 417 269-6750
E-mail: vickie.greenwood@coxhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-28-21-476

St Louis
Forest Park Hospital Program
Sponsor: Forest Park Hospital
Program Director: James W. Price, MD, MBA
Suite 222
6125 Clayton Avenue
St Louis, MO 63119
Tel: 314 768-2004 Fax: 314 768-2040
E-mail: james.price@foresthospital.com
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-28-21-479

St John's Mercy Medical Center Program
Sponsor: St. John's Mercy Medical Center
Program Director: Grant Hoekema, MD
12000 Olive Blvd
Suite 300
Greve Center, MO 63141
Tel: 314 251-9650 Fax: 314 251-6889
E-mail: patamu@stlouis.mercy.net
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 120-28-21-186

Montana
Billings
Montana Family Medicine Residency Program
Sponsor: Montana Family Medicine Residency
Deaconess Medical Center
St Vincent Hospital and Health Center
Program Director: Rosanne Fabrenewald, MD, MS
133 South 27th Street
Suite B
Billings, MT 59101
Tel: 406 247-2306 Fax: 406 247-3307
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: PSM
Program ID: 120-28-21-590

Nebraska
Kearney
University of Nebraska Medical Center College of Medicine Rural Program
Sponsor: University of Nebraska Medical Center College of Medicine
Good Samaritan Hospital (Kearney)
Faith Regional Health Services
Glad Plains Regional Medical Center
Regional West Medical Center
St. Francis Medical Center (Grand Island)
Program Director: Jeffrey D. Harrison, MD, BS
Department of Family Medicine
890765 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 569-6541 Fax: 402 569-6501
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-30-21-517

Lincoln
Lincoln Medical Education Foundation Program
Sponsor: Lincoln Medical Education Foundation
BryanLGH Medical Center East
BryanLGH Medical Center West
St. Elizabeth Regional Medical Center
Program Director: Michael A. Myers, MD
Family Medicine Program
4600 Valley Road, Suite 210
Lincoln, NE 68510
Tel: 402 485-4591 Fax: 402 483-5070
E-mail: MMyers@LMEF.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-30-31-187

Omaha
Clarkson Regional Health Service Program
Sponsor: The Nebraska Medical Center
Creston University Medical Center
Creston University Medical Center (Thorn - SJH)
Program Director: Donald B. Prey, MD*
Department of Family Medicine
601 North 30th Street, Suite 6220
Omaha, NE 68112
Tel: 402 289-8118 Fax: 402 289-7154
Length: 5 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-30-21-494

Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Thorn - SJH)
Program Director: Donald B. Prey, MD*
Department of Family Medicine
601 North 30th Street, Suite 6220
Omaha, NE 68112
Tel: 402 289-8118 Fax: 402 289-7154
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-30-21-494

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Ehring Bergquist Hospital
Program Director: Jeffrey D. Harrison, MD, BS
Department of Family Medicine
890765 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 569-2319 Fax: 402 569-6500
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 120-30-21-189

Nevada
Las Vegas
University of Nevada (Las Vegas) Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Program Director: Thomas J Hunt, MD
Family Medicine Center
2410 Fire Mesa St Ste 180
Las Vegas, NV 89128
Tel: 702 992-6872 Fax: 702 992-6878
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-31-21-481

Reno
University of Nevada (Reno) Program
Sponsor: University of Nevada School of Medicine
Joanlin A. Leungaris Veterans Affairs Medical Center
Nashoe Medical Center
Program Director: Richard D. Williams, MD*
Dept of Family & Community Medicine, Reno
Brigham Building (316) LNS03
Reno, NV 89557
Tel: 775 784-6190 Fax: 775 784-4473
E-mail: kselbaeh@med.unr.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-31-21-882

New Hampshire
Concord
New Hampshire-Dartmouth Family Practice Program
Sponsor: Concord Hospital
Program Director: Gail L. Sawyer, MD
Concord Hospital
250 pleasant street
Concord, NH 03301
Tel: 603 227-7000 Fax: 603 227-7173
E-mail: nhdep@crhc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-32-31-157

New Jersey
Edison
JFK Medical Center Program
Sponsor: JFK Medical Center
Program Director: Robin O. Winter, MD
65 James Street
Edison, NJ 08818
Tel: 732 221-7343 Fax: 732 206-4080
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-33-11-190

Flemington
Hunterdon Medical Center Program
Sponsor: Hunterdon Medical Center
Program Director: Stanley M Konowski, MD
3100 Wescott Drive
Flemington, NJ 08822
Tel: 908 738-6150 Fax: 908 738-6422
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-33-11-191
Accredited Programs in Family Medicine

Freehold
UMDNJ-Robert Wood Johnson at CentraState Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School/CentraState Medical Center
Prgm Director: Kenneth W Fustil, MD
901 West Main Street
Freehold, NJ 07728
Tel: 732-465-1000
Length: 3 Yrs
Program ID: 120-33-12-679

Somerville
Prgm Director: Laura Meck-Galinski, MD, MPH*
110 Behill Avenue
Somerville, NJ 08876
Tel: 908-685-2819 Fax: 908-704-6083
Length: 3 Yrs
Program ID: 120-33-11-194

Summit
Atlantic Health System (Overlook) Program
Sponsor: Atlantic Health System
Overlook Hospital
Prgm Director: Joseph Tricana, MD
33 Overlook Road
Suite L-01
Summit, NJ 07901
Tel: 908-597-5999 Fax: 908-277-8014
Length: 3 Yrs
Program ID: 120-33-11-195

Hoboken
UMDNJ/St Mary Hospital Program
Sponsor: UMDNJ-New Jersey Medical School
St Mary Hospital
Prgm Director: Abbie Jacobs, MD
308 Willow Avenue
Hoboken, NJ 07030
Tel: 201-418-3125 Fax: 201-418-3148
E-mail: ajacobs@stnj.org
Length: 3 Yrs
Program ID: 120-33-11-192

Montclair
Atlantic Health System (Mountainside) Program
Sponsor: Atlantic Health System
Mountainside Hospital
Prgm Director: Richard T Paris, MD*
700 Bloomfield Avenue
Verona, NJ 07044
Tel: 973-746-7050 Fax: 973-258-3569
E-mail: paullmpa@albany.edu
Length: 3 Yrs
Program ID: 120-33-11-193

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital at St Peter's University Hospital
Prgm Director: Maria F Ciminelli, MD*
Dept of Family Medicine, MEB, Room 278
33 Overlook Road
Suite L-01
Somerville, NJ 08876
Tel: 908-597-5999 Fax: 908-277-8014
Length: 3 Yrs
Program ID: 120-33-11-196

Somerville
Somerset Medical Center Program
Sponsor: Somerset Medical Center
Prgm Director: Laura Meck-Galinski, MD, MPH*
110 Behill Avenue
Somerville, NJ 08876
Tel: 908-685-2819 Fax: 908-704-6083
Length: 3 Yrs
Program ID: 120-33-11-194

New Brunswick
UMDNJ-Robert Wood Johnson Medical School/Center Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School/CentraState Medical Center
Prgm Director: Matthew Langer, MD
1100 Stelzner Road
New Brunswick, NJ 08907
Tel: 732-353-7664 Fax: 732-353-7665
Length: 3 Yrs
Program ID: 120-33-11-193

Woodbury
Prgm Director: Gregory E Herman, MD*
oc/Family Practice Center
27 35 Oak Street
Woodbury, NJ 07096
Tel: 856-583-2095 Fax: 856-685-5218
E-mail: kgervay@umnj.org
Length: 3 Yrs
Program ID: 120-33-11-194

Southside Hospital Program
Sponsor: Southside Hospital
Prgm Director: Robert Minnick, DO
2500 E Main Street
Bay Shore, NY 11706
Tel: 631-668-3216 Fax: 631-668-3219
Length: 3 Yrs
Program ID: 120-33-21-199

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Prgm Director: Neil C Miknick, DO
Department of Family Medicine
1368 New York Avenue MC 21
Albany, NY 12208
Tel: 518-262-9875 Fax: 518-262-5182
Length: 3 Yrs
Program ID: 120-33-21-196

University at Albany
Prgm Director: Richard J Bonanno, MD
301 E Main Street
Albany, NY 12222
Tel: 518-412-3778 Fax: 518-412-3778
Length: 3 Yrs
Program ID: 120-33-21-197

Phillisburg
Warren Hospital Program
Sponsor: Warren Hospital
Prgm Director: Raymond Bach, MD
75 Memorial Parkway
Suite 12
Philipsburg, NJ 08865
Tel: 908-850-6785 Fax: 908-454-9889
E-mail: cfp.residency@verizon.net
Length: 3 Yrs
Program ID: 120-33-21-438

Las Cruces
Memorial Medical Center (Las Cruces) Program
Sponsor: Memorial Medical Center
Prgm Director: Bert D Garrett, MD
2450 S Telshor Boulevard
Las Cruces, NM 88011
Tel: 505-531-5078 Fax: 505-531-5078
Length: 3 Yrs
Program ID: 120-33-21-577

Roswell
University of New Mexico (Roswell)
Prgm Director: University of New Mexico School of Medicine
Eastern New Mexico Medical Center
University of New Mexico Health Sciences
Prgm Director: Karen E Vaillant, MD
603 W Country Club Road
Roswell, NM 88201
Tel: 505-634-5625 Fax: 505-634-5603
Length: 3 Yrs
Program ID: 120-33-21-606

San Fe
University of New Mexico (Santa Fe)
Prgm Director: University of New Mexico School of Medicine
St Vincent Hospital
University of New Mexico Health Sciences
Prgm Director: Maria Pacheco, MD
455 St Michaels Drive
Santa Fe, NM 87505
Tel: 505-995-3985 Fax: 505-820-5813
Length: 3 Yrs
Program ID: 120-33-21-596

Bexley
Southside Hospital Program
Sponsor: Southside Hospital
Prgm Director: Robert Minnick, DO
2500 E Main Street
Bay Shore, NY 11706
Tel: 631-668-3216 Fax: 631-668-3219
Length: 3 Yrs
Program ID: 120-33-21-199

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Irving and Lucy Moss Division
Prgm Director: Mary Dogan, MD*
Albert Einstein College of Medicine
3544 Jerome Avenue
Bronx, NY 10467
Tel: 718-955-5510 Fax: 718-955-5478
E-mail: mwatts@montefiore.org
Length: 3 Yrs
Program ID: 120-33-21-200

Bexley
Bexley-Lebanon Hospital Center Program
Sponsor: Bexley-Lebanon Hospital Center
Prgm Director: James Munford, MD
1276 Fulton Avenue - Third Floor
Bronx, NY 10456
Tel: 718-901-8749 Fax: 718-901-8704
E-mail: bmunford@bronxleb.org
Length: 3 Yrs
Program ID: 120-33-21-465
Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Program Director: Vasanthak Kandamudi, MD
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 250-8817 Fax: 718 550-6600
E-mail: daff0222@sp.org
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 120-35-21-530

Lutheran Medical Center Program
Sponsor: Lutheran Medical Center
Program Director: Claudia Lyon, DO
Department of Family Medicine
561 Sixth Avenue
Brooklyn, NY 11220
Tel: 718 830-6813 Fax: 718 567-6772
E-mail: clyne@lnccmc.com
Length: 3 yrs ACGME Approved/Offered Positions: 4
Program ID: 120-35-11-207

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Gloria C Achora, MD
Department of Family Medicine
465 Clarkson Avenue - Box 67
Brooklyn, NY 11225
Tel: 718 270-2560 Fax: 718 270-2125
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-210

Wyckoff Heights Medical Center Program
Sponsor: Wyckoff Heights Medical Center
Program Director: Douglas Reich, MD
374 Stockholm Street
Brooklyn, NY 11237
Tel: 718 963-7657 Fax: 718 963-6575
E-mail: tech@whmc.org
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-507

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaldida Health System (Buffalo General Hospital)
Kaldida Health System (Millard Fillmore Hospital)
Program Director: Andrew T Mayson, MD
462 Grider Street - Modular Complex
Buffalo, NY 14215
Tel: 716 898-5072 Fax: 716 898-4750
Length: 3 yrs ACGME Approved/Offered Positions: 43
Subspecialties: FPM
Program ID: 120-35-21-489

Glen Cove
North Shore University Hospital at Glen Cove Program
Sponsor: North Shore University Hospital at Glen Cove
Program Director: William J Bennett, MD
101 St Andrews Lane
Glen Cove, NY 11542
Tel: 516 674-7627 Fax: 516 674-7636
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-35-11-202

Jamaica
Mount Sinai School of Medicine/Jamaica Hospital Medical Center Program
Sponsor: Jamaica Hospital Medical Center
Program Director: Alan R Roth, DO
Department of Family Medicine
6800 Van Wyck Expressway
Jamaica, NY 11418
Tel: 718 206-0914 Fax: 718 200-4716
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-35-11-206

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Program Director: Montgomery Douglas, MD
Brooklyn - Queens Division
80-25 133 Street
Jamaica, NY 11432
Tel: 718 558-2106 Fax: 718 558-2705
E-mail: mdonag24@ail.com
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-35-21-430

Johnson City
United Health Services Hospitals Program
Sponsor: United Health Services Hospitals
Wilson Memorial Regional Medical Center (United Health Sw)
Program Director: Richard J Terry, DO
35-57 Harrison Street
Johnson City, NY 13790
Tel: 607 763-5304 Fax: 607 763-5415
E-mail: james_fowler@ushs.org
Length: 3 yrs ACGME Approved/Offered Positions: 27
Subspecialties: FPG
Program ID: 120-35-11-203

New Paltz
Mid-Hudson Family Health Institute Program
Sponsor: Mid-Hudson Family Health Institute
Kingston Hospital
Program Director: John Anderson, MD
Residency Administrative Offices
106 Broadway
Kingston, NY 12401
Tel: 845 338-7444 Fax: 845 338-6307
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-204

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Andreas Cohrssen, MD
Beth Israel Medical Center
16 East 16th Street, 5th Floor
New York, NY 10003
Tel: 212 206-2655 Fax: 212 206-6551
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-35-32-538

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Program Director: Carmen M Dominguez-Rater, MD, MPH
Family Medicine Residency Program
41 Nagle Avenue
New York, NY 10040
Tel: 212 644-1850 Fax: 212 644-1879
E-mail: mdoma9204@nyp.org
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-21-681

Niagara Falls
University at Buffalo (Niagara Falls) Program
Sponsor: University at Buffalo
Niagara Falls Memorial Medical Center
Program Director: Melvin B Oyster, MD
Hamilton B Moore-Primary Care Ctr
1501 Fourth Street
Niagara Falls, NY 14010
Tel: 716 278-4558 Fax: 716 285-9092
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 120-35-12-211

Oceanside
South Nassau Communities Hospital Program
Sponsor: South Nassau Communities Hospital
Program Director: Samuel A Sandowski, MD
106 Merrick Road
Oceanside, NY 11772
Tel: 516 255-8415 Fax: 516 255-8453
Length: 3 yrs ACGME Approved/Offered Positions: 16
Program ID: 120-35-11-212

Olean
University at Buffalo Rural Program
Sponsor: University at Buffalo
Olean General Hospital
Kahila Health System (Buffalo General Hospital)
Program Director: Andrea Mannay, MD
462 Grider Street
Buffalo, NY 14215
Tel: 716 898-5972 Fax: 716 898-3164
E-mail: ppm4@buffalo.edu
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 120-35-21-016

Rochester
University of Rochester/Highland Hospital of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Program Director: Stephen H Schultz, MD
585 South Avenue
Rochester, NY 14620
Tel: 585 443-7130 Fax: 585 443-8119
E-mail: bness@urmc.rochester.edu
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-35-21-214

Schenectady
St Clare's Hospital of Schenectady Program
Sponsor: St Clare's Hospital of Schenectady
Program Director: Gary R Dunkerley, MD
Family Health Center, Attn: Residency Office-Lee Vero
600 McClellan St
Schenectady, NY 12304
Tel: 518 347-5285 Fax: 518 347-9007
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-35-12-215

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: Colin P Popow-Kerr, MD, JD
Department of Family Medicine
Level 1 Room 50 HSC
Stony Brook, NY 11794
Tel: 516 444-9284 Fax: 516 444-7447
E-mail: sbh_nfammed_Residency@stonybrook.edu
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-35-21-408
Accredited Programs in Family Medicine

Syracuse
SUNY Health Science Center at Syracuse/State University of New York College at Syracuse

- Sponsor: State University of New York College at Syracuse
- Program: Family Medicine Residency Program
- Program Director: Mark J. Curran, MD
- Length: 3 years
- Program ID: 120-36-21-216

Utica
St Elizabeth Medical Center (Utica) Program

- Sponsor: St Elizabeth Hospital
- Program: Family Medicine Residency Program
- Program Director: Mark D. Robinson, MD
- Length: 3 years
- Program ID: 120-36-11-217

Yonkers
New York Medical College at St Joseph's Medical Center Program

- Sponsor: New York Medical College at St Joseph's Medical Center
- Program: Family Medicine Residency Program
- Program Director: Stephen Haller, MD
- Length: 3 years
- Program ID: 120-36-11-218

North Carolina
Asheville
Mountain Area Health Education Center Program

- Sponsor: Mountain Area Health Education Center
- Mission: St Joseph's Health System
- Program: Family Medicine Residency Program
- Program Director: Stephen Haller, MD
- Length: 3 years
- Program ID: 120-36-11-219

Camp Lejeune
Naval Hospital Camp Lejeune Program

- Sponsor: Naval Hospital-Camp Lejeune
- Program Director: Maureen O. Padden, MD, MPH
- Length: 3 years
- Program ID: 120-36-12-666
- US Armed Services Program

Chapel Hill
University of North Carolina Hospitals Program

- Sponsor: University of North Carolina Hospitals
- Program: Family Medicine Residency Program
- Program Director: Clark D. Dennison, MD
- Length: 3 years
- Program ID: 120-36-11-220

Charlotte
Carolinas Medical Center Program

- Sponsor: Carolinas Medical Center
- Program: Family Medicine Residency Program
- Program Director: Jeffrey J. Johnson, MD
- Length: 3 years
- Program ID: 120-36-11-221
- Subspecialties: FP

Concord
Northeast Medical Center Program

- Sponsor: Northeast Medical Center
- Program Director: Andrew J. Jorgensen, DO
- Length: 3 years
- Program ID: 120-36-21-580
- Subspecialties: FM

Durham
Duke University Hospital Program

- Sponsor: Duke University Hospital
- Program Director: Brian H. Halsted, MD
- Department of Family Medicine
- Program: Family Medicine Residency Program
- Length: 3 years
- Program ID: 120-36-21-222

Fayetteville
Duke University Hospital/Southern Regional Area Health Education Center Program

- Sponsor: Southern Regional Area Health Education Center
- Program Director: Sandra M. Carr, MD
- Length: 3 years
- Program ID: 120-36-21-223

Fort Bragg
Womack Army Medical Center Program

- Sponsor: Womack Army Medical Center
- Program Director: Jeffrey J. Johnson, MD
- Department of Family Medicine
- Length: 3 years
- Program ID: 120-36-21-224
- Subspecialties: FSM

Greensboro
Moses H Cone Memorial Hospital Program

- Sponsor: Moses H Cone Memorial Hospital
- Program Director: Karl B. Fields, MD
- Family Practice Residency Program
- Length: 3 years
- Program ID: 120-36-11-225
- Subspecialties: FSM

Hendersonville
Mountain Area Health Education Center Rural Program

- Sponsor: Mountain Area Health Education Center
- Program Director: Steven D. Crane, MD
- Length: 3 years
- Program ID: 120-36-21-575

Monroe
Carolinas Medical Center Rural Program

- Sponsor: Carolinas Medical Center
- Program Director: James W. Wetter, MD
- Length: 3 years
- Program ID: 120-36-21-584

Wilmington
New Hanover Regional Medical Center Program

- Sponsor: New Hanover Regional Medical Center
- Program Director: Jessie A. Junker, MD, MBA
- Length: 3 years
- Program ID: 120-36-21-611

Winston-Salem
Wake Forest University School of Medicine Program

- Sponsor: Wake Forest Baptist Medical Center
- Program Director: Mark Andrews, MD
- Length: 3 years
- Program ID: 120-36-31-226
North Dakota

Bismarck

University of North Dakota (Bismarck) Program

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Medcenter One Hospital
St Alexius Medical Center
Prgm Director: Gay P Tangdahl, MD
Center for Family Medicine
515 East Broadway Avenue
Bismarck, ND 58501
Tel: 701.228-8650 Fax: 701.338-9857
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-37-21-227

Grand Forks

University of North Dakota (Grand Forks) Program

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Altru Health System Hospital
Prgm Director: Greg D Greek, MD
Family Practice Center
225 Hammond Street
Grand Forks, ND 58203
Tel: 701.777-6610 Fax: 701.777-6960
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-37-31-289

Minot

University of North Dakota (Minot) Program

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Medcenter One Hospital
Prgm Director: C Milton Smith, MD
Center for Family Medicine - Minot
123 1st Street SW
Minot, ND 58701
Tel: 701.858-6790 Fax: 701.858-6749
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-37-31-230

Ohio

Akron

Akron General Medical Center/NEUUCOM Program

Sponsor: Akron General Medical Center
Prgm Director: Mark H Beller, DO
400 Wabash Avenue
Akron, OH 44301
Tel: 330.344-7671 Fax: 330.344-6532
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-38-31-232

Summa Health System/NEUUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Richard M Hines, MD
75 Arch Street, Suite 002
Akron, OH 44304
Tel: 330.375-0144 Fax: 330.375-4291
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-21-231

Barberton

Barberton Citizens Hospital/NEUUCOM Program

Sponsor: Barberton Citizens Hospital
Prgm Director: James R Richard, MD
155 Fifth Street, NE
Barberton, OH 44203
Tel: 330.745-5008 Fax: 330.845-7829
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-38-21-487

Bellefontaine

Ohio State University Hospital Rural Program

Sponsor: Ohio State University Hospital
Mary Prgm Director: Randall L Leongenecker, MD
4311 1ST Street SW
West Liberty, OH 43357
Tel: 937.465-0056 Fax: 937.465-9945
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 120-38-21-640

Canton

Aultman Hospital/NEUUCOM Program

Sponsor: Aultman Hospital
Prgm Director: Susan E Moore, MD
2601 7th Street, SW
Canton, OH 44710
Tel: 330.580-5509 Fax: 330.580-5509
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-38-11-234

Cincinnati

Christ Hospital/University of Cincinnati College of Medicine Program

Sponsor: Christ Hospital
University Hospital Inc
Prgm Director: Mark E Diller, MD, PhD
Department of Family Medicine
2123 Auburndale Road, Suite 540
Cincinnati, OH 45219
Tel: 513.471-2291 Fax: 513.345-6665
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-38-21-235

TriHealth (Bethesda Hospital) Program

Sponsor: TriHealth
TriHealth-Bethesda Hospital
Prgm Director: Lorraine Stephens, MD
Family Medicine Residency Program
4411 Montgomery Rd #306
Cincinnati, OH 45213
Tel: 513.671-6070 Fax: 513.631-9766
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-38-21-474

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Alan R Fletcher, DO, MPH
Department of Family Medicine
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216.778-5415 Fax: 216.778-8225
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-38-11-237

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Michael P Rowan, DO, MS
Department of Family Medicine
11100 Euclid Avenue, Cleveland, OH 44106
Tel: 216.444-1000 Fax: 216.444-1000
E-mail: medical.fcmp@uhhs.com
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-11-236

Fairview Hospital Program

Sponsor: Fairview Hospital
Prgm Director: Stephen P Flynn, MD
18200 Lorain Avenue
Cleveland, OH 44111
Tel: 216.476-7085 Fax: 216.476-7994
E-mail: kathy.gaugan@fairviewhospital.org
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-38-11-238

Columbus

Grant Medical Center (OhioHealth) Program

Sponsor: Grant Medical Center (OhioHealth)
Prgm Director: Bruce Vanderhoff, MD
Medical Education Department
111 S Grant Avenue
Columbus, OH 43215
Tel: 614.568-8917 Fax: 614.568-8073
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-38-31-239

Mount Carmel Program

Sponsor: Mount Carmel
Prgm Director: Dennis F Buppel, MD
2150 Marble Cliff Office Park
Columbus, OH 43215
Tel: 614.234-5757 Fax: 614.234-2772
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-38-32-240

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Ohio State University Hospitals East
Prgm Director: John R McConathy, MD
Department of Family Medicine
2321 N High Street, Room 206
Columbus, OH 43201
Tel: 614.293-3855 Fax: 614.393-3717
Length: 3 yrs ACGME Approved/Offered Positions: 23
Subspecialties: FSM
Program ID: 120-38-21-241

Ohio State University Hospital Urban Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Ohio State University Hospitals East
Prgm Director: Leon McClellan, MD, MPH
2211 North High Street
Columbus, OH 43201
Tel: 614.293-3855 Fax: 614.293-3717
E-mail: mcclellan.1@medctr.osu.edu
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 120-38-32-873

Riverside Methodist Hospitals (OhioHealth) Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Edward T Bope, DO
697 Thomas Lane
Columbus, OH 43214
Tel: 614.568-4308 Fax: 614.568-6843
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-38-21-242
Accredited Programs in Family Medicine

Dayton

Miami Valley Hospital Program
Sponsor: Miami Valley Hospital
Prgm Director: Theodore E Wypyso, MD
101 Wrightway Street
Dayton, OH 45409
Tel: 937 431-7347 Fax: 937 439-1809
E-mail: wwpypyso@mvm.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-38-31-244

Wright State University/Dayton Community Hospitals Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Kettering Medical Center
Prgm Director: Teresa W Zyd, MD, MSPH
2345 Philadelphia Drive
Dayton, OH 45406
Tel: 937 277-7246 Fax: 937 277-7246
E-mail: family_practice@wdayton.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-31-245

Sylvania

Flower Hospital Program
Sponsor: Flower Hospital
Prgm Director: Jeanine Buttin, MD
Family Physicians Association
5300 Harrow Road, Suite 304
Sylvania, OH 43560
Tel: 419 287-1365 Fax: 419 287-1771
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-38-11-246

Toledo

Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Kevin A Phelps, DO
Garden Lake Building
1015 Garden Lake Parkway
Toledo, OH 43614
Tel: 419 383-5558 Fax: 419 382-7876
E-mail: cbernan@mco.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-247

Mercy Health Partners/St Vincent Mercy Medical Center Program
Sponsor: St Vincent Mercy Medical Center
St Charles Mercy Hospital
Prgm Director: Susan J Hulsemann, MD
5500 Jefferson Avenue
Toledo, OH 43624
Tel: 419 251-1859 Fax: 419 242-9898
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-31-249

Toledo Hospital Program
Sponsor: Toledo Hospital
Prgm Director: Jeffrey E Lewis, MD
2051 West Central Avenue
Toledo, OH 43606
Tel: 419 291-2342 Fax: 419 479-6952
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-38-21-230

Wilmington

Clinton Memorial Hospital/University of Cincinnati College of Medicine Program
Sponsor: Clinton Memorial Hospital
Prgm Director: Keith B Holten, MD
425 W Locust Street
Wilmington, OH 45177
Tel: 937 385-2081 Fax: 937 385-9610
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-21-262

Youngstown

St Elizabeth Health Center/NEDUCOM Program
Sponsor: St Elizabeth Health Center
Prgm Director: Rudolph M Kniff, MD
1600 Belmont Avenue
PO Box 1709
Youngstown, OH 44504
Tel: 330 443-2081 Fax: 330 480-2948
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-251

Western Reserve Care System/NEOHCOM Program
Sponsor: Forum Health/Western Reserve Care System
(Youngstown)
Northside Medical Center
Prgm Director: James C Dewar, MD
Family Practice Center
560 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-3985 Fax: 330 884-5678
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-269

Ohio

Lawton

University of Oklahoma Health Sciences Center (Lawton) Program
Sponsor: University of Oklahoma College of Medicine
Comanche County Memorial Hospital
Southwestern Medical Center
Prgm Director: Dan F Crosswell, MD
4427 West Gore Blvd
Lawton, OK 73505
Tel: 580 248-4797 Fax: 580 248-5348
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-260

Garden

Oklahoma

Great Plains Medical Foundation Program
Sponsor: Great Plains Medical Foundation
Deanaceon Hospitals
Integris Baptist Medical Center
Prgm Director: Neal D Clemenson, MD
2500 NW 56th Street Suite 100
Oklahoma City, OK 73112
Tel: 405 951-2324 Fax: 405 951-2324
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-38-31-266

Street

St Anthony Hospital Program
Sponsor: St Anthony Hospital
Prgm Director: Chery Smuckler, MD*, MD*
658 NW 9th Street, Suite 1000
Oklahoma City, OK 73102
Tel: 405 272-7494 Fax: 405 272-6985
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-38-31-263

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Prgm Director: James Barrell, MD*, MSPH
900 NE 10th Street
Oklahoma City, OK 73104
Tel: 405 271-2230 Fax: 405 271-6966
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: FSM
Program ID: 120-38-31-264

University of Oklahoma/Garfield County Medical Society Rural Program
Sponsor: University of Oklahoma College of Medicine
Integris Baan Baptist Health Center
OU Medical Center
St Mary’s Regional Medical Center
Prgm Director: Michael P Pontious, MD
620 S Madison, Suite 304
Enid, OK 73704
Tel: 580 242-1300 Fax: 580 237-7913
E-mail: enidmemmed@ouhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-11-253

Tulsa

In His Image at Hillcrest Medical Center Program
Sponsor: In His Image Inc
Hillcrest Medical Center
Prgm Director: Mitchell W Daininck, MD
7600 South Lewis Avenue
Tulsa, OK 74139
Tel: 918 493-7880 Fax: 918 493-7880
E-mail: admin@inhisimage.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-38-21-499

University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Prgm Director: Kristina M Kline, MD*
Department of Family Medicine
9292 East 21st Street
Tulsa, OK 74139
Tel: 918 663-6985 Fax: 918 663-6983
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: FSM
Program ID: 120-38-21-266

University of Oklahoma College of Medicine-Tulsa Rural Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Jane Phillips Episcopal Memorial Medical Center
Prgm Director: W Michael Woods, MD
400 Wyandotte
PO Box 420
Ramona, OK 74061
Tel: 918 536-2104 Fax: 918 536-2100
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-38-31-606

Oregon

Klamath Falls

Oregon Health & Science University (CASCADES East) Program
Sponsor: Oregon Health & Science University Hospital
Merle West Medical Center
Prgm Director: Robert O Boss, MD, MEd
Cascades East PFP
2851 Daggett
Klamath Falls, OR 97601
Tel: 541 885-4614 Fax: 541 885-6228
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-40-21-546
<table>
<thead>
<tr>
<th>City</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Length</th>
<th>Subspecialties</th>
<th>Program ID</th>
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<tbody>
<tr>
<td>Milwaukie</td>
<td>Providence Milwaukie Hospital Program</td>
<td>Sponsor: Providence Milwaukie Hospital</td>
<td>Program Director: William R Gillanders, MD</td>
<td>10150 SE 32nd Avenue Milwaukee, WI 53222</td>
<td>414-278-3200</td>
<td>414-278-3200</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-21-666</td>
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<tr>
<td>Portland</td>
<td>Oregon Health &amp; Science University Program</td>
<td>Sponsor: Oregon Health &amp; Science University Hospital</td>
<td>Program Director: Eric Walsh, MD</td>
<td>Department of Family Medicine 3811 SW Sam Jackson Park Road Portland, OR 97239</td>
<td>503-494-1009</td>
<td>503-494-7659</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-21-371</td>
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<tr>
<td>Bethlehem</td>
<td>St Luke's Hospital Program</td>
<td>Sponsor: St Luke's Hospital</td>
<td>Program Director: Patti Forest, MD</td>
<td>2550 Easton Avenue Bethlehem, PA 18017</td>
<td>610-364-1566</td>
<td>610-363-1365</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-21-603</td>
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<td>Erie</td>
<td>St Vincent Health Center Program</td>
<td>Sponsor: St Vincent Health Center</td>
<td>Program Director: Gary Silko, MD</td>
<td>2314 Sassafras Street, Suite 306 Erie, PA 16502</td>
<td>814-642-5165</td>
<td>814-652-5097</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-31-201</td>
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<tr>
<td>Harrisburg</td>
<td>PinnacleHealth Hospitals Program</td>
<td>Sponsor: PinnacleHealth Hospitals</td>
<td>Program Director: Ellen S Smith, MD</td>
<td>2601 North Third Street Harrisburg, PA 17110</td>
<td>717-782-2333</td>
<td>717-782-2333</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-265</td>
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<tr>
<td>Johnstown</td>
<td>Conemaugh Valley Memorial Hospital Program</td>
<td>Sponsor: Conemaugh Valley Memorial Hospital</td>
<td>Program Director: Jeanne F Spencer, MD</td>
<td>1099 Franklin Street Johnstown, PA 15905</td>
<td>814-534-5559</td>
<td>814-534-5559</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-269</td>
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<tr>
<td>Lancaster</td>
<td>Lancaster General Hospital Program</td>
<td>Sponsor: Lancaster General Hospital</td>
<td>Program Director: Stephen D Ratcliff, MD</td>
<td>555 N Duke Street PO Box 3555 Lancaster, PA 17604</td>
<td>717-544-4840</td>
<td>717-544-4840</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-270</td>
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<tr>
<td>Latrobe</td>
<td>Latrobe Area Hospital Program</td>
<td>Sponsor: Latrobe Area Hospital</td>
<td>Program Director: Carol J Fox, MD</td>
<td>121 W 2nd Avenue Latrobe, PA 15650</td>
<td>724-567-1853</td>
<td>724-567-1853</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-277</td>
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<tr>
<td>Lebanon</td>
<td>Penn State University/Good Samaritan Hospital Program</td>
<td>Sponsor: University of Pittsburgh Medical Center</td>
<td>Program Director: David C Holub, MD</td>
<td>12041-12-270</td>
<td>717-277-1849</td>
<td>717-277-1849</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-204</td>
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<tr>
<td>McKeesport</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>Sponsor: Univer of Pittsburgh Medical Center</td>
<td>Program Director: William H Markle, MD</td>
<td>12041-12-271</td>
<td>412-657-1021</td>
<td>412-657-1021</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-271</td>
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<td>Monroeville</td>
<td>Forbes Regional Program</td>
<td>Sponsor: Forbes Regional Hospital</td>
<td>Program Director: Martin J Soltman, MD</td>
<td>412-657-1021</td>
<td>412-657-1021</td>
<td>412-657-1021</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-2278</td>
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<td>Norristown</td>
<td>Montgomery Hospital Program</td>
<td>Sponsor: Montgomery Hospital</td>
<td>Program Director: Hazel M Bluestein, MD</td>
<td>12041-11-2278</td>
<td>610-277-0964</td>
<td>610-277-0964</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-2278</td>
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<tr>
<td>Philadelphia</td>
<td>Chestnut Hill Hospital Program</td>
<td>Sponsor: Chestnut Hill Hospital</td>
<td>Program Director: Marc W McKenna, MD</td>
<td>8805 Germantown Avenue, 5th Floor Philadelphia, PA 19118</td>
<td>215-245-8145</td>
<td>215-245-8853</td>
<td>3 Yrs</td>
<td>ACGME approved</td>
<td>120-49-11-276</td>
</tr>
</tbody>
</table>

Graduate Medical Education Directory 2005-2006
Accredited Programs in Family Medicine

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann Hahnemann University Hospital (Temet Health System)
Warmminster Hospital (Temet Health System)
Prgm Director: Eugene S Bong, MD
225 Newtown Road
Warmminster, PA 18974
Tel: 215 441-7560 Fax: 215 441-3702
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-4-1-81-776

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Patrick McMmanus, MD
1015 Walnut Street, Room 401
Philadelphia, PA 19107
Tel: 215 693-2083 Fax: 215 352-0640
E-mail: Patrick.Mcmanus@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: PGIM, FPM
Program ID: 120-4-12-21276

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Presbyterian Medical Center (UPMC)
Prgm Director: Richard A Nell, MD
Department of Family Medicine & Community Medicine
51 North 39th Street, 6th Floor Mitch Building
Philadelphia, PA 19104
Tel: 215 662-8549 Fax: 215 345-2392
E-mail: fampract@mail.med.upenn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-21833

Pittsburgh
Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: William K Johnjilu, MD
Faculty Medicine Residency Program
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 823-5865 Fax: 412 232-7937
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-4-1-11-578

University of Pittsburgh Medical Center Medical Education (St Margaret) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Prgm Director: Ted C Schaffer, MD
615 Freepoint Road
Pittsburgh, PA 15215
Tel: 412 784-4002 Fax: 412 784-6274
E-mail: flatman@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FGIM, FPM
Program ID: 120-4-1-12-279

University of Pittsburgh Medical Center Medical Education/Presbyterian Shadyside Hospital Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Mark A Knoe, MD
UPMC Shadyside Family Practice Residency
5230 Center Avenue
Pittsburgh, PA 15232
Tel: 412 623-1254 Fax: 412 623-3012
E-mail: herbstmar@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: FGIM
Program ID: 120-4-1-12-298

Western Pennsylvania Hospital/Temple University Program
Sponsor: Western Pennsylvania Hospital
Prgm Director: Nancy Levine, MD
4900 Friendship Ave, Suite N221
Pittsburgh, PA 15224
Tel: 412 678-1649 Fax: 412 688-7711
E-mail: fampract@wphs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-12279

Sayre
Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Prgm Director: Francis G Belardi, MD
One Guthrie Square
Sayre, PA 18840
Tel: 570 883-3392 Fax: 570 883-2807
E-mail: fampract@ghs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: FPM
Program ID: 120-4-1-21-518

Upland
Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Crozer Keystone Health System-Delaware County Mem Hosp
Prgm Director: William J Warning, MD
1290 E Woodland Avenue, Suite 200
Springfield, PA 19064
Tel: 610 699-4489 Fax: 610 699-4474
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FGIM
Program ID: 120-4-1-21-477

Washington
Washington Hospital Program
Sponsor: Washington Hospital
Prgm Director: Paul T Colman, MD
95 Leonard Avenue
Washington, PA 15301
Tel: 724 233-3548 Fax: 724 229-2178
E-mail: cgifford@washingtonhospital.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-4-1-12-283

West Reading
Reading Hospital and Medical Center Program
Sponsor: Reading Hospital and Medical Center
Prgm Director: David Michael Baxter, MD
Family Medicine Residency Program
301 South Seventh Avenue
West Reading, PA 19091
Tel: 610 988-8855 Fax: 610 988-8900
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-12-281

Wilkes-Barre
United Health and Hospital Services Program
Sponsor: Wyoming Valley Health Care System
Prgm Director: Richard B English, MD, MHA
2 Sharpe Street
Coffler 4950
Kingston, PA 18704
Tel: 570 552-8800 Fax: 570 552-8908
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-12-284

Williamsport
Williamsport Hospital and Medical Center Program
Sponsor: Susquehanna Health System
Prgm Director: David N Ambrose, MD
Family Medicine Residency Program
669 Rural Avenue
Williamsport, PA 17701
Tel: 570 321-2340 Fax: 570 321-2380
E-mail: WMSPTFP@shsares.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-4-1-11-285

York
York Hospital Program
Sponsor: York Hospital
Prgm Director: Bruce M Bushwick, MD
1001 South George Street
York, PA 17405
Tel: 717 851-5308 Fax: 717 851-5663
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-4-1-11-286

Puerto Rico
Bayamon
Hospital San Pablo Program
Sponsor: Hospital San Pablo
Prgm Director: Felix Betancourt-Bogos, MD
Fo Family Practice Residency Program
PO Box 236
Bayamon, PR 00960
Tel: 787 740-4747 Fax: 787 740-4743
E-mail: armahpa@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-4-1-12-448

Universidad Central del Caribe Program
Sponsor: Universidad Central del Caribe School of Medicine
Hospital Universitario Dr Ramon Ruiz Arnau
Prgm Director: Harry Mercado, MD
Family Medicine Department
Call Box 69-327
Bayamon, PR 00960
Tel: 787 740-4548 Fax: 787 740-4543
E-mail: harrymercado@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-4-1-21-510

Manati
Dr Alejandro Otero Lopez Hospital Program
Sponsor: Hospital Dr Alejandro Otero Lopez
Prgm Director: Luis R Rosa Toledo, MD
PO Box 144
Manati, PR 00674
Tel: 787 631-0700 Fax: 787 631-3713
E-mail: JAOL@hospitalpr.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-21-601

Mayaguez
Bella Vista Hospital Program
Sponsor: Bella Vista Hospital
Prgm Director: Eliasian Munoz, MD
PO Box 1750
Mayaguez, PR 00681
Tel: 787 836-2230 Fax: 787 653-6032
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-4-1-12-420
Ponce
Dr Pila Hospital/Ponce School of Medicine Program
Sponsor: Dr Pila Hospital
Program Director: Malviné Blanco, MD*
Family Medicine Program
PO Box 360
Ponce, PR 00733
Tel: 787 844-6400 Fax: 787 844-6400
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-42-21-466

San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
University of Puerto Rico Hospital at Carolina
Program Director: Paquita L. Moya-Huff, MD
Department of Family Medicine
111 Brewater Street
San Juan
Tel: 787 876-7415 Fax: 787 876-7416
E-mail: facmedfam@prtc.net
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FP, PFP
Program ID: 120-42-21-287

Rhone Island
Pawtucket
Memorial Hospital of Rhode Island/Brown University Program
Sponsor: Memorial Hospital of Rhode Island
Program Director: Rabin Chandran, MD*
Department of Family Medicine
111 Brewater Street
Pawtucket, RI 02860
Tel: 401 729-2236 Fax: 401 729-2233
E-mail: Rabin.Chandran@brown.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 120-42-21-288

South Carolina
Anderson
AnMed Health (Anderson) Program
Sponsor: AnMed Health
Program Director: Stony A Acrebrowe, MD
James G Ballard, Jr, MD Building
600 North Pant Street
Anderson, SC 29621
Tel: 864 324-8166 Fax: 864 360-3702
E-mail: donron@anmed.com
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-42-11-289

Charleston
Trident Medical Center/Medical University of South Carolina Program
Sponsor: Trident Medical Center
Program Director: Peter J Carek, MD, MS
829 Medical Plaza Drive
Charleston, SC 29404
Tel: 843 824-9574 Fax: 843 818-2690
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-45-21-290

Columbia
Palmetto Health/University of South Carolina Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richeland
Program Director: James H Lucas, MD
Family Practice Center
3209 Colonial Drive
Columbia, SC 29203
Tel: 803 494-7629 Fax: 803 494-7629
Length: 3 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: FSH
Program ID: 120-45-11-291

Florence
McLeod Regional Medical Center Program
Sponsor: McLeod Regional Medical Center
Program Director: William H Hunter, MD
555 East Cheves Street
Florence, SC 29506
Tel: 843 777-2812 Fax: 843 777-2810
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-45-21-375

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Program Director: Robert B Hanlin, MD
877 W Furie Rd
Greenville, SC 29605
Tel: 864 455-7851 Fax: 864 455-3988
E-mail: cmh@ghs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-45-11-292

Greenwood
Self Regional Healthcare/Greenwood Family Practice Program
Sponsor: Self Regional Healthcare
Program Director: Gary Golofth, MD
155 Academy Avenue
Greenwood, SC 29646
Tel: 864 227-4888 Fax: 864 227-4888
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-45-21-576

Seneca
AnMed Health (Anderson) Rural Program
Sponsor: AnMed Health
Oneene Memorial Hospital
Greenville Hospital System
Program Director: Ed Beans, MD
Seneca Medical Association
11082 N Radio Station Rd
Seneca, SC 29678
Tel: 864 348-0027 Fax: 864 348-0027
E-mail: tommyns@senecamed.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-45-21-668

Spartanburg
Spartanburg Regional Healthcare System Program
Sponsor: Spartanburg Regional Healthcare System
Program Director: Otis L Baughman, MD
Family Medicine Center
855 North Church Street, Suite #510
Spartanburg, SC 29303
Tel: 864 560-1558 Fax: 864 560-1510
E-mail: jheunon@khrs.com
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-45-11-293

South Dakota
Rapid City
Rapid City Regional Hospital Program
Sponsor: Rapid City Regional Hospital
Program Director: Douglas A Bright, MD
562 E Monroe
Rapid City, SD 57701
Tel: 605 719-4028 Fax: 605 719-4044
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-46-21-347

Sioux Falls
Sioux Falls Family Practice Program
Sponsor: Center for Family Medicine
Avera McKennan Hospital and University Health Center
Sioux Valley Hospital and University of SD Medical Center
Program Director: Earl D Kemp, MD
1115 E 30th Street
Sioux Falls, SD 57105
Tel: 605 877-1642 Fax: 650 335-1006
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-46-11-594

Tennessee
Bristol
East Tennessee State University (Bristol) Program
Sponsor: James H Quillen College of Medicine
Wellmont Health System - Bristol Regional Medical Center
Program Director: Raymond H Feiershamb, MD
205 Medical Park Blvd
Bristol, TN 37620
Tel: 423 900-3002 Fax: 423 900-3045
E-mail: bpbc@etsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-47-31-298

Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine Chattanooga
 Erlanger Medical Center
Department of Family Medicine
1100 East Third Street
Chattanooga, TN 37403
Tel: 423 778-2657 Fax: 423 778-2859
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-47-31-584

Jackson
University of Tennessee (Jackson) Program
Sponsor: University of Tennessee College of Medicine
Jackson Madison County General Hospital
Program Director: Gregg E Mitchell, MD*
294 Summer Drive
Jackson, TN 38301
Tel: 731 327-4453 Fax: 731 423-4919
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-47-21-299
Accredited Programs in Family Medicine

Johnson City
East Tennessee State University (Johnson City) Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Program Director: Mac M Bayard, MD
1111: 1111:
Johnson City, TN 37604
Tel: 423 438-0471 Fax: 423 438-4286
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-47-31-410

Kingsport
East Tennessee State University (Kingsport) Program
Sponsor: James H Quillen College of Medicine
Wellmont Health System-Holston Valley
Program Director: Reid Blackwell, MD
1111: 1111:
Kingsport, TN 37660
Tel: 423 245-9635 Fax: 423 245-9634
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-47-31-297

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Program Director: Ruth E Baldrige, MD, MPH#
1111: 1111:
Knoxville, TN 37920
Tel: 865 544-8083 Fax: 865 544-8084
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-47-11-298

Memphis
University of Tennessee (Tipton) Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Program Director: Nancy M Rockstroh, MD*
1111: 1111:
Memphis, TN 38133
Tel: 901 475-2779 Fax: 901 475-2779
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-511

University of Tennessee/Saint Francis Program
Sponsor: University of Tennessee College of Medicine
St Francis Hospital
Program Director: John D Dziedzic, MD, MSHP
1111: 1111:
Memphis, TN 38119
Tel: 901 448-0757 Fax: 901 448-0757
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-47-21-483

Nashville
 Meharry Medical College Program
Sponsor: Meharry Medical College School of Medicine
Metropolitan Nashville General Hospital
Program Director: Roger T Zoebisch, MD, MPH*
Department of Family Medicine
1005 Dr B D Todd, Jr Blvd
Nashville, TN 37238
Tel: 615 257-5670 Fax: 615 257-5670
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-47-21-483

Texas
Abilene
Texas Tech University (Lubbock) Rural Program at Abilene
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Hendrick Medical Center/Health System
University Medical Center
Program Director: Donald L Cook, DO
1111: 1111:
Abilene, TX 79604
Tel: 806 743-9256 Fax: 806 743-9256
E-mail: dwalker@hendrickhospital.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-48-11-060

Amarillo
Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center at Amarillo
Baptist-St Anthony’s Health System
Northwest Texas Health Care System
Program Director: Beverly D Nazoe-Lewis, DO
1111: 1111:
Amarillo, TX 79106
Tel: 806 213-5327 Fax: 806 213-5327
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG, FSM
Program ID: 120-48-21-111

Austin
Austin Medical Education Programs of Seton Healthcare Network Program
Sponsor: Austin Medical Education Program of Seton Healthcare Network
Brackenridge Hospital
St. David’s Hospital
Program Director: Samuel A Atkins, MD
1111: 1111:
Austin, TX 78704
Tel: 512 324-9511 Fax: 512 324-0101
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-48-11-002

Baytown
San Jacinto Methodist Hospital Program
Sponsor: San Jacinto Methodist Hospital
Program Director: Claire Hawkins, MD
1111: 1111:
Baytown, TX 77521
Tel: 281 428-0120 Fax: 281 428-0120
E-mail: Chawkins@mh.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-432

Bryan
Family Practice Foundation of Brazos Valley Program
Sponsor: Family Practice Foundation of the Brazos Valley
St Joseph Regional Health Center
Program Director: David A McClellan, MD*
1111: 1111:
Bryan, TX 77802
Tel: 979 961-4465 Fax: 979 776-9007
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-48-21-405

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thompson General Hospital
Program Director: Ricardo G Perez, MD
1111: 1111:
El Paso, TX 79904
Tel: 915 777-3323 Fax: 915 777-3323
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-11-009

Fort Hood
Darnall Army Community Hospital Program
Sponsor: Darnall Army Community Hospital
Program Director: David M Wallace, MD, MPH
1111: 1111:
Fort Hood, TX 76544
Tel: 254 286-2034 Fax: 254 286-7115
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-657

US Armed Services Program
Fort Worth
John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Pgm Director: Joane Baumier, MD
1500 Main Street
4th Floor
Fort Worth, TX 76104
Tel: 817-927-2100 Fax: 817-927-1691
Program ID: 120-48-31-304
Length: 3 yrs ACGME Approved/Offered Positions: 72
Subspecialties: FGPG, FSM

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Lisa B Naish, DO
301 University Boulevard
Route 1123
Galveston, TX 77555
Tel: 409-772-1344 Fax: 409-747-8882
E-mail: lnaish@utmb.edu
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-305

Garland
Baylor Medical Center at Garland Program
Sponsor: Baylor Medical Center at Garland
Pgm Director: Leslie E Tingle, MD
691 Clara Barton Blvd, Ste 349
Garland, TX 75042
Tel: 972-273-5885 Fax: 972-272-9127
E-mail: leslie@baylorhealth.edu
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-674

Harlingen
Valley Baptist Medical Center Program
Sponsor: Valley Baptist Medical Center
Pgm Director: Bruce A Leibert, MD
2222 Benwood Street
Harlingen, TX 78550
Tel: 956-389-2448 Fax: 956-389-2468
E-mail: fampractice@valleypbsan.com
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-48-21-593

Houston
Baylor College of Medicine (Kelsey-Seybold) Program
Sponsor: Baylor College of Medicine
St Luke's Episcopal Hospital
Pgm Director: Nicholas J Solonos, MD
2317 W Holcombe
Houston, TX 77025
Tel: 713-796-4851
Length: 3 yrs
Program ID: 120-48-15-682

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
St Luke's Episcopal Hospital
Pgm Director: Jane E Corboy, MD
Dept of Family & Community Med
3701 Kirby Drive, Suite 600
Houston, TX 77098
Tel: 713-796-7674 Fax: 713-796-7789
E-mail: ffmresidency@storge.fm bcm.tmc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 36
Program ID: 120-48-11-306

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
Pgm Director: Daniel B Kalb, MD, MPH
1315 St Joseph Parkway, Suite 1400
Houston, TX 77002
Tel: 713-756-4139 Fax: 713-756-8215
E-mail: daniel.kalb@christushealth.org
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-665

Memorial Hermann Hospital System Program
Sponsor: Memorial Hermann Hospital System
Memorial Hermann Southwest Hospital
Pgm Director: David W Rose, MD, PhD
7735 Southwest Freeway, Suite 420
Houston, TX 77074
Tel: 713-456-5880 Fax: 713-456-5895
E-mail: memfnpadmin@mhhs.org
Length: 3 yrs ACGME Approved/Offered Positions: 48
Program ID: 120-48-21-307

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Pgm Director: Carlos A Duamas, MD
6411 Ste J JJL 368
Houston, TX 77030
Tel: 713-500-7610 Fax: 713-500-7619
E-mail: glenda.thurman@uth.tmc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 36
Subspecialties: FGPG
Program ID: 120-48-21-436

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Pgm Director: Donald L Cook, DO, MS
Department of Family & Community Medicine
3601 4th Street
Lubbock, TX 79430
Tel: 906-743-2770 Fax: 906-743-3955
E-mail: family.practice@ttuhsc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 21
Subspecialties: FSM
Program ID: 120-48-21-310

McAllen
University of Texas Health Science Center at San Antonio (McAllen) Program
Sponsor: University of Texas Medical School at San Antonio
McAllen Medical Center
Pgm Director: Joan J Trevino, MD
205 E Toronto Avenue
McAllen, TX 78503
Tel: 956-687-6155 Fax: 956-618-0451
E-mail: bakers@mprrp.com
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-11-311

Odessa
Texas Tech University (Odessa) Program
Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Pgm Director: John T Garcia, MD
Department of Family & Community Medicine
701 W 5th Street
Odessa, TX 79763
Tel: 915-335-6311 Fax: 915-335-2485
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-457

San Antonio
Christus Santa Rosa Health Care Program
Sponsor: Christus Santa Rosa Health Care Corporation
Pgm Director: James C Martin, MD
Center for Children & Families, Ste 4703
333 N Santa Rosa Blvd
San Antonio, TX 78207
Tel: 210-704-3535 Fax: 210-704-3454
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-48-21-616

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Pgm Director: Miguel A Ramirez-Colon, MD, MPH
Department of Family Medicine
7725 Floyd Curl Drive - Mailstop 7705
San Antonio, TX 78229
Tel: 210-388-3031 Fax: 210-290-3763
E-mail: sanantonfp@uthscsa.edu
Length: 3 yrs ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-48-21-312

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Darnall Army Community Hospital
Pgm Director: John L Manning, MD
1402 West Avenue H
Temple, TX 76504
Tel: 254-771-8401 Fax: 254-771-9493
E-mail: jmanniag@swmail.sw.org
Length: 3 yrs ACGME Approved/Offered Positions: 22
Program ID: 120-48-21-460

Tyler
University of Texas Health Center at Tyler Program
Sponsor: University of Texas Health Center at Tyler
Mother Frances Hospital Regional Health Care Center
Pgm Director: Jonathan E MacClements, MD
11897 US Highway 271
Tyler, TX 75707
Tel: 903-877-7204 Fax: 903-877-7778
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-48-21-464

Waco
McLennan County Medical Education and Research Foundation Program
Sponsor: McLennan County Medical Education and Research Foundation
Hillcrest Baptist Medical Center
Providence Health Center
Pgm Director: Lynda B DeArmond, MD* 1600 Providence Drive
PO Box 2276
Waco, TX 76707
Tel: 254-766-8240 Fax: 254-766-3548
E-mail: bdearmond@mclcom.org
Length: 3 yrs ACGME Approved/Offered Positions: 36
Program ID: 120-48-11-313
### Accredited Programs in Family Medicine

<table>
<thead>
<tr>
<th>Program Name</th>
<th>State</th>
<th>Institution</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length</th>
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<td>Wichita Falls</td>
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<td>North Central Texas Medical Foundation Program</td>
<td>Sponsor: North Central Texas Medical Foundation</td>
<td>Prgm. Director: Roy L. Carr, MD*</td>
<td>3 Yrs</td>
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<td>University of Vermont Program</td>
<td>Sponsor: Fletcher Allen Health Care</td>
<td>Prgm. Director: John G. King, MD, MPH*</td>
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<td>Utah</td>
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<td>Sponsor: St. Mark's Health Care Foundation</td>
<td>Prgm. Director: John Berneke, MD*</td>
<td>3 Yrs</td>
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<td>Ogden</td>
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<td>McKay-Dee Hospital Center Program</td>
<td>Sponsor: McKay-Dee Hospital Center</td>
<td>Prgm. Director: Gregory L. Gochnour, MD</td>
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<td>Provo</td>
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<td>Sponsor: Utah Valley Regional Medical Center</td>
<td>Prgm. Director: Michael L. Rhodes, MD</td>
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<td>Prgm. Director: Duman N. Sanyer, MD</td>
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<td>Blackstone</td>
<td>Sponsor: Bon Secours Richmond Health System (Blackstone) Program</td>
<td>Prgm. Director: John P. Franko, MD</td>
<td>3 Yrs</td>
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<td>120-51-11-321</td>
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<td>Charlottesville</td>
<td>Sponsor: University of Virginia Program</td>
<td>Prgm. Director: John P. Franko, MD</td>
<td>3 Yrs</td>
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<td>Sponsor: Virginia Commonwealth University Health System (Falls Church) Program</td>
<td>Prgm. Director: Samuel M. Jones, MD</td>
<td>3 Yrs</td>
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<td>Fort Belvoir</td>
<td>Sponsor: National Capital Consortium (DeWitt Army Community Hospital) Program</td>
<td>Prgm. Director: Kevin L. Moore, MD*</td>
<td>3 Yrs</td>
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<td>Prgm. Director: Samuel M. Jones, MD</td>
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<td>Norfolk</td>
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<td>Eastern Virginia Medical School Program</td>
<td>Sponsor: Eastern Virginia Medical School</td>
<td>Prgm. Director: Richard M. Bikowski, MD</td>
<td>3 Yrs</td>
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<td>Newport News</td>
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<td>VCU-Riverside Regional Medical Center Program</td>
<td>Sponsor: Riverside Regional Medical Center</td>
<td>Prgm. Director: Benjamin P. Eng, MD*</td>
<td>3 Yrs</td>
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<td>120-51-21-209</td>
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<td>Sponsor: Eastern Virginia Medical School</td>
<td>Prgm. Director: Richard M. Bikowski, MD</td>
<td>3 Yrs</td>
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<td>Richmond</td>
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<td>VCU-Bon Secours St Francis Program</td>
<td>Sponsor: Bon Secours Richmond Health System</td>
<td>Prgm. Director: Kevin L. Moore, MD*</td>
<td>3 Yrs</td>
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<td>120-51-31-683</td>
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**Utah**

**Midvale**

St. Mark's Health Care Foundation Program
- Sponsor: St. Mark's Health Care Foundation
- Prgm. Director: John Berneke, MD*
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 12
- Program ID: 120-49-21-629

**Ogden**

McKay-Dee Hospital Center Program
- Sponsor: McKay-Dee Hospital Center
- Prgm. Director: Gregory L. Gochnour, MD
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 18
- Program ID: 120-49-21-495

**Provo**

Utah Valley Regional Medical Center Program
- Sponsor: Utah Valley Regional Medical Center
- Prgm. Director: Michael L. Rhodes, MD
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 18
- Program ID: 120-49-21-583

**Salt Lake City**

University of Utah Program
- Sponsor: University of Utah Medical Center
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 36
- Subspecialties: FSM
- Program ID: 120-49-21-315

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**Vermont**

Burlington

University of Vermont Program
- Sponsor: Fletcher Allen Health Care
- Prgm. Director: John G. King, MD, MPH*
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 24
- Program ID: 120-49-21-435

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**Virginia**

Blackstone

Bon Secours Richmond Health System (Blackstone) Program
- Sponsor: Bon Secours Richmond Health System
- Prgm. Director: John P. Franko, MD
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 18
- Program ID: 120-51-11-321

Charlottesville

University of Virginia Program
- Sponsor: University of Virginia Medical Center
- Prgm. Director: John P. Franko, MD
- Department of Family Medicine
- PO Box 950729
- Charlottesville, VA 22908
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 24
- Program ID: 120-51-11-117

Falls Church

Virginia Commonwealth University Health System (Falls Church) Program
- Sponsor: Virginia Commonwealth University Health System
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 24
- Program ID: 120-51-11-322

Fort Belvoir

National Capital Consortium (DeWitt Army Community Hospital) Program
- Sponsor: National Capital Consortium
- Prgm. Director: Kevin L. Moore, MD*
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 18
- Subspecialties: FSM
- Program ID: 120-51-12-812

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**Front Royal**

Medical College of Virginia/Virginia Commonwealth University-Valley Health System Program
- Sponsor: Valley Health System
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 15
- Program ID: 120-51-21-627
Virginia Commonwealth University
Health System (Chesterfield) Program
Sponsor: Virginia Commonwealth University Health System
Columbia/HCA Chippenham Medical Center
Pgm Director: W Jefferson McCarter, MD
2500 Poosneck Place
Richmond, VA 23235
Tel: 804 376-2150 Fax: 804 674-4145
E-mail: gbwiley@virginiahealth.com
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-51-11-920

Virginia Commonwealth University-Bon Secours Richmond Program
Sponsor: Bon Secours Richmond Health System
Bon Secours Memorial Regional Medical Center
Bon Secours Richmond Community Hospital
Bon Secours St Mary's Hospital
Pgm Director: Gina G Davis, MD
9376 Atlee Station Road
Mechanicsville, VA 23116
Tel: 804 730-4810 Fax: 804 730-3275
Length: 3 Yrs
Program ID: 120-51-11-976

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Community Hospital
Carilion Medical Center-Roanoke Memorial Hospital
Pgm Director: Roger A Hufferd, MD
1514 Peters Creek Road, NW
Roanoke, VA 24017
Tel: 540 582-5702 Fax: 540 582-4258
Length: 3 Yrs AGGME Approved/Offered Positions: 93
Subspecialties: FPG
Program ID: 120-51-11-925

Washington
Bremerton
Naval Hospital (Bremerton) Program
Sponsor: Naval Hospital (Bremerton)
Pgm Director: Ronald F Donnermuth, MD*
Puget Sound Family Medicine Program
One Boone Road, Coupeville
Bremerton, WA 98312
Tel: 360 475-4339 Fax: 360 475-4512
E-mail: rdonnermuth@pnm.med.navy.mil
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-54-31-494
US Armed Services Program

Olympia
St Peter Hospital Program
Sponsor: St Peter Hospital
Pgm Director: Kevin Houghton, MD*
St Peter Hospital
235 Lilly Road, NE
P.E.F.9
Olympia, WA 98505
Tel: 360 493-7525 Fax: 360 493-5524
E-mail: Fmres@providence.org
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-54-21-497

Renton
Valley Medical Center Program
Sponsor: Valley Medical Center
Pgm Director: Andrew B Olewira, MD, MHA
3915 Talbot Rd South, Suite 401
Renton, WA 98055
Tel: 425 698-4207 Fax: 425 698-3366
Length: 3 Yrs AGGME Approved/Offered Positions: 24
Program ID: 120-54-21-470

Seattle
Group Health Cooperative Program
Sponsor: Group Health Cooperative
Group Health Cooperative
Pgm Director: Fred E Heidrich, MD, MPH
Family Medicine Program
255 10th Avenue East, CSB160
Seattle, WA 98112
Tel: 206 332-5355 Fax: 206 332-3543
E-mail: heidrich.f@ghc.org
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-54-21-327

Swedish Medical Center (First Hill) Program
Sponsor: Swedish Medical Center-Seattle
Swedish Medical Center-Providence Campus
Pgm Director: Michael L Togg, MD
1401 Madison Street
Seattle, WA 98102
Tel: 206 386-6054 Fax: 206 386-6113
Length: 3 Yrs AGGME Approved/Offered Positions: 36
Subspecialties: FPG
Program ID: 120-54-31-328

Swedish Medical Center (Providence Campus) Program
Sponsor: Swedish Medical Center-Seattle
Swedish Medical Center-Providence Campus
Pgm Director: Samuel W Collison, MD
500 16th Avenue, Suite 100
Seattle, WA 98112
Tel: 206 320-2283 Fax: 206 320-8173
Length: 3 Yrs AGGME Approved/Offered Positions: 30
Program ID: 120-54-21-324

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Judith Pauwels, MD
4345 Roosevelt Way NE
Box 354775
Seattle, WA 98105
Tel: 206 688-5883 Fax: 206 688-5769
E-mail: residency@fammed.washington.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 24
Subspecialties: FPM
Program ID: 120-54-31-329

Spokane
Spokane Medical Centers/University of Washington School of Medicine Program
Sponsor: Inland Empire Hospital Services Association
Spokane Medical Center
Pgm Director: Gary R Newkirk, MD
104 West Fifth Avenue
Suite 200
Spokane, WA 99204
Tel: 509 624-3131 Fax: 509 624-0586
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 22
Subspecialties: FPM
Program ID: 120-54-21-330

Spokane Medical Centers/University of Washington School of Medicine Rural Program
Sponsor: Inland Empire Hospital Services Association
Kiocola Valley Hospital
Mount Carmel Hospital
Spokane Medical Center
Pgm Director: Gary R Newkirk, MD
104 West Fifth Avenue
Suite 200 W
Spokane, WA 99204
Tel: 509 624-3131 Fax: 509 624-0586
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 6
Program ID: 120-54-21-553

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Pgm Director: Gary W Clark, MD, MPH
Department of Family Medicine
MCHL-FF
Tacoma, WA 98431
Tel: 253 968-3340 Fax: 253 968-2668
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-54-21-513
US Armed Services Program

Multicare Medical Center Program
Sponsor: MultiCare Medical Center
Tacoma General Hospital
Pgm Director: Kevin F Murray, MD
521 S Martin Luther King Jr, Way
Tacoma, WA 98405
Tel: 253 490-2288 Fax: 253 403-2968
Length: 3 Yrs AGGME Approved/Offered Positions: 24
Program ID: 120-54-31-331

Vancouver
Southwest Washington Medical Center Program
Sponsor: Southwest Washington Medical Center
Pgm Director: David R Ruiz, MD
PO Box 100
8716 E Mill Plain Blvd
Vancouver, WA 98662
Tel: 360 514-7560 Fax: 360 514-7587
Length: 3 Yrs AGGME Approved/Offered Positions: 21
Program ID: 120-54-21-546

Yakima
Yakima Valley Memorial Hospital Program
Sponsor: Yakima Valley Memorial Hospital
Yakima Regional Medical and Heart Center
Pgm Director: Vicki L Black, MD
1500 W Lincoln Ave
Yakima, WA 98902
Tel: 509 452-4946 Fax: 509 457-9989
E-mail: sylatesharry@cwfm.fammed.washington.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-54-31-522

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Thomas Memorial Hospital
Pgm Director: Michael Johnson, MD
1301 Washington Street, East
Suite 108
Charleston, WV 25301
Tel: 304 347-4620 Fax: 304 347-4621
E-mail: familymed@canec.org
Length: 3 Yrs AGGME Approved/Offered Positions: 18
Program ID: 120-55-11-337

Clarksburg
United Hospital Center Program
Sponsor: United Hospital Center
Pgm Director: Eric Radcliffe, MD
One Hospital Plaza
PO Box 2306
Clarksburg, WV 26302
Tel: 304 624-2224 Fax: 304 624-2787
Length: 3 Yrs AGGME Approved/Offered Positions: 24
Program ID: 120-55-22-334
Wyoming

Casper

University of Wyoming (Casper) Program
Sponsor: University of Wyoming College of Health Sciences
Wyoming Medical Center
Pgm Director: Karen M Wildman, MD
1522 East 8th Street
Casper, WY 82001
Tel: 307 233-6000  Fax: 307 233-6202
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 120-57-12-951

Cheyenne

University of Wyoming (Cheyenne) Program
Sponsor: University of Wyoming College of Health Sciences
United Medical Center
Veterans Affairs Center
Pgm Director: James F Broomfield, MD
821 East 18th Street
Cheyenne, WY 82001
Tel: 307 777-7211  Fax: 307 638-3616
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 120-57-12-969

Foot and Ankle Orthopaedics (Orthopaedic Surgery)

Alabama

Birmingham

American Sports Medicine Institute Program
Sponsor: American Sports Medicine Institute
HealthSouth Medical Center
Pgm Director: John S Gould, MD
1313 18th Street South
Birmingham, AL 35205
Tel: 205 918-0000  Fax: 205 918-0800
E-mail: lynne@asmi.org
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 262-01-21-004

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Ruth L Thomas, MD
4301 W Markham, Slot 501
Little Rock, AR 72205
Tel: 501 686-2551  Fax: 501 686-1549
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 262-04-31-903

Maryland

Baltimore

Mercy Medical Center (Baltimore) Program
Sponsor: Mercy Medical Center
Pgm Director: Mark S Myerson, MD
301 St Paul Place
Baltimore, MD 21202
Tel: 410 659-2500  Fax: 410 659-2900
E-mail: tilgher@mercymed.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 262-23-11-405

Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Pgm Director: Lew G Schon, MD
3330 North Calvert Street, Suite 400
Baltimore, MD 21218
Tel: 410 554-2891  Fax: 410 554-2800
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 262-23-31-007

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: James A Nunley, II, MD
Box 2023
Durham, NC 27710
Tel: 919 696-3170
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 262-36-13-008

Graduate Medical Education Directory 2005-2006
Accredited Programs in Forensic Pathology (Pathology)

**Forensic Pathology (Pathology)**

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital Jefferson County Coroner/Medical Examiner's Office  
Pgm Director: Gregory G Davis, MD, MPH*  
3515 Sixth Avenue South, Room 611  
Birmingham, AL 35233  
Tel: 205 930-3603 Fax: 205 930-3595  
E-mail: gdavis@path.uab.edu  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 310-01-21-049

**California**

**Los Angeles**

**County of Los Angeles-Department of Coroner Program**

Sponsor: County of Los Angeles-Department of Coroner  
Pgm Director: Lakshmanan Sabryavagiswaran, MD  
1104 North Mission Road  
Los Angeles, CA 90033  
Tel: 323 343-0552 Fax: 323 285-2235  
Length: 1 Yr ACGME Approved/Offered Positions: 6  
Program ID: 310-05-12-002

**San Diego**

**San Diego County Medical Examiner Program**

Sponsor: San Diego County Medical Examiner  
Pgm Director: Christina Stanley, MD  
5555 Overland Avenue  
Building 14  
San Diego, CA 92123  
Tel: 619 694-3969  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-05-21-059

**District of Columbia**

**Washington**

**Armed Forces Institute of Pathology Program**

Sponsor: Armed Forces Institute of Pathology  
Office of the Chief Medical Examiner  
Pgm Director: Craig T Mallak, JD, MD  
1415 Research Boulevard  
Building 102  
Rockville, MD 20850  
Tel: 301 319-0145 Fax: 301 319-5544  
Length: 1 Yr ACGME Approved/Offered Positions: 4  
Program ID: 310-10-33-001  
US Armed Services Program

**Florida**

**Fort Lauderdale**

**Broward County Medical Examiner's Office Program**

Sponsor: Broward County Medical Examiner's Office  
Pgm Director: Michael D Bell, MD  
5301 SW 31st Avenue  
Fort Lauderdale, FL 33312  
Tel: 954 327-6513 Fax: 954 327-6580  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-11-21-056

**Miami**

**Dade County Medical Examiner's Office Program**

Sponsor: Miami-Dade County Office of Medical Examiner  
Pgm Director: Bruce A Ryma, MD  
Number One on Bob Hope Road  
Miami, FL 33136  
Tel: 305 545-2420 Fax: 305 545-2412  
Length: 1 Yr ACGME Approved/Offered Positions: 4  
Program ID: 310-11-21-056

**Tampa**

**University of South Florida Program**

Sponsor: University of South Florida College of Medicine  
Hillsborough County Medical Examiner Department  
Pgm Director: Vernard I Adams, MD  
401 South Morgan Street  
Tampa, FL 33602  
Tel: 813 272-5342  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-11-31-046

**Georgia**

**Atlanta**

**Emory University Program**

Sponsor: Emory University School of Medicine  
Fulton County Medical Examiner's Office  
Pgm Director: Randy L Hanlick, MD  
430 Pryor St, SW  
Atlanta, GA 30312  
Tel: 404 730-4400 Fax: 404 730-4405  
E-mail: randy.hanlick@emory.edu  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-12-21-052

**Illinois**

**Chicago**

**Office of the Medical Examiner of Cook County Program**

Sponsor: Office of the Medical Examiner of Cook County  
Pgm Director: Edmund R Donohue, MD  
2121 West Harrison Street  
Chicago, IL 60612  
Tel: 312 997-4500 Fax: 312 997-4516  
Length: 1 Yr ACGME Approved/Offered Positions: 4  
Program ID: 310-16-21-035

**Indiana**

**Indianapolis**

**Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine  
Pgm Director: Stephen S Raeburn, MD  
325 Barnhill Drive, MS A298  
Indianapolis, IN 46228  
Tel: 317 272-5841 Fax: 317 272-5798  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-17-21-076

**Kansas**

**Wichita**

**Sedgwick County Regional Forensic Science Center Program**

Sponsor: Sedgwick County Regional Forensic Science Center  
Pgm Director: Mary H Dudley, MD  
1100 N Minneapolis  
Wichita, KS 67214  
Tel: 316 833-4500 Fax: 316 833-4535  
E-mail: mhdudley@sedgwick.gov  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 310-18-21-077

**Kentucky**

**Louisville**

**University of Louisville Program**

Sponsor: University of Louisville School of Medicine  
Office of Chief Medical Examiner  
University of Louisville Hospital  
Pgm Director: Tracey S Corey, MD  
810 Barret Avenue  
Louisville, KY 40204  
Tel: 502 852-5567 Fax: 502 853-1767  
Length: 1 Yr ACGME Approved/Offered Positions: 2  
Program ID: 310-20-21-045

**Louisiana**

**New Orleans**

**Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine  
Parish of Orleans Coroner's Office  
Pgm Director: Gerald R Lazoua, MD  
1901 Perdido Street  
New Orleans, LA 70112  
Tel: 504 568-6031 Fax: 504 568-6037  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 310-21-21-079

**Maryland**

**Baltimore**

**Office of the Chief Medical Examiner/State of Maryland Program**

Sponsor: Office of the Chief Medical Examiner  
Pgm Director: David B Fowler, MD  
111 Penn Street  
Baltimore, MD 21201  
Tel: 410 333-3225 Fax: 410 333-3063  
Length: 1 Yr ACGME Approved/Offered Positions: 4  
Program ID: 310-23-11-012
Michigan

Detroit

Wayne County Medical Examiner's Office Program
Sponsor: Wayne County Medical Examiner's Office
Program Director: Cheryl Loeve, MD
1500 East Warren Avenue
Detroit, MI 48207
Tel: 313 883-2543 Fax: 313 883-5384
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 310-25-11-013

Minnesota

Minneapolis

Hennepin County Medical Examiner Program
Sponsor: Hennepin County Medical Examiner
Program Director: Gary F. Peterson, MD, JD
530 Chicago Avenue
Minneapolis, MN 55415
Tel: 612 216-6300 Fax: 612 216-6380
E-mail: david.s.eggem@co.hennepin.mn.us
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-26-18-014

Missouri

Kansas City

Office of the Jackson County Medical Examiner Program
Sponsor: Office of the Jackson County Medical Examiner
Program Director: Thomas W Young, MD
550 E 34th Street
Kansas City, MO 64108
Tel: 816 336-3500
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-28-11-086

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis County Medical Examiner's Office
Program Director: Michael Graham, MD
3500 Caroline Street, Room C505
St Louis, MO 63104
Tel: 314 977-7541
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-28-21-075

New Jersey

Newark

Newark Regional Medical Examiner Office Program
Sponsor: Newark Regional Medical Examiner Office
Program Director: C. Chase Blanchard, MD
355 Norfolk Street
Newark, NJ 07103
Tel: 973-648-7288 Fax: 973-648-3582
E-mail: haas@njdj.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-39-31-088

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Office of the Medical Investigator
Program Director: Jeffrey S Nine, MD*
Office of the Medical Investigator - MSC11 6030
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-8911 Fax: 505 272-0727
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 310-34-21-015

Ohio

Cleveland

Cuyahoga County Coroner's Office Program
Sponsor: Cuyahoga County Coroner's Office
Program Director: Elizabeth K Balraj, MD
11001 Cedar Avenue
Cleveland, OH 44106
Tel: 216 721-5610 Fax: 216 707-3186
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 310-38-11-021

Columbus

Franklin County Coroner's Office Program
Sponsor: Franklin County Coroner's Office
Program Director: Patrick M Fardal, MD*
530 King Avenue
Columbus, OH 43201
Tel: 614 683-5989
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 310-38-21-090

Dayton

Office of the Montgomery County Coroner Program
Sponsor: Office of the Montgomery County Coroner
Program Director: Lee Lehman, MD
361 West Third Street
Dayton, OH 45402
Tel: 937 255-6156 Fax: 937 468-7816
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-38-21-067

Pennsylvania

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Office of the Medical Examiner
Program Director: Harsh G Mirchandani, MD
321 University Avenue
Philadelphia, PA 19104
Tel: 215 685-7481
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-41-12-023

Pittsburgh

Allegheny County Coroner's Office Program
Sponsor: Allegheny County Coroner's Office
Program Director: Abdurezzak Shakti, MD
542 Fourth Avenue
Pittsburgh, PA 15219
Tel: 412 350-4800
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 310-41-31-034

Puerto Rico

San Juan

Institute of Forensic Sciences of Puerto Rico Program
Sponsor: Institute of Forensic Sciences of Puerto Rico
Program Director: Francisco Cortés, MD*
Call Box 11878
Cararra Heights Station
San Juan, PR 00922
Tel: 787-765-8815 Fax: 787-765-7315
E-mail: forensico@hotmail.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 310-42-21-072
<table>
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program ID</th>
<th>Length</th>
<th>Program Type</th>
<th>E-mail</th>
<th>Phone</th>
<th>Address</th>
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<tbody>
<tr>
<td>South Carolina</td>
<td>Bexar County Forensic Science Center</td>
<td>Bexar County Forensic Science Center</td>
<td>310-48-21-034</td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions</td>
<td><a href="mailto:peerwani@aol.com">peerwani@aol.com</a></td>
<td>210-335-4053</td>
<td>7337 Louis Pasteur Drive, San Antonio, TX 78229</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Eastern Virginia Medical School</td>
<td>Eastern Virginia Medical School</td>
<td>2005-2006</td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions</td>
<td><a href="mailto:krinearson@forensicmed.com">krinearson@forensicmed.com</a></td>
<td>804 786-1035</td>
<td>830 Southhampton Avenue, Suite 100, Norfolk, VA 23510</td>
</tr>
<tr>
<td>Texas</td>
<td>King County Medical Examiner's Office</td>
<td>King County Medical Examiner's Office</td>
<td>310-44-11-28</td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions</td>
<td><a href="mailto:jteggatz@milwcnty.com">jteggatz@milwcnty.com</a></td>
<td>414 223-1200</td>
<td>900 South Highland Avenue, Milwaukee, WI 53225</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Milwaukee Medical College of Wisconsin Affiliated Hospitals/Milwaukee County Medical Examiner's Office</td>
<td>Medical College of Wisconsin Affiliated Hospitals/Milwaukee County Medical Examiner's Office</td>
<td>310-46-21-003</td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions</td>
<td><a href="mailto:rjteggatz@milwcnty.com">rjteggatz@milwcnty.com</a></td>
<td>414 223-1200</td>
<td>892 North Highland Avenue, Milwaukee, WI 53225</td>
</tr>
<tr>
<td>California</td>
<td>University of California/San Diego Healthcare System</td>
<td>University of California/San Diego Healthcare System</td>
<td>714-698-6100</td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions</td>
<td><a href="mailto:jteggatz@milwcnty.com">jteggatz@milwcnty.com</a></td>
<td>714 698-6100</td>
<td>892 North Highland Avenue, Milwaukee, WI 53225</td>
</tr>
</tbody>
</table>

**South Carolina**
- **Charleston**
  - **Medical University of South Carolina**
    - **Program**
      - Sponsor: Medical University of South Carolina College of Medicine
      - Program Director: Kimberly Collins, MD
      - 165 Ashley Avenue - Pathology Department
      - Telephone: 843 792-3537
      - Length: 1 Yr ACGME Approved/Offered Positions
      - Program ID: 310-45-21-026

**Tennessee**
- **Nashville**
  - **Vanderbilt University/Office of the Chief Medical Examiner (Tennessee) Program**
    - Sponsor: Vanderbilt University Medical Center
    - Program Director: Thomas A Deering, MD
    - 850 Research Boulevard
    - Telephone: 615 743-1036
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 310-47-21-054

**Texas**
- **Dallas**
  - **Southwestern Institute of Forensic Sciences Program**
    - Sponsor: Southwestern Institute of Forensic Sciences
    - Program Director: Jeffrey J Barstow, MD
    - 5320 Medical Center Drive
    - Telephone: 214 920-6913
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 310-48-11-28

**Fort Worth**
- **Tarrant County Medical Examiner Program**
  - Sponsor: Tarrant County Medical Examiner's Office
  - Program Director: Nixam Peerwan, MD
  - 200 Felix Avenue
  - Telephone: 817 925-7000
  - Length: 1 Yr ACGME Approved/Offered Positions
  - Program ID: 310-48-22-087

**Houston**
- **Harris County Medical Examiner Department Program**
  - Sponsor: Harris County Medical Examiner Department
  - Program Director: Luis A Sanchez, MD
  - 1885 Old Spanish Trail
  - Telephone: 713 798-6000
  - Length: 1 Yr ACGME Approved/Offered Positions
  - Program ID: 310-48-21-080

**San Antonio**
- **Bexar County Forensic Science Center**
  - Sponsor: Bexar County Forensic Science Center
  - Program Director: Vincent J Di Maio, MD
  - 7337 Louis Pasteur Drive
  - Telephone: 210 335-4053
  - Length: 1 Yr ACGME Approved/Offered Positions
  - Program ID: 310-48-21-034

**Richmond**
- **Virginia Commonwealth University Health System Program**
  - Sponsor: Virginia Commonwealth University Health System
  - Medical College of Virginia Hospitals
  - Program Director: Marcella M Pierro, MD
  - Telephone: 804 786-1035
  - Length: 1 Yr ACGME Approved/Offered Positions
  - Program ID: 310-51-12-083

**Washington**
- **Seattle**
  - **King County Medical Examiner's Office Program**
    - Sponsor: King County Medical Examiner's Office
    - Program Director: Richard C Harruff, MD
    - Telephone: 206 731-3322
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 310-54-21-031

**Wisconsin**
- **Milwaukee**
  - **Medical College of Wisconsin Affiliated Hospitals/Milwaukee County Medical Examiner's Office Program**
    - Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
    - Program Director: John R Teggatz, MD
    - Telephone: 414 223-1200
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 310-56-21-063

**Forensic Psychiatry (Psychiatry)**
- **Alabama**
  - **Tuscaloosa**
    - **University of Alabama Medical Center Program**
      - Sponsor: University of Alabama Hospital
      - Program Director: James P Neff, MD
      - Telephone: 205 348-7799
      - Length: 1 Yr ACGME Approved/Offered Positions
      - Program ID: 408-01-21-036

**Arkansas**
- **Little Rock**
  - **University of Arkansas for Medical Sciences Program**
    - Sponsor: University of Arkansas College of Medicine
    - Arkansas Department of Corrections Special Programs Unit
    - Arkansas State Hospital/DHMS
    - Program Director: Ben Guise, MD
    - Telephone: 501 926-6196
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 408-01-33-046

**California**
- **Los Angeles**
  - **University of Southern California/LAC-USC Medical Center Program**
    - Sponsor: University of Southern California/LAC-USC Medical Center
    - Program Director: Tim Bostick, MD
    - Telephone: 323 212-9492
    - Length: 1 Yr ACGME Approved/Offered Positions
    - Program ID: 408-05-24-062

**VA Greater Los Angeles/UCLA-San Fernando Valley Program**
- Sponsor: VA Greater Los Angeles Healthcare System
  - Metropolitan State Hospital
  - Olive View/UCLA Medical Center
  - Program Director: Neena Sachinvala, MD
  - Telephone: 818 891-7711
  - Length: 1 Yr ACGME Approved/Offered Positions
  - Program ID: 408-09-29-049
## Accredited Programs in Forensic Psychiatry (Psychiatry)

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Sponsor</th>
<th>Contact Information</th>
<th>Length</th>
<th>ACGME Approved/Offered Positions:</th>
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<tbody>
<tr>
<td><strong>Sacramento</strong></td>
<td>University of California (Davis) Health System Program</td>
<td>UC Davis Health System</td>
<td>520 784-7471</td>
<td>1 Yr</td>
<td>3</td>
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<tr>
<td><strong>San Francisco</strong></td>
<td>University of California (San Francisco) Program</td>
<td>University of California (San Francisco) School of Medicine</td>
<td>415 476-7384 415 562-2296</td>
<td>1 Yr</td>
<td>2</td>
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<tr>
<td><strong>Colorado</strong></td>
<td>Denver University of Colorado Program</td>
<td>University of Colorado School of Medicine</td>
<td>303 315-7913 303 841-9359</td>
<td>1 Yr</td>
<td>3</td>
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<tr>
<td><strong>Connecticut</strong></td>
<td>New Haven Yale-New Haven Medical Center Program</td>
<td>Yale-New Haven Hospital</td>
<td>203 974-7119 203 974-7119</td>
<td>1 Yr</td>
<td>4</td>
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<tr>
<td><strong>District of Columbia</strong></td>
<td>Washington National Capital Consortium Program</td>
<td>National Capital Consortium</td>
<td>703 725-9077 202 782-8379</td>
<td>1 Yr</td>
<td>2</td>
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<tr>
<td><strong>Florida</strong></td>
<td>Gainesville University of Florida Program</td>
<td>University of Florida College of Medicine</td>
<td>568-6465 618 826-5823</td>
<td>1 Yr</td>
<td>4</td>
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<tr>
<td><strong>Georgia</strong></td>
<td>Atlanta Emory University Program</td>
<td>Emory University School of Medicine</td>
<td>404 778-1482 404 727-3155</td>
<td>1 Yr</td>
<td>2</td>
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<tr>
<td><strong>Hawaii</strong></td>
<td>Honolulu University of Hawaii Program</td>
<td>University of Hawaii John A Burns School of Medicine</td>
<td>808 586-2900 808 586-2940</td>
<td>1 Yr</td>
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<tr>
<td><strong>Illinois</strong></td>
<td>Springfield Southern Illinois University Program</td>
<td>Southern Illinois University School of Medicine</td>
<td>618 826-5823 618 826-583</td>
<td>1 Yr</td>
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<tr>
<td><strong>Iowa</strong></td>
<td>Iowa City University of Iowa Hospitals and Clinics Program</td>
<td>University of Iowa Hospitals and Clinics</td>
<td>502 853-4444 502 853-4568</td>
<td>1 Yr</td>
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<tr>
<td><strong>Kentucky</strong></td>
<td>Louisville University of Louisville Program</td>
<td>University of Louisville School of Medicine</td>
<td>502 479-4433 502 853-5608</td>
<td>1 Yr</td>
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<tr>
<td><strong>Louisiana</strong></td>
<td>New Orleans Louisiana State University Program</td>
<td>Louisiana State University School of Medicine</td>
<td>504 568-6438 504 568-6416</td>
<td>1 Yr</td>
<td>2</td>
</tr>
</tbody>
</table>

### Program Information

- **Graduate Prgm Director:**
- **Length:**
- **Sponsor:**
- **Tel:**
- **Fax:**
- **Email:**
- **Program ID:**
- **ACGME Approved/Offered Positions:**

---

**Note:**
- ACGME Approved/Offered Positions indicate the number of positions accredited by the American Council on Graduate Medical Education.
- Length refers to the duration of the program in years.
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Pgm Director: John W Thompson, MD
Dept of Psychiatry & Neurology T8 53
1440 Canal St
New Orleans, LA 70112
Tel: 504 889-2201 Fax: 504 889-7457
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406 28-21-010

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Clifton T Perkins Hospital Center
Pgm Director: Saadia Alizai, MD
9450 Doversy Run Road
PO Box 1000
Jessup, MD 20794
Tel: 410 724-3084 Fax: 410 724-3155
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-28-21-011

Massachusetts
Boston
Massachusetts General Hospital/McLean Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Julia M Beaulieu, MD
60 Staniford Street
Boston, MA 02114
Tel: 617 726-1040 Fax: 617 726-3808
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-24-21-012

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Bridgewater State Hospital
UMass Memorial Health Care (University Campus)
Worcester State Hospital
Pgm Director: Debra A Pinals, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 986-3477 Fax: 508 363-1506
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-28-21-013

Michigan
Ann Arbor
University of Michigan Program
Sponsor: Center for Forensic Psychiatry
University of Michigan Hospitals and Health Centers
Pgm Director: Craig A Lemmam, MD
9501 Willis Road
PO Box 2060
Ann Arbor, MI 48106
Tel: 734 420-2521 Fax: 734 420-0485
E-mail: lemmam@umichigan.gov
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-28-21-014

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Pgm Director: Bruce Hany, MD
DC067.08
One Hospital Drive
Columbia, MO 65212
Tel: 573 588-2700 Fax: 573 588-2963
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-28-21-041

New Hampshire
Concord
Dartmouth-Hitchcock Medical Center Program
Sponsor: New Hampshire Hospital
Pgm Director: James I Knoll, MD
PO Box 2628
Concord, NH 03302
Tel: 603 371-1845 Fax: 603 371-1836
E-mail: jknoll4@earthlink.net
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 406-32-21-001

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Pgm Director: Merrill Botter, MD
1500 Waverly Place
Bronx, NY 10461
Tel: 718 862-4745 Fax: 718 862-4856
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-35-21-015

New York
New York Medical College at St Vincent’s Hospital and Medical Center Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Pgm Director: Brian Ladds, MD
144 West 12th Street, Bealas 175
New York, NY 10011
Tel: 212 604-8766 Fax: 212 604-8197
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-35-31-027

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Mid-Hudson Forensic Psychiatric Center
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Elizabeth Tillinghast, JD, MD
1651 Riverside Drive, Unit #115
New York, NY 10032
Tel: 212 543-5012 Fax: 212 543-6356
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-35-21-039

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Richard Rusner, MD
101 Centre Street, Suite 500
New York, NY 10014
Tel: 212 374-3059 Fax: 212 374-3050
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 406-35-31-016

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
Rochester Psychiatric Center
St Mary’s Hospital (Unity Health System)
Pgm Director: J Richard Ciccone, MD
500 Crittenden Boulevard
Rochester, NY 14642
Tel: 585 275-4986 Fax: 585 244-4734
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-35-11-017

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: Kathy Lee, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-3104 Fax: 315 464-3141
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-35-13-036

North Carolina
Butner
Duke University Hospital Program
Sponsor: Duke University Hospital
Federal Correctional Complex-Butner
Pgm Director: Jean F Talia, MD
Federal Medical Center
PO Box 1500
Butner, NC 27509
Tel: 919 578-5000 Fax: 919 578-4866
E-mail: jualia@ncrr.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-36-21-918

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Pgm Director: Peter N Barboriak, MD, PhD
Maul Service Center
Raleigh, NC 27699
Tel: 919 733-9187 Fax: 919 966-7773
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-96-21-948
Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: John C Kennedy, MD
331 Albert Sabin Way
PO Box 0509
Cincinnati, OH 45267
Tel: 513-558-0556  Fax: 513-558-4806
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 406-38-21-003

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Phillip J Resnick, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-644-3415  Fax: 216-644-1703
E-mail: philip.resnick@case.edu
Length: 1 Yr  AGME Approved/Offered Positions: 4
Program ID: 406-38-21-019

Pennsylvania

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Western Psychiatric Institute and Clinic
Prgm Director: Christine A Martone, MD
3811 O'Hara Street, Room 8718
Pittsburgh, PA 15213
Tel: 412-345-6040  Fax: 412-244-5880
E-mail: martoneca@upmc.edu
Length: 1 Yr  AGME Approved/Offered Positions: 3
Program ID: 406-41-13-043

South Carolina

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Baptist
William G Hall Psychiatric Institute
Prgm Director: Richard L Frierson, MD
University of South Carolina School of Medicine
PO Box 119
Columbia, SC 29202
Tel: 803-898-1400  Fax: 803-898-1287
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 406-45-21-020

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Parkland Hospital
Prgm Director: Heidi Vermette, MD
5325 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-648-0905  Fax: 214-303-1441
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 406-48-31-042

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Bexar County Adult Detention Ctr. (Carr. H. Care Svcs.)
Bexar County District Courts
Kerrville State Hospital
Wilford Hall Medical Center (AFTC)
Prgm Director: Joel M Silberberg, MD
Department of Psychiatry - MC 7782
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210-567-0542  Fax: 210-567-0534
E-mail: silberberg@uthscsa.edu
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 406-49-12-059

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Western State Hospital
Prgm Director: Bruce Cohen, MD
PO Box 806623
Charlottesville, VA 22908
Tel: 804-924-2541  Fax: 804-924-8496
Length: 1 Yr  AGME Approved/Offered Positions: 1
Program ID: 406-51-31-032

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Prgm Director: Deborah Giorgi-Guanieri, MD
401-409 North 11th St
PO Box 980233
Richmond, VA 23298
Tel: 804-828-0455
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 406-51-21-046

Washington

Tacoma
University of Washington Program
Sponsor: University of Washington School of Medicine
Western State Hospital
Prgm Director: Bruce C Gage, MD
801 Steilacoom Boulevard
Tacoma, WA 98406
Tel: 253-756-3921  Fax: 253-756-3987
Length: 1 Yr  AGME Approved/Offered Positions: 1
Program ID: 406-54-21-022
Gastroenterology (Internal Medicine)

**Alabama**

**Birmingham**

University of Alabama Medical Center Program  
**Sponsor:** University of Alabama Hospital  
**Program Director:** Gary A Abrams, MD  
University Station  
Birmingham, AL 35204  
Tel: 205 934-3500  
Fax: 205 934-3501  
**Length:** 3 Yrs  
**Program ID:** 144-01-279

**Mobile**

University of South Alabama Program  
**Sponsor:** University of South Alabama Hospitals  
USA Knollwood Park Hospital  
**Program Director:** Francis R Juvenal, MD  
3651 Fillingim Street  
Mobile, AL 36606  
Tel: 251 633-5555  
Fax: 251 633-5556  
**Length:** 3 Yrs  
**Program ID:** 144-01-223

**Arizona**

**Phoenix**

Banner Good Samaritan Medical Center Program  
**Sponsor:** Banner Good Samaritan Medical Center  
**Program Director:** Francis R Juvenal, MD  
605 E Indian School Road  
Phoenix, AZ 85012  
Tel: 602 277-5551  
Fax: 602 222-9592  
**Length:** 3 Yrs  
**Program ID:** 144-01-125

**Scottsdale**

Mayo School of Graduate Medical Education (Scottsdale) Program  
**Sponsor:** Mayo School of Grad Med Ed-Mayo Clinic  
College of Medicine  
Mayo Clinic (Scottsdale)  
**Program Director:** M Kelly Harrison, MD  
14001 E Shea Boulevard, 2 A  
Scottsdale, AZ 85259  
Tel: 480 991-4050  
Fax: 480 991-8673  
E-mail: msharpe@mayo.edu  
**Length:** 3 Yrs  
**Program ID:** 144-09-122

**Tucson**

University of Arizona Program  
**Sponsor:** University of Arizona College of Medicine  
Kino Community Hospital  
Southern Arizona VA Health Care Center (Tucson)  
University Medical Center  
**Program Director:** John T Cunningham, MD  
Department of Internal Medicine-Gastroenterology  
1501 North Campbell Avenue, PO Box 240028  
Tucson, AZ 85724  
Tel: 520 626-6119  
Fax: 520 626-0806  
**Length:** 3 Yrs  
**Program ID:** 144-09-121

**Arkansas**

Little Rock  
University of Arkansas for Medical Sciences Program  
**Sponsor:** University of Arkansas College of Medicine  
**Program Director:** Vivek Raj, MD  
4301 West Markham, Slot 567  
Little Rock, AR 72205  
**Length:** 3 Yrs  
**Program ID:** 144-09-121

**California**

La Jolla  
Scripps Clinic/Scripps Green Hospital Program  
**Sponsor:** Scripps Clinic/Scripps Green Hospital  
**Program Director:** William B Straw, MD  
10666 N Torrey Pines Road  
La Jolla, CA 92037  
**Length:** 3 Yrs  
**Program ID:** 144-09-123

Loma Linda  
Loma Linda University Program  
**Sponsor:** Loma Linda University Medical Center  
**Program Director:** John McCracken, MD  
1124 Anderson Street, Room 1556  
Loma Linda, CA 92545  
**Length:** 3 Yrs  
**Program ID:** 144-09-124

Los Angeles  
Charles R Drew University Program  
**Sponsor:** Charles R Drew University of Medicine and Science  
Kaiser/Drew Medical Center  
**Program Director:** Jeannie Gammiprodos, MD  
12021 S Wilton Avenue, MP 11  
Los Angeles, CA 90093  
**Length:** 3 Yrs  
**Program ID:** 144-09-125

Kaiser Permanente Southern California (Los Angeles) Program  
**Sponsor:** Kaiser Permanente Southern California  
**Program Director:** Karl F Evers, MD  
1528 North Edgemont Street  
7th Floor  
Los Angeles, CA 90027  
**Length:** 3 Yrs  
**Program ID:** 144-09-126

**UCLA Medical Center Program**  
**Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine  
**Program Director:** Wilfred M Weinstein, MD  
**Center for the Health Sciences, 44-138  
Box 951064  
Los Angeles, CA 90095  
**Length:** 3 Yrs  
**Program ID:** 144-05-11-130

University of Southern California/LAC-USC Medical Center Program  
**Sponsor:** University of Southern California/LAC-USC Medical Center  
**Program Director:** Andrzej S Marsawski, MD, PhD  
**Department of Medicine, Los Angeles, CA 90033  
**Length:** 3 Yrs  
**Program ID:** 144-09-127

**Orange**

University of California (Irvine) Program  
**Sponsor:** University of California (Irvine) Medical Center  
**Program Director:** Jack A DiPalma, MD  
**Length:** 3 Yrs  
**Program ID:** 144-09-128

**Sacramento**

University of California (Davis) Health System Program  
**Sponsor:** UC Davis Health System  
**Program Director:** Christopher Bowls, MD  
**Department of Medicine, 2315 Stockton Boulevard  
Sacramento, CA 95817  
**Length:** 3 Yrs  
**Program ID:** 144-09-129

**San Diego**

Naval Medical Center (San Diego) Program  
**Sponsor:** Naval Medical Center (San Diego)  
**Program Director:** Walter J Coyle, MD  
**Length:** 3 Yrs  
**Program ID:** 144-09-130

US Armed Services Program
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<tr>
<th>University of California (San Diego) Program</th>
<th>Connecticut Bridgeport Bridgeport Hospital/Yale University Program</th>
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<tr>
<td>Sponsor: University of California (San Diego) Medical Center</td>
<td>Sponsor: Bridgeport Hospital Yale-New Haven Hospital</td>
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<tr>
<td>Kaiser Foundation Hospital (San Diego)</td>
<td>Prgm Director: Ingram M Roberts, MD</td>
<td>Clinical Center at the National Institutes of Health</td>
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<tr>
<td>Veterans Affairs Medical Center (San Diego)</td>
<td>Division of Gastroenterology</td>
<td>Veterans Affairs Medical Center (Washington DC)</td>
</tr>
<tr>
<td>Prgm Director: Thomas J Savides, MD*</td>
<td>Section (Gastroenterology)</td>
<td>Prgm Director: Nafush Haddad, MD*</td>
</tr>
<tr>
<td>GI Section (Gastroenterology)</td>
<td>267 Grant Street</td>
<td>Division of Gastroenterology (5 PHC)</td>
</tr>
<tr>
<td>9500 Gilman Drive</td>
<td>Bridgeport, CT 06610</td>
<td>3800 Reservoir Road, NW</td>
</tr>
<tr>
<td>La Jolla, CA 92037</td>
<td>Tel: 203 384-2175</td>
<td>Washington, DC 20007</td>
</tr>
<tr>
<td>Tel: 619 543-7618</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 12</td>
<td>Tel: 202 444-8761</td>
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<tr>
<td>Program ID: 144-05-21-174</td>
<td>Program ID: 144-08-11-190</td>
<td>Fax: 202 444-0417</td>
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<td>Sponsor: Washington Hospital Center Program</td>
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<tr>
<td>San Francisco General Hospital Medical Center</td>
<td>New Britain General Hospital</td>
<td>Prgm Director: Timothy R Koch, MD*</td>
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<tr>
<td>University of California (San Francisco) Medical Center Veterans Affairs Medical Center</td>
<td>St Francis Hospital and Medical Center</td>
<td>110 Irving Street, NW</td>
</tr>
<tr>
<td>Prgm Director: Jonathan P Teitelman, MD</td>
<td>Univ of Connecticut Health Center John Dempsey Hospital</td>
<td>Suite 3A3-A</td>
</tr>
<tr>
<td>Division of Gastroenterology</td>
<td>Prgm Director: George Y Yu, MD, PhD*</td>
<td>Washington, DC 20037</td>
</tr>
<tr>
<td>513 Parnassus Avenue, S-357</td>
<td>Department of Medicine/Gastroenterology</td>
<td>Tel: 202 877-7108</td>
</tr>
<tr>
<td>San Francisco, CA 94143</td>
<td>263 Farmington Avenue</td>
<td>Fax: 202 877-8163</td>
</tr>
<tr>
<td>Tel: 415 476-2776</td>
<td>Farmington, CT 06030</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 5</td>
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<tr>
<td>E-mail: 415 476-0650</td>
<td>Tel: 860 675-3150</td>
<td>Program ID: 144-10-21-312</td>
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<tr>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 18</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 8</td>
<td>Howard University Program</td>
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<td>Program ID: 144-05-21-154</td>
<td>Program ID: 144-08-31-001</td>
<td>Sponsor: Howard University Hospital</td>
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<th>Stanford Stanford University Program</th>
<th>New Haven Yale-New Haven Medical Center Program</th>
<th>Florida Gainesville</th>
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<tr>
<td>Sponsor: Stanford University Hospital</td>
<td>Sponsor: Yale-New Haven Hospital Hospital of St Raphael</td>
<td>Sponsor: University of Florida Program</td>
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<tr>
<td>Veterans Affairs Palo Alto Health Care System</td>
<td>Hospital</td>
<td>Prgm Director: Chris B Forsmark, MD</td>
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<tr>
<td>Prgm Director: Ramsey Cheung, MD*</td>
<td>Hospital of St Raphael</td>
<td>Box 100214</td>
</tr>
<tr>
<td>Department of Medicine/Gastroenterology</td>
<td>Veterans Affairs Medical Center (West Haven)</td>
<td>1500 SW Archer Rd</td>
</tr>
<tr>
<td>300 Pasteur Drive, MC:5187</td>
<td>Prgm Director: Deborah D Proctor, MD</td>
<td>Gainesville, FL 32610</td>
</tr>
<tr>
<td>Stanford, CA 94305</td>
<td>Section of Digestive Disease - 1080 LMP</td>
<td>Tel: 352 392-2877</td>
</tr>
<tr>
<td>Tel: 650 493-5000</td>
<td>PO Box 280810</td>
<td>Fax: 352 392-3618</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:rcheung@stanford.edu">rcheung@stanford.edu</a></td>
<td>New Haven, CT 06520</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 12</td>
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<tr>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 12</td>
<td>Tel: 203 785-7012</td>
<td>Program ID: 144-11-21-030</td>
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<tr>
<td>Program ID: 144-05-21-092</td>
<td>Fax: 203 785-7273</td>
<td>Jacksonsville Mayo School of Graduate Medical Education (Jacksonville) Program</td>
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<tr>
<th>Florida Gainesville</th>
<th>New Haven Yale-New Haven Medical Center Program</th>
<th>Mayo School of Graduate Medical Education (Jacksonville) Program</th>
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<tr>
<td>Sponsor: University of Florida Program</td>
<td>Prgm Director: Deborah D Proctor, MD</td>
<td>Sponsor: Mayo School of Grad Med Ed-Mayo Clinic</td>
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<tr>
<td>University of Florida</td>
<td>Section of Digestive Disease - 1080 LMP</td>
<td>College of Medicine</td>
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<tr>
<td>1500 SW Archer Rd</td>
<td>University of Florida Program</td>
<td>Mayo Clinic (Jacksonville)</td>
</tr>
<tr>
<td>Gainesville, FL 32610</td>
<td>PO Box 280810</td>
<td>St Luke’s Hospital</td>
</tr>
<tr>
<td>Tel: 352 392-3618</td>
<td>New Haven, CT 06520</td>
<td>Prgm Director: Michael F Picco, MD, PhD</td>
</tr>
<tr>
<td>Fax: 352 392-3618</td>
<td>1401 NW 16th Street</td>
<td>4500 San Pablo Road</td>
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<tr>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 12</td>
<td>Mayo Clinic (Jacksonville)</td>
<td>Jacksonville, FL 32204</td>
</tr>
<tr>
<td>Program ID: 144-11-21-030</td>
<td>E-mail: <a href="mailto:picco.michael@mayo.edu">picco.michael@mayo.edu</a></td>
<td>Tel: 904 853-0433</td>
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<tr>
<td>Jacksonsville Mayo School of Graduate Medical Education (Jacksonville) Program</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 12</td>
<td>Fax: 904 853-0430</td>
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<tr>
<td>Sponsor: Mayo School of Grad Med Ed-Mayo Clinic</td>
<td>Program ID: 144-11-21-322</td>
<td>E-mail: <a href="mailto:picco.michael@mayo.edu">picco.michael@mayo.edu</a></td>
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<tr>
<td>College of Medicine</td>
<td>University of Florida Health Science Center/Jacksonville Program</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 6</td>
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<td>Mayo Clinic (Jacksonville)</td>
<td>Sponsor: University of Florida College of Medicine at Jacksonville</td>
<td>Program ID: 144-11-21-030</td>
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<tr>
<td>St Luke’s Hospital</td>
<td>Shands Jacksonville Medical Center</td>
<td>Prgm Director: Kenneth J Vega, MD</td>
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<tr>
<td>Prgm Director: Michael F Picco, MD, PhD</td>
<td>Division of Gastroenterology</td>
<td>Dept of Medicine/Gastroenterology</td>
</tr>
<tr>
<td>4500 San Pablo Road</td>
<td>655-1 West 8th St, LRC 2nd Fl</td>
<td>655-1 West 8th St, LRC 2nd Fl</td>
</tr>
<tr>
<td>Jacksonville, FL 32204</td>
<td>E-mail: <a href="mailto:picco.michael@mayo.edu">picco.michael@mayo.edu</a></td>
<td>Jacksonville, FL 32209</td>
</tr>
<tr>
<td>Tel: 904 853-0433</td>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 6</td>
<td>Tel: 904 244-3980</td>
</tr>
<tr>
<td>Fax: 904 853-0430</td>
<td>Program ID: 144-11-21-222</td>
<td>E-mail: <a href="mailto:donna.tafico@jax.ufl.edu">donna.tafico@jax.ufl.edu</a></td>
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<td>Length: 3 Yrs ACGME Approved/Offered Positions: 6</td>
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Accredited Programs in Gastroenterology (Internal Medicine)

**Miami**
Jackson Memorial Hospital/Jackson Health System Program
- **Sponsor:** Jackson Memorial Hospital/Jackson Health System
- **Mount Sinai Medical Center of Florida Inc Veterans Affairs Medical Center (Miami)**
- **Program Director:** Jeffrey B. Rockin, MD
- **PO Box 010900 (D-05)**
- **Miami, FL 33101**
- **Tel:** 305 243-5126  **Fax:** 305 243-5476
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 18
  **Program ID:** 144-1121-176

**Tampa**
University of South Florida Program
- **Sponsor:** University of South Florida College of Medicine
- **Program Director:** Patrick G. Brady, MD
- **12011 Bruce B. Downs Boulevard**
- **MDC 62**
- **Tampa, FL 33612**
- **Tel:** 813 974-5904  **Fax:** 813 974-5333
- **E-mail:** jpenders@hsc.usf.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 8
  **Program ID:** 144-1121-040

**Weston**
Cleveland Clinic Hospital (Florida) Program
- **Sponsor:** Cleveland Clinic Florida
- **Program Director:** Fernando Castro-Parra, MD
- **2050 Cleveland Clinic Boulevard**
- **Weston, FL 33331**
- **Tel:** 954 659-5648  **Fax:** 954 659-5647
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
  **Program ID:** 144-1119-229

**Georgia**
Atlanta
Emory University Program
- **Sponsor:** Emory University School of Medicine
- **Emory University Hospital Grady Health System Veterans Affairs Medical Center (Atlanta)**
- **Program Director:** Robbin Rutherford, MD*
- **1364 Clifton Road, NE**
- **Department of Medicine**
- **Atlanta, GA 30322**
- **Tel:** 404 778-4504  **Fax:** 404 727-5707
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
  **Program ID:** 144-12-1396

**Augusta**
Medical College of Georgia Program
- **Sponsor:** Medical College of Georgia Veterans Affairs Medical Center (Augusta)
- **Program Director:** Robert R Schad, MD
- **Sect of Gastroenterology, BBR2538**
- **1120 15th Street**
- **Augusta, GA 30912**
- **Tel:** 706 721-2588  **Fax:** 706 721-0031
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 7
  **Program ID:** 144-12-21-008

**Illinois**
Chicago
Cook County Hospital Program
- **Sponsor:** John H. Stroger Hospital of Cook County
- **Program Director:** Harsh M. Attar, MD, PhD
- **1901 West Harrison Street**
- **Chicago, IL 60612**
- **Tel:** 312 996-7253  **Fax:** 312 996-9074
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 9
  **Program ID:** 144-16-12-041

McGaw Medical Center of Northwestern University Program
- **Sponsor:** McGaw Medical Center of Northwestern University
- **Veterans Affairs Chicago Health Care System**
- **Program Director:** Hsiao H. Tse, MD
- **674 North Saint Clair Street, Suite 1400**
- **Chicago, IL 60611**
- **Tel:** 312 695-6138  **Fax:** 312 695-3999
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 4
  **Program ID:** 144-16-11-204

Rush University Medical Center Program
- **Sponsor:** Rush University Medical Center
- **Program Director:** Michael D Brown, MD
- **1725 W Harrison Street**
- **Suite 306**
- **Chicago, IL 60612**
- **Tel:** 312 553-3875  **Fax:** 312 553-3883
- **E-mail:** michael_brown@rush.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 2
  **Program ID:** 144-16-11-197

University of Chicago Program
- **Sponsor:** University of Chicago Hospitals
- **Program Director:** Stephen S. Yanaga, MD
- **4646 W Rockwell Ave**
- **Chicago, IL 60651**
- **Tel:** 773 834-7398  **Fax:** 773 702-2186
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 11
  **Program ID:** 144-16-11-139

University of Illinois College of Medicine at Chicago Program
- **Sponsor:** University of Illinois College of Medicine at Chicago
- **Veterans Affairs Mid-West Medical Center**
- **Program Director:** Allan L. Hallen, MD
- **840 South Wood Street-MC 716**
- **Chicago, IL 60612**
- **Tel:** 312 996-6561  **Fax:** 312 996-6105
- **E-mail:** bthalmann@uic.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
  **Program ID:** 144-16-11-067

**Indiana**
Indianapolis
Indiana University School of Medicine Program
- **Sponsor:** Indiana University School of Medicine
- **Program Director:** Lawrence Lumeng, MD
- **Department of Medicine**
- **Indianapolis, IN 46225**
- **Tel:** 317 274-0178  **Fax:** 317 274-3190
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 15
  **Program ID:** 144-17-21-155

**Iowa**
Iowa City
University of Iowa Hospitals and Clinics Program
- **Sponsor:** University of Iowa Hospitals and Clinics
- **Program Director:** Prateek Sharma, MD
- **1400 First Avenue- MIC**
- **Iowa City, IA 52242**
- **Tel:** 319 356-8300  **Fax:** 319 356-7018
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 9
  **Program ID:** 144-16-21-085

**Kansas**
Kansas City
University of Kansas Medical Center Program
- **Sponsor:** University of Kansas Medical Center
- **Program Director:** Kenneth A. Mancini, MD
- **Department of Medicine**
- **Kansas City, KS 66103**
- **Tel:** 913 588-6003  **Fax:** 913 588-3975
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-10-21-115
Kentucky

Lexington

University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Nicholas J Nickl, MD
MN640
800 Rose Street
Lexington, KY 40536
Tel: 859 255-5575  Fax: 859 255-8860
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-21-1-177

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Veterans Affairs Medical Center (Louisville)
Prgm Director: Daniel B Hill, MD
Division of Gastroenterology
University of Louisville
Louisville, KY 40292
Tel: 502 852-0846  Fax: 502 852-0846
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-21-1-179

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Veterans Affairs Medical Center of Louisiana at New Orleans
Memorial Medical Center
Prgm Director: Luis A Balart, MD
1542 Tulane Avenue
Campus Mailbox T0M-4
New Orleans, LA 70112
Tel: 504 899-8401  Fax: 504 899-8417
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-21-21-129

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Prgm Director: Robert P Perrillo, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4954  Fax: 504 824-4984
Email: dperrillo@ochsner.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-21-21-149

Tulane University Program
Sponsor: Tulane University School of Medicine
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Roy C Orlando, MD
Section of Gastroenterology
1450 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5763  Fax: 504 988-2188
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 144-21-21-109

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Medical Center
Veteran's Affairs Medical Center
Prgm Director: Paul A Jordan, MD
1500 Kings Highway
Box 33932
Shreveport, LA 71130
Tel: 318 676-5947
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-21-18-226

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Robert C Lowe, MD
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 550-5000  Fax: 410 550-7861
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-21-11-078

Johns Hopkins University/Bayview Medical Center Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Prgm Director: Mack C Mitchell, MD
4400 Eastern Avenue
Baltimore, MD 21224
Tel: 410 550-0794  Fax: 410 550-7861
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 144-21-11-140

University of Maryland Program
Sponsor: University of Maryland School of Medicine
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Bruce D Greenwald, MD
22 S Greene St
Room NWRS-2
Baltimore, MD 21201
Tel: 410 928-8751  Fax: 410 928-8315
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 144-21-21-042

Bethesda

National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Prgm Director: Robert C Orlando, MD
Section of Gastroenterology
1450 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5763  Fax: 504 988-2188
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 144-21-21-109

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Eliane K Sales, MD
600 Longwood Avenue
Boston, MA 02115
Tel: 617 730-5744  Fax: 617 730-5744
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 144-24-2-1-06

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Prgm Director: Richard S Blumberg, MD
75 Francis Street
Boston, MA 02115
Tel: 617 736-5572  Fax: 617 736-5572
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 144-24-2-1-008

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Mark A. Ciaran Lowe, MD
75 Francis Street
Boston, MA 02115
Tel: 617 451-8528  Fax: 617 451-8528
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-24-11-088

Lahey Clinic Program
Sponsor: Lahey Clinic
Prgm Director: Kristen M Robson, MD*
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8767  Fax: 781 744-8767
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-24-21-141
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Program Director: Latham Shirk, MD
50 Lake Avenue North, Room 55-757
Department of Medicine
Worcester, MA 01655
Tel: 508 856-8119 Fax: 508 856-3881
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-24-21-009

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: John M Inadomi, MD
3812 Taubman Center
Ann Arbor, MI 48109
Tel: 734 615-8468
E-mail: finadomi@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 144-25-21-977

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Surinder K Batra, MD
2789 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2404 Fax: 313 916-9457
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-25-11-142

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Heart Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Murray N Rigney, MD
3000 John R Street
 Detroit, MI 48201
Tel: 313 745-6601 Fax: 313 745-8849
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-25-21-019

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Michael C Duffy, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-1134 Fax: 248 551-8800
E-mail: hathode@beaumont.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-25-12-180

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
St Joseph Mercy Health System
Program Director: Michael Eiper, MD
16001 West Nine Mile Road
PO Box 2043
Southfield, MI 48037
Tel: 248 349-0483 Fax: 248 349-5234
E-mail: jjohnson@providence-hospital.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-25-11-178

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: Roger L Gebhard, MD
Box 111D
One Veterans Drive
Minneapolis, MN 55417
Tel: 612 725-2500 Fax: 612 725-2248
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 144-26-21-117

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Anil Minocha, MD
Division of Digestive Diseases
2500 N State St
Jackson, MS 39216
Tel: 601 844-4540 Fax: 601 844-4548
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-27-21-079

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veteran Hospital
Program Director: Anil Minocha, MD
1830 West 16th Street
Columbia, MO 65212
Tel: 573 884-8591 Fax: 573 884-8556
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-28-21-080

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Tenon Medical Center
Program Director: Adel H Khan, MD, MB
Department of Medicine
2411 Holmes Street
Kansas City, MO 64108
Tel: 816 494-5038 Fax: 816 494-5014
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-28-31-118

St Louis
University of Missouri School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
St Mary's Health Center
Program Director: Nicholas O Davidson, MD
916-2404
PO Box 1525
St Louis, MO 63110
Tel: 314 362-2027 Fax: 314 362-2033
E-mail: thoward@iwm.wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 144-28-21-182

Washington University/BJH/SLCH Consortium Program
Sponsor: Washington University/BJH/SLCH Consortium
 Barnes-Jewish Hospital
 Program Director: Nicholas O Davidson, MD
 650 S Euclid Avenue, Box 8124
  St Louis, MO 63110
  Tel: 314 362-2027 Fax: 314 362-2033
  E-mail: thoward@iwm.wustl.edu
  Length: 3 Yrs ACGME Approved/Offered Positions: 12
  Program ID: 144-28-21-158

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Program Director: Renee L Young, MD
Section of Gastroenterology/ Hepatology
98200 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 558-4385 Fax: 402 558-9004
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-30-21-160

New Hampshire
Lewiston
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Stuart E Gordon, MD
One Medical Center Drive
Lewiston, ME 04245
Tel: 207 558-7204 Fax: 207 558-7204
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-52-21-150
New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Pgm Director: Steven R Potkin, MD
Cooper Health System
401 Broad Avenue
Camden, NJ 08103
Tel: 856 575-7732 Fax: 856 968-9364
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-33-21-009

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson Medical University Hospital
St Peter's University Hospital
Veterans New Jersey Health Care System (Lyons)
Pgm Director: Kiron M Das, MD, PhD
Division of Gastroenterology and Hepatology
One Robert Wood Johnson Place, MSB 478
New Brunswick, NJ 08903
Tel: 732 235-7794 Fax: 732 235-7792
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-33-21-026

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Sita S Chokhavatia, MD
185 South Orange Avenue
MSB - 11538
Newark, NJ 07103
Tel: 973 973-3432 Fax: 973 973-3144
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 144-33-21-200

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
St Michael's Medical Center (Catholic Health Services Inc)
Pgm Director: Walid J Baddoura, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2390 Fax: 973 754-2392
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-33-21-061

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Monroe H Specter, MD
Department of Medicine
1 University of New Mexico MSC10-5550 ACC 5
Albuquerque, NM 87108
Tel: 505 272-4743 Fax: 505 272-8639
E-mail: inspector@salud.unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 144-33-21-149

New York

Albany
Albany Medical College Program
Sponsor: Albany Medical College
Pgm Director: Catherine R Bartholomew, MD
Department of Medicine
47 New Scotland Avenue, MC 46
Albany, NY 12208
Tel: 518 262-6306 Fax: 518 262-8470
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-35-31-007

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Pgm Director: David A Greenwald, MD
Division of Gastroenterology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-4946 Fax: 718 788-6408
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program Id: 144-33-21-192

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Pgm Director: Prospero Bemy, MD
1650 Grand Concourse, 3rd Floor
Bronx, NY 10457
Tel: 718 518-5550 Fax: 718 518-5111
E-mail: progym@bronxleh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program Id: 144-35-11-103

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Pgm Director: Hilary J Hartman, MD
600 E 233rd St
Bronx, NY 10466
Tel: 718 820-9569 Fax: 718 820-1558
E-mail: hbertans@ail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 144-35-21-043

Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
New York Methodist Hospital
Wyckoff Heights Medical Center
Pgm Director: Kiran K Bhat, MD, MEd*
121 Dekalb Avenue
Brooklyn, NY 11201
Tel: 718 260-8045 Fax: 718 260-4849
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 144-35-12-185

Long Island College Hospital Program
Sponsor: Long Island College Hospital
woodward Medical and Mental Health Center
Pgm Director: Irwin M Grossan, MD*
Department of Medicine
338 Hicks Street
Brooklyn, NY 11201
Tel: 718 789-1738 Fax: 718 789-1381
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-35-11-099

Manhattan
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Kishwara Ismail, MD
1535 5th Street
Brooklyn, NY 11219
Tel: 718 263-7475 Fax: 718 655-7037
E-mail: kishwara@maimonidesmed.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 144-35-11-182

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Brooklyn Medical Center Hospital and Medical School
Kings County Hospital Center
St John's Episcopal Hospital South Shore
State University Health Science Center at Brooklyn
University Hospital-SUNY Health Science Center at Brooklyn
Pgm Director: Scott Tenner, MD*
Division of Digestive Diseases, Box 1186
650 Clarkson Ave
Brooklyn, NY 11203
Tel: 718 308-2560
E-mail: cytusau@downstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program Id: 144-35-21-011

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
State University of New York at Buffalo
Veterans Affairs Western New York Healthcare System
Pgm Director: Michael D Sitzman, MD
3486 Bailey Ave
Buffalo, NY 14215
Tel: 716 842-2163 Fax: 716 842-6777
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program Id: 144-38-31-009

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Pgm Director: Ali S Kakarab, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-4305 Fax: 516 572-5600
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 144-35-21-090

Flushing
New York Hospital Medical Center of Queens/Comenell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Pgm Director: Roger E Mendis, MD*
50-45 Main Street
Flushing, NY 11355
Tel: 718 670-2549 Fax: 718 670-3459
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 144-35-11-091

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Gerard Mullin, MD
Department of Medicine
500 Community Drive
Manhasset, NY 11030
Tel: 516 662-3831 Fax: 516 662-2683
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program Id: 144-35-21-170
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<td>Mineola</td>
<td>Winthrop-University Hospital</td>
<td>James Greendell, MD</td>
<td>3 yrs</td>
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<td>New Hyde Park</td>
<td>Albert Einstein College of Medicine at Long Island Jewish Medical Center</td>
<td>Henry C Bodenheimer, MD</td>
<td>3 yrs</td>
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<td>Donald Lebovics, MD</td>
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<td>Harlem Hospital Center Program</td>
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<td>Lisa A Ozick, MD</td>
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<td>Lenox Hill Hospital Program</td>
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<td>Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program</td>
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<td>Arnold J Markowitz, MD</td>
<td>3 yrs</td>
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<td>Steven E Haskowitz, MD</td>
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<td>New York Medical College at St Vincent's Hospital and Medical Center of New York</td>
<td>St Vincent's Catholic Medical Centers (Manhattan)</td>
<td>James Roblottti, MD</td>
<td>3 yrs</td>
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<td>Reuben J Garcia-Carrasquillo, MD</td>
<td>3 yrs</td>
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<td>Elizabeth H Weinshel, MD</td>
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<td>St Luke's-Roosevelt Hospital Center Program</td>
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<td>Rochester</td>
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<td>Stony Brook</td>
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<td>Edward H Cheng, MD</td>
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<td>SUNY Upstate Medical University Program</td>
<td>Ronald Sayajkovski, MD</td>
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<td>New York Medical College at Westchester Medical Center Program</td>
<td>Arthur J DeCross, MD</td>
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<td>North Carolina</td>
<td>University of North Carolina Hospitals Program</td>
<td>Nicholas J Shaheen, MD, MPH</td>
<td>3 yrs</td>
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<td>Duke University Hospital Program</td>
<td>Jane E Oaken, MD</td>
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<td>Pitt County Memorial Hospital/East Carolina University Program</td>
<td>Dennis Sinair, MD</td>
<td>3 yrs</td>
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### Accredited Programs in Gastroenterology (Internal Medicine)

#### Winston-Salem
**Wake Forest University School of Medicine Program**
- **Sponsor:** Wake Forest University Baptist Medical Center
- **Program Director:** Girish Mishra, MD
- **Section of Gastroenterology**
- **Medical Center Blvd**
- **Winston-Salem, NC 27157**
- **Tel:** 336 716-6500  **Fax:** 336 716-6770
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-38-21-014

### Ohio
#### Cincinnati
**University Hospital/University of Cincinnati College of Medicine Program**
- **Sponsor:** University Hospital Inc
- **Veterans Affairs Medical Center (Cincinnati)**
- **Program Director:** Stephen D. Zucker, MD
- **Mail Location 595**
- **Cincinnati, OH 45267**
- **Tel:** 513 558-5244  **Fax:** 513 558-7744
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 7
  **Program ID:** 144-38-21-061

#### Cleveland
**Case Western Reserve University (MetroHealth) Program**
- **Sponsor:** MetroHealth Medical Center
- **Cleveland Clinic Foundation**
- **Program Director:** Kevin D. Mullin, MD
- **2500 MetroHealth Drive**
- **Cleveland, OH 44109**
- **Tel:** 216 778-5770  **Fax:** 216 778-4873
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 9
  **Program ID:** 144-38-11-165

**Case Western Reserve University/University Hospitals of Cleveland Program**
- **Sponsor:** University Hospitals of Cleveland
- **Veterans Affairs Medical Center (Cleveland)**
- **Program Director:** Gregory S. Cooper, MD
- **11100 Euclid Avenue**
- **Warren 247**
- **Cleveland, OH 44106**
- **Tel:** 216 944-5396  **Fax:** 216 983-0947
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-38-21-184

**Cleveland Clinic Foundation Program**
- **Sponsor:** Cleveland Clinic Foundation
- **Program Director:** Jean-Paul Azzi, MD
- **6500 Euclid Avenue**
- **Deak A30**
- **Cleveland, OH 44195**
- **Tel:** 216 444-6513
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3
  **Program ID:** 144-38-12-186

#### Columbus
**Ohio State University Hospital Program**
- **Sponsor:** Ohio State University Hospital
- **Program Director:** Sheryl A. Pfeil, MD
- **410 W 10th Avenue**
- **N214 Dean Hall**
- **Columbus, OH 43210**
- **Tel:** 614 283-8671
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 9
  **Program ID:** 144-38-11-092

### Dayton
**Wright State University Program**
- **Sponsor:** Wright State University School of Medicine
- **Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)**
- **Program Director:** Christopher J. Barde, MD
- **Department of Medicine**
- **P.O. Box 927**
- **Dayton, OH 45401**
- **Tel:** 937 287-2040  **Fax:** 937 287-2021
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 4
  **Program ID:** 144-38-21-009

### Oklahoma
#### Oklahoma City
**University of Oklahoma Health Sciences Center Program**
- **Sponsor:** University of Oklahoma College of Medicine
- **Veterans Affairs Medical Center (Oklahoma City)**
- **Program Director:** William M. Toney, MD
- **P.O. Box 35001**
- **Oklahoma City, OK 73109**
- **Tel:** 405 271-5428  **Fax:** 405 271-5803
- **E-mail:** he len.l.prince@ouhsc.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-38-21-052

### Oregon
**Portland
Oregon Health & Science University Program**
- **Sponsor:** Oregon Health & Science University Hospital
- **Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)**
- **Program Director:** Kandice J. Klugge, MD
- **5181 SW Sam Jackson Park Road**
- **Portland, OR 97239**
- **Tel:** 503 404-6877
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-40-31-157

### Pennsylvania
#### Danville
**Geisinger Health System Program**
- **Sponsor:** Geisinger Health System
- **Program Director:** Michael J Konar, MD
- **Department of Gastroenterology**
- **100 N Academy Avenue**
- **Danville, PA 17822**
- **Tel:** 570 271-6656  **Fax:** 570 271-6652
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-41-21-211

#### Hershey
**Penn State University/Milton S Hershey Medical Center Program**
- **Sponsor:** Milton S Hershey Medical Center
- **Program Director:** Thomas J. McLarty, MD
- **University Hospital**
- **PO Box 850**
- **Hershey, PA 17033**
- **Tel:** 717 531-8594  **Fax:** 717 531-6302
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-41-11-016

### Philadelphia
**Albert Einstein Healthcare Network Program**
- **Sponsor:** Albert Einstein Medical Center
- **Program Director:** Philip O. Katz, MD
- **5401 Old York Road**
- **Klein Building, Suite 363**
- **Philadelphia, PA 19141**
- **Tel:** 215 456-7162  **Fax:** 215 456-1833
- **E-mail:** walshp@einstein.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-41-01-18

**Drexel University College of Medicine/Hahnemann University Hospital Program**
- **Sponsor:** Drexel University College of Medicine (Hahnemann)
- **Hahnemann University Hospital (Tenet Health System)**
- **Program Director:** James C. Reynolds, MD
- **435 North 15th Street, Mail Stop 013**
- **Philadelphia, PA 19102**
- **Tel:** 215 702-2040  **Fax:** 215 702-3004
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
  **Program ID:** 144-41-21-122

**Graduate Hospital Program**
- **Sponsor:** Graduate Hospital (Tenet Health System)
- **Program Director:** Susan J Gordon, MD, JD
- **1100 Pepper Pavilion**
- **1500 Lombard Street**
- **Philadelphia, PA 19144**
- **Tel:** 215 883-6170  **Fax:** 215 883-5473
- **E-mail:** brian.klaub@tenethealth.com
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
  **Program ID:** 144-41-11-187

**Temple University Hospital Program**
- **Sponsor:** Temple University Hospital
- **Program Director:** Robert S Fisher, MD
- **3401 N Broad St**
- **Philadelphia, PA 19140**
- **Tel:** 215 707-9433  **Fax:** 215 707-9564
- **E-mail:** robert.fisher@temple.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
  **Program ID:** 144-41-21-083

**Thomas Jefferson University Program**
- **Sponsor:** Thomas Jefferson University Hospital
- **Program Director:** Anthony J DiMarino, MD
- **Main Building, Suite 409**
- **132 S Front Street**
- **Philadelphia, PA 19107**
- **Tel:** 215 856-2728  **Fax:** 215 856-0872
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 10
  **Program ID:** 144-41-21-034

**University of Pennsylvania Program**
- **Sponsor:** University of Pennsylvania Health System
- **Presbyterian Medical Center (UPHRS)**
- **Program Director:** Anil K Basag, MD
- **Gastroenterology, 600A CRB**
- **415 Curie Boulevard**
- **Philadelphia, PA 19104**
- **Tel:** 215 898-0154  **Fax:** 215 812-1220
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 15
  **Program ID:** 144-41-21-021

**Pittsburgh**
**Allegheny General Hospital Program**
- **Sponsor:** Allegheny General Hospital
- **Program Director:** Rad M Agrawal, MD
- **320 East North Avenue**
- **Pittsburgh, PA 15212**
- **Tel:** 412 393-3896  **Fax:** 412 393-8977
- **E-mail:** psihoema@wpahs.org
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 9
  **Program ID:** 144-41-11-045
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Arnold Wald, MD
Department of Medicine - Level C Wing
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-9241 Fax: 412 648-9278
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 144-41-91-060

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Peter J Molloy, MD
4800 Friendship Avenue
Department of Medicine
Pittsburgh, PA 15234
Tel: 412 578-5123 Fax: 412 578-6904
E-mail: pmolloy@wpahs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-11-11-046

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Prgm Director: Esther A Torres, MD
Department of Medicine A-838
PO Box 365007
San Juan, PR 00936
Tel: 787 768-3205 Fax: 787 754-1739
E-mail: etorres@upr.pr
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-42-11-124

Veterans Affairs Medical and Regional Office Center (San Juan) Program
Sponsor: Veterans Affairs Medical Center (San Juan) University Hospital
Prgm Director: Doris H Toro, MD
Gastroenterology Section (111G-07A)
10 Casia Street
San Juan, PR 00936
Tel: 787 641-9301 Fax: 787 641-9510
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-42-31-223

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Ira R Wullner, MD
90 Jonathan Lucas Street
Ste 210, CSB
Charleston, SC 29403
Tel: 843 792-2361 Fax: 843 792-8386
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-45-21-107

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine Methodist Healthcare-Memphis Hospitals Regional Medical Center at Memphis Veterans Affairs Medical Center (Memphis)
Prgm Director: Christopher R Martin, MD, MS
920 Madison Ave, Ste C210
Memphis, TN 38103
Tel: 901 448-5813 Fax: 901 448-7091
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 144-47-21-188

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center St Thomas Hospital Veterans Affairs Medical Center (Nashville)
Prgm Director: Christopher R Martin, MD, MS
2104 MHC
Nashville, TN 37203
Tel: 615 200-5200 Fax: 615 200-5200
E-mail: tammy.cagle@vanderbilt.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-47-31-018

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center Prgm Director: Lawrence R Schiller, MD
5300 Gaston Avenue
Dallas, TX 75246
Tel: 214 930-2871 Fax: 214 930-2871
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 144-48-31-148

University of Texas Southwest Medical School Program
Sponsor: University of Texas Southwestern Medical School Dallas County Hospital District- Parkland Memorial Hospital Veterans Affairs Medical Center (Dallas)
Prgm Director: Stuart J Spechler, MD
5323 Harry Hines Boulevard
Dallas, TX 75231
Tel: 214 971-8441 Fax: 214 971-8441
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 144-48-21-109

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Veterans Affairs Medical Center (Providence)
Prgm Director: Jack Wands, MD
Rhode Island Hospital, 563 Eddy St, APC 406
Providence, RI 02903
Tel: 401 444-6031 Fax: 401 444-6194
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 144-49-11-125

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Karen A Stauffer, MD
409 772-1501 Fax: 409 772-4786
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-48-21-062

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Mehmet A Shaf, MD
Michael E DeBakey VA Medical Center
2021 Holcombe, 111D, Room 3A-320
Houston, TX 77030
Tel: 713 792-3663 Fax: 713 790-4216
E-mail: mohafi@bcm.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 144-48-31-066

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Lyndon B Johnson General Hospital Memorial Hermann Hospital System University of Texas MD Anderson Cancer Center
Prgm Director: Gene LeSage, MD
Department of Internal Medicine
6431 Fannin, MSB 4.234
Houston, TX 77030
Tel: 713 500-6677 Fax: 713 500-6699
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-48-31-017

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium Wilford Hall Medical Center (WHMC)
Prgm Director: Col Richard T Shaffer, MD
2300 Bergquist Drive, Suite 1
San Antonio, TX 78239
Tel: 210 316-1569 Fax: 210 316-3515
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 144-48-12-063
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Charles Brady, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4876 Fax: 210 567-1976
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-48-21-072

Graduate Medical Education Directory 2005-2006
Accredited Programs in Geriatric Medicine (Family Medicine)

**Temple**

**Texas A&M College of Medicine-Scott and White Program**

**Sponsor:** Scott and White Memorial Hospital

Central Texas Veterans Affairs Healthcare System

**Prgm Director:** Richard A Erickson, MD*

2401 S 21st St

Temple, TX 76508

Tel: 254 724-2537  Fax: 254 724-8276

E-mail: verickso@swmail.sw.org

Length: 3 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 144-49-21-018

**Washington**

**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine

University of Washington Medical Center

University of Washington/Department of Medicine

**Prgm Director:** Sam P Lee, MD, PhD

1950 NE Pacific Street

Box 35424

Seattle, WA 98195

Tel: 206 616-2158  Fax: 206 764-2147

E-mail: gildowsh@medicine.washington.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 15

Program ID: 144-54-21-086

**Utah**

**Salt Lake City**

**University of Utah Program**

**Sponsor:** University of Utah Medical Center

University of Utah Health Care System

**Prgm Director:** Arun J Sanyal, MD

2401 S 31st St

Salt Lake City, UT 84132

Tel: 801 581-7802

Length: 3 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 144-49-21-168

**Vermont**

**Burlington**

**University of Vermont Program**

**Sponsor:** Fletcher Allen Health Care

Gastroenterology Unit

Burke 414

Burlington, VT 05401

Tel: 802 847-2554  Fax: 802 847-4928

Length: 3 Yrs  ACGME Approved/Offered Positions: 3

Program ID: 144-50-21-169

**Wisconsin**

**Madison**

**University of Wisconsin Program**

**Sponsor:** University of Wisconsin Hospital and Clinics

**Prgm Director:** Eric A Gaumnitz, MD

800 Highland Avenue

Room H6/02 - 5124 CSC

Madison, WI 53792

Tel: 608 263-4043  Fax: 608 263-6777

E-mail: egaumnitz@medicine.wisc.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 144-56-21-126

**Milwaukee**

**Aurora Health Care Program**

**Sponsor:** Aurora Health Care

**Prgm Director:** Jeffrey C. McLaughlin, MD

845 N 2nd St, PO Box 342

Milwaukee, WI 53201

Tel: 414 270-7665

E-mail: rebecca.young@aurora.org

Length: 3 Yrs  ACGME Approved/Offered Positions: 3

Program ID: 144-56-21-210

**Medical College of Wisconsin Affiliated Hospitals Program**

**Sponsor:** Medical College of Wisconsin Affiliated Hospitals

**Prgm Director:** Dr. Michael Thomas, MD

900 W Wisconsin Ave

Milwaukee, WI 53226

Tel: 414 446-6835  Fax: 414 446-6214

Length: 3 Yrs  ACGME Approved/Offered Positions: 13

Program ID: 144-56-31-048

**Virginia**

**Charlottesville**

**University of Virginia Program**

**Sponsor:** University of Virginia Medical Center

**Prgm Director:** Carl L Berg, MD

Department of Internal Medicine

PO Box 800706

Charlottesville, VA 22908

Tel: 434 924-3636  Fax: 434 924-0491

Length: 3 Yrs  ACGME Approved/Offered Positions: 15

Program ID: 144-51-21-019

**Richmond**

**Virginia Commonwealth University Health System Program**

**Sponsor:** Virginia Commonwealth University Health System

**Prgm Director:** Arun J Sanyal, MD

1200 East Broad Street

PO Box 980314

Richmond, VA 23262

Tel: 804 828-5314  Fax: 804 828-5902

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 144-51-21-020

**Geriatric Medicine**

**Family Medicine**

**Arizona**

**Phoenix**

**St Joseph’s Hospital and Medical Center Program**

**Sponsor:** St Joseph’s Hospital and Medical Center

**Prgm Director:** Walter J Nieri, MD

16515 W Santa Fe Drive

Sun City, AZ 85351

Tel: 623 815-7661  Fax: 623 815-2391

Length: 1 Yr  ACGME Approved/Offered Positions: 5

Program ID: 125-03-21-029

**California**

**Colton**

**Arrowhead Regional Medical Center Program**

**Sponsor:** Arrowhead Regional Medical Center

**Prgm Director:** J Frank Randolph, MD*

Department of Family Medicine

400 N Pepper Ave

Colton, CA 92324

Tel: 909 580-6260  Fax: 909 580-1362

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 125-06-21-033

**Los Angeles**

**Kaiser Permanente Southern California (Los Angeles) Program**

**Sponsor:** Kaiser Permanente Southern California

**Prgm Director:** Krechtoght L Chan, MD

4950 Sunset Blvd

Los Angeles, CA 90027

Tel: 323 763-1410  Fax: 323 763-1410

E-mail: krechtoght.l.chan@kp.org

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 125-06-21-025

**University of Southern California/California Medical Center (Los Angeles) Program**

**Sponsor:** California Hospital Medical Center

LAC-Bancho Los Angeles National Rehabilitation Center

San Gabriel Valley Medical Center

USC University Hospital

**Prgm Director:** Karen Josephson, MD

1420 San Pablo Street

FPMR-8206

Los Angeles, CA 90033

Tel: 323 442-3115  Fax: 323 442-3070

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 125-06-31-047

**Graduate Medical Education Directory 2005-2006**

697
Accredited Programs in Geriatric Medicine (Family Medicine)

**District of Columbia**

**Washington**

Providence Hospital/Georgetown University Hospital Program  
Sponsor: Georgetown University Hospital  
Providence Hospital  
Program Director: Jay Siew, MD  
4151 Bladensburg Road  
Colmar Manor, MD 20732  
Tel: 301 696-7700  
Fax: 301 779-9001  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 125-18-21-028

**Florida**

**Orlando**

Florida Hospital Program  
Sponsor: Florida Hospital Medical Center  
Program Director: John S Fleming, MD  
3501 North Orange Avenue  
Suite 235  
Orlando, FL 32804  
Tel: 407 303-2814  
Fax: 407 303-2885  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 125-11-21-032

**Illinois**

**Peoria**

University of Illinois College of Medicine at Peoria Program  
Sponsor: University of Illinois College of Medicine at Peoria  
Methodist Medical Center of Illinois  
Program Director: John J Conen, MD  
915 Main, Suite 2C  
Peoria, IL 61602  
Tel: 309 672-5008  
Fax: 309 672-4790  
Length: 1 Yr  
Program ID: 125-16-13-032

**Indiana**

**Indianapolis**

St Vincent Hospital and Health Care Center Program  
Sponsor: St Vincent Hospital and Health Care Center  
Program Director: Craig J Wilson, MD, MS  
Suite 102  
8260 Naab Rd  
Indianapolis, IN 46260  
Tel: 317 236-7774  
Fax: 317 236-7997  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 125-17-13-036

**Iowa**

**Iowa City**

University of Iowa Hospitals and Clinics Program  
Sponsor: University of Iowa Hospitals and Clinics  
Program Director: Gerald J Jogerst, MD  
200 Hawkins Drive  
Iowa City, IA 52242  
Tel: 319 335-7704  
Fax: 319 335-7822  
E-mail: gretchen.sehmuch@uiowa.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 125-18-21-034

**Kentucky**

**Louisville**

University of Louisville Program  
Sponsor: University of Louisville School of Medicine  
Jewish Hospital  
Norton Healthcare - Norton Hospital  
University of Louisville Hospital  
Veteran Affairs Medical Center (Louisville)  
Program Director: James G O'Brien, MD*  
10 Medical Center One Suite 270  
501 E Broadway  
Louisville, KY 40202  
Tel: 502 852-5048  
Fax: 502 852-0551  
E-mail: jim.obrien@louisville.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 125-20-21-035

**Maine**

**Augusta**

Maine-Dartmouth Family Practice Program  
Sponsor: Maine-Dartmouth Family Practice Residency  
Maine General Medical Center  
Program Director: Karen Gershman, MD  
15 E Chestnut Street  
Augusta, ME 04330  
Tel: 207 626-1894  
Fax: 207 625-1602  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 125-22-11-051

**Michigan**

**Lansing**

Sparrow Hospital/Michigan State University Program  
Sponsor: Sparrow Hospital  
Michigan State University College of Medicine  
Program Director: Larry Laugehoe, MD  
1111 Clinical Center  
East Lansing, MI 48824  
Tel: 517 355-3554  
Fax: 517 355-7700  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 125-26-13-065

**Missouri**

**Columbia**

University of Missouri-Columbia Program  
Sponsor: University of Missouri-Columbia School of Medicine  
Harry S Truman Veterans Hospital  
University Hospitals and Clinics  
Program Director: David R Mekh, MD, MS  
Dept of Family Medicine  
MC226 Medical Sciences Building  
Columbia, MO 65212  
Tel: 573 882-1584  
Fax: 573 884-6172  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 125-26-21-626

**Kansas City**

University of Missouri at Kansas City Program  
Sponsor: University of Missouri-Kansas City School of Medicine  
Truman Medical Center-Lakewood  
Program Director: Jon F Dedon, MD  
7000 Lee's Summit Rd  
Kansas City, MO 64159  
Tel: 816 404-7756  
Fax: 816 404-7756  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 125-20-31-007

**New Jersey**

**New Brunswick**

UMDNJ-Robert Wood Johnson Medical School Program  
Sponsor: UMDNJ-Robert Wood Johnson Medical School  
St Peter's University Hospital  
Program Director: David F Haworth, MD, MPH  
Department of Family Medicine  
One Robert Wood Johnson Place CN 19  
New Brunswick, NJ 08903  
Tel: 732 255-7669  
Fax: 732 255-6309  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 125-33-21-009

**New York**

**Johnson City**

United Health Services Hospitals Program  
Sponsor: United Health Services Hospitals  
Binghamton General Hospital  
Wilson Memorial Regional Medical Center (United Health Sys)  
Program Director: James Crosby, MD  
40 Arch Street  
Johnson City, NY 13790  
Tel: 607 763-6334  
Fax: 607 763-5414  
E-mail: James_crosby@uhs.org  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 125-35-11-054

**North Carolina**

**Greenville**

Pitt County Memorial Hospital/East Carolina University Program  
Sponsor: Pitt County Memorial Hospital  
Program Director: Irene M Hanlick, MD*  
Department of Family Medicine  
4N72 Brody Medical Sciences Bldg  
Greenville, NC 27835  
Tel: 252 744-2527  
Fax: 252 744-3909  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 125-36-11-011
Ohio

Cincinnati

Ohio State University/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: John D. Yokel, MD
Length: 1 year
Tel: 513-692-2311
Fax: 513-692-2311
E-mail: john.yokel@nih.gov
Program ID: 123-38-21-031

Cleveland

Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Diane M. Shaffer, MD
Length: 1 year
Tel: 216-778-2327
Fax: 216-778-2327
E-mail: dshaffer@metrohealth.org
Program ID: 123-38-21-031

Columbus

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: James D. Cassidy, MD
Length: 1 year
Tel: 614-566-6843
Fax: 614-566-6843
E-mail: jcassid@ohiohealth.com
Program ID: 123-38-21-031

Pennsylvania

Allentown

Sacred Heart Hospital/ Temple University (Allentown) Program
Sponsor: Sacred Heart Hospital
Program Director: Richard T. Martin, MD
Length: 1 year
Tel: 610-776-5912
Fax: 610-776-4995
E-mail: tmartin@shh.org
Program ID: 123-38-21-031

Lancaster

Lancaster General Hospital Program
Sponsor: Lancaster General Hospital
Program Director: James Peter, MD
Length: 1 year
Tel: 717-544-9302
Fax: 717-544-9302
E-mail: kmctavish@lmhc.org
Program ID: 123-38-21-031

Philadelphia

Thomas Jefferson University Hospital
Sponsor: Thomas Jefferson University Hospital
Program Director: Jay C. Schrier, MD
Length: 1 year
Tel: 215-871-2121
Fax: 215-871-2121
E-mail: jschrier@jefferson.edu
Program ID: 123-38-21-031

Pittsburgh

University of Pittsburgh Medical Center Medical Education (St Margaret) Program
Sponsor: University of Pittsburgh Medical Center
Program Director: Vincent M. Balestrino, MD
Length: 1 year
Tel: 412-744-6600
Fax: 412-744-6600
E-mail: vbalestrino@upmc.edu
Program ID: 123-38-21-031

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Program Director: Irenio Millan, MD
Length: 1 year
Tel: 787-776-4420
Fax: 787-776-4421
E-mail: irmillan@hosp.ucpr.org
Program ID: 123-38-21-031

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
Program Director: Larry B. Davis, MD
Length: 1 year
Tel: 865-544-6532
Fax: 865-544-6532
E-mail: tmctavish@lmhc.org
Program ID: 123-38-21-031

Texas

Amarillo

Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center
Program Director: Dennis E. Zoller, MD
Length: 1 year
Tel: 806-322-2150
Fax: 806-322-2151
E-mail: dzoller@ttuhsc.edu
Program ID: 123-38-21-031

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Program Director: Eliezer Shaul, MD
Length: 1 year
Tel: 817-212-2121
Fax: 817-212-2122
E-mail: esaul@jps.org
Program ID: 123-38-21-031

Houston

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Program Director: Michael E. Meyer, MD
Length: 1 year
Tel: 713-500-7580
Fax: 713-500-7581
E-mail: dbrownfield@uth.tmc.edu
Program ID: 123-38-21-031

Virginia

Roanoke

Carilion Health System Program
Sponsor: Carilion Health System
Program Director: Wayne H. Klimas, MD
Length: 1 year
Tel: 540-562-5702
Fax: 540-562-5703
E-mail: wklamas@carilionclinic.org
Program ID: 123-38-21-031

Washington

Seattle

Swedish Medical Center (First Hill) Program
Sponsor: Swedish Medical Center
Program Director: Terri M. Milligan, MD
Length: 1 year
Tel: 206-212-5502
Fax: 206-212-5503
E-mail: tamctavish@lmhc.org
Program ID: 123-38-21-031
Geriatric Medicine (Internal Medicine)

Alabama

Birmingham
University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: Richard V Sims, MD
121 Greensboro Avenue
Birmingham, AL 35294
Tel: 205 834-3350 Fax: 205 558-7068
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-03-21-001

Arizona

Phoenix
Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center Carl 7 Hayden Veterans Affairs Medical Center (Phoenix)
Program Director: Gary H Salzman, MD
Geriatric Fellowship, WT-4
111 S McDowell Street
Phoenix, AZ 85004
Tel: 602 239-6900 Fax: 602 239-5094
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-03-21-102

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Wendy J Fair, MD
College of Medicine, Geriatrics
PO Box 245069
Tucson, AZ 85724
Tel: 520 626-8854 Fax: 520 626-8854
E-mail: mindy.fair@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-03-21-122

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Calvin H Blum, MD
4301 W Markham Street #748
Little Rock, AR 72205
Tel: 501 526-6547 Fax: 501 609-1091
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-03-21-122

California

Los Angeles
Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
White Memorial Medical Center
Program Director: Arnold M. Joaquin, MD
Division of Geriatrics
1201 S Wilshire Avenue
Los Angeles, CA 90069
Tel: 323 323-9300 Fax: 323 556-1043
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-05-11-108

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Antonio J. Dreifuss, MD
10845 Le Conte Ave, Suite 2339
Los Angeles, CA 90091
Tel: 310 206-9335 Fax: 310 206-9335
Length: 1 Yr ACGME Approved/Offered Positions: 12
Program ID: 151-05-21-006

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Program Director: Joanne Kim, MD
Division of Geriatric & Primary Care Medicine
1500 N State Street, Room 8435
Los Angeles, CA 90033
Tel: 323 266-9571 Fax: 323 266-9571
E-mail:Joanne.kim@usc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-05-21-114

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Solomon Liao, MD
Bldg 200, Suite 350, Rm 81
101 The City Drive South
Orange, CA 92861
Tel: 714 456-5000 Fax: 714 456-7933
E-mail: sslliao@uci.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-05-21-086

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System (Davis) Medical Center
VA Northern California Healthcare System
Program Director: Calvin H Blum, MD
Div of Gen Med, UC Davis Med Ctr
4150 V Street, PSBH-2409
Sacramento, CA 95817
Tel: 916 734-7004 Fax: 916 734-2702
E-mail: chblum@ucdavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-05-21-096

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: John W Daly, MD
Department of Medicine
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-3935 Fax: 619 543-2871
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-05-21-346

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: John B Lao, MD
VA Medical Center (811G)
1400 Clement Street
San Francisco, CA 94121
Tel: 415 750-6655 Fax: 415 750-6641
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-05-31-007

Stanford

Stanford University Program

Sponsor: Stanford University Hospital Veterans Affairs Palo Alto Health Care System
Program Director: Mary K Goldstein, MD, MPH
865zer Shoots Street
3801 Miranda Avenue
Palo Alto, CA 94304
Tel: 650 498-2640 Fax: 650 498-2640
E-mail: goldstine@stanford.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-06-21-053

Colorado

Denver
University of Colorado Program

Sponsor: University of Colorado School of Medicine
Veterans Affairs Medical Center (Denver)
Program Director: Laurence J Bobbins, MD
Geriatrics Section (BID)
1055 Clermont Street
Denver, CO 80220
Tel: 303 392-2322
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-07-21-073

Connecticut

Farmington
University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hebrew Home and Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
VA Connecticut-Newington
Program Director: Paul M Sullivan, MD, MPH
Center on Aging, MC-6215
265 Farmington Avenue
Farmington, CT 06030
Tel: 860 673-2956 Fax: 860 673-1907
E-mail: paul.sullivan@infant.uchc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 151-06-21-008
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Margaret M Drickamer, MD
Yale-New Haven Hospital
20 York St, Room 4-022
New Haven, CT 06515
Tel: 203 688-3314 Fax: 203 688-4906
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 161-09-21-004

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UIHS)
Program Director: Elizabeth L. Cobb, MD
Department of Medicine, 2 South 2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2278 Fax: 202 741-2185
Length: 1 yr ACGME Approved/Offered Positions: 5
Program ID: 151-19-21-005

District of Columbia
Florida
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: John R Meuleman, MD
GRECC
VA Medical Center, Va 82
Gainesville, FL 32608
Tel: 352 374-6077 Fax: 352 374-6412
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 151-11-21-009

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Jorge O Ruiz, MD
Division of Gerontology and Geriatric Medicine
PO Box 016900 (D-GMS)
Miami, FL 33101
Tel: 305 575-3388 Fax: 305 575-3385
Length: 1 yr ACGME Approved/Offered Positions: 10
Program ID: 151-11-21-010

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Program Director: Ronald S Schowengerdt, MD
College of Medicine, Box 19
12801 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-2460 Fax: 813 974-2580
E-mail: Claudia.Beghe@med.va.gov
Length: 1 yr ACGME Approved/Offered Positions: 5
Program ID: 151-11-21-011

New York
Cleveland Clinic Hospital (Florida) Program
Sponsor: Cleveland Clinic Florida
Cleveland Clinic Health System
Health South Sunrise Rehabilitation Hospital
Program Director: Jerry O Cocco, MD
3556 Cleveland Clinic Boulevard
West Palm Beach, FL 33401
Tel: 561 656-5353 Fax: 561 656-5364
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 161-11-21-144

Weston
Program Director: Margaret M Drickamer, MD
Yale-New Haven Hospital
20 York St, Room 4-022
New Haven, CT 06515
Tel: 203 688-3314 Fax: 203 688-4906
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 161-09-21-004

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Daniel J Brauner, MD
5841 S Maryland Avenue, MC3008
CH37
Chicago, IL 60637
Tel: 773 702-6855 Fax: 773 702-3538
E-mail: dbrauner@medicine.bsd.uchicago.edu
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 151-16-11-012

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: Felipe P Peren, MD*
Department of Medicine
840 South Wood Street MC A717
Chicago, IL 60612
Tel: 312 569-7323 Fax: 312 569-7328
E-mail: ukhan@uiuc.edu
Length: 1 yr ACGME Approved/Offered Positions: 7
Program ID: 151-19-21-091

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Neal H Suner, MD
Department of Medicine (181)
Hines, IL 60411
Tel: 708 202-2562 Fax: 708 202-3363
Length: 1 yr ACGME Approved/Offered Positions: 9
Program ID: 151-16-21-013

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: William D Rhodeus, DO
Department of Medicine
1775 West Dempster Street
Park Ridge, IL 60068
Tel: 847 797-4766 Fax: 847 797-6951
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 151-18-21-120

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Richard L. Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Program Director: Glenda B Westmoreland, MD, MPH
1001 West 10th Street
OPW 1200
Indianapolis, IN 46202
Tel: 317 630-3688 Fax: 317 630-2657
E-mail: gwestmore@iuui.edu
Length: 1 yr ACGME Approved/Offered Positions: 6
Program ID: 161-17-21-016
### Kansas

**Kansas City**
**University of Kansas Medical Center Program**
- **Sponsor:** University of Kansas School of Medicine
- **Program Director:** Daniel E. Swagerty, MD, MPH
Road of General & Geriatric Medicine
- **Office of Medicine**
- **College of Medicine**
- **City:** Kansas City, KS 66160
- **Tel:** 913-588-1940  **Fax:** 913-588-1201
- **Length:** 1 Yr  **Program ID:** 151-19-21-006  **AGCME Approved/Offered Positions:** 4

### Louisiana

**New Orleans**
**Tulane University Program**
- **Sponsor:** Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
- **Director:** David Grossman, MD
Tulane University Hospital and Clinics
- **Program Director:** David Grossman, MD
- **Ochsner Clinic**
- **City:** New Orleans, LA 70112
- **Tel:** 504-586-4077  **Fax:** 504-584-4072
- **Length:** 1 Yr  **Program ID:** 151-21-21-115  **AGCME Approved/Offered Positions:** 6

### Maine

**Portland**
**Maine Medical Center Program**
- **Sponsor:** Maine Medical Center
- **New England Rehabilitation Hospital**
- **Program Director:** Samuel C. Dorso, MD
- **Address:** 22 Bramhall Street
- **City:** Portland, ME 04102
- **Tel:** 207-871-7061  **Fax:** 207-871-6798
- **Length:** 1 Yr  **Program ID:** 151-22-21-146  **AGCME Approved/Offered Positions:** 2

### Maryland

**Baltimore**
**Johns Hopkins University Program**
- **Sponsor:** Johns Hopkins University School of Medicine
- **Program Director:** Samuel C. Dorso, MD
- **Johns Hopkins Hospital**
- **Address:** 5505 Hopkins Bayview Circle
- **City:** Baltimore, MD 21224
- **Tel:** 410-500-3268  **Fax:** 410-500-2116
- **E-mail:** lcgibson@jhmi.edu
- **Length:** 1 Yr  **Program ID:** 151-21-11-018  **AGCME Approved/Offered Positions:** 10

**University of Maryland Program**
- **Sponsor:** University of Maryland Medical System
- **Program Director:** Conrad May, MD
- **Union Memorial Hospital**
- **Veterans Affairs Medical Center (Baltimore)**
- **Box 152**
- **Address:** 22 South Greene Street
- **City:** Baltimore, MD 21201
- **Tel:** 410-605-7000  **Fax:** 410-605-7913
- **Length:** 1 Yr  **Program ID:** 151-20-21-104  **AGCME Approved/Offered Positions:** 4

### Massachusetts

**Boston**
**Beth Israel Deaconess Medical Center Program**
- **Sponsor:** Beth Israel Deaconess Medical Center
- **Program Director:** Sharon Levine, MD
- **88 East Newton Street, Robinion 2**
- **City:** Boston, MA 02118
- **Tel:** 617-638-6155  **Fax:** 617-638-8487
- **Length:** 1 Yr  **Program ID:** 151-24-21-019  **AGCME Approved/Offered Positions:** 6

**Boston University Medical Center Program**
- **Sponsor:** Boston University Medical Center
- **Program Director:** David Grossman, MD
- **Edith Nourse Rogers Memorial Veterans Hospital**
- **Bedford**
- **City:** Boston, MA 02131
- **Tel:** 617-638-5629  **Fax:** 617-638-5629
- **Length:** 1 Yr  **Program ID:** 151-24-21-019  **AGCME Approved/Offered Positions:** 12

### Springfield

**Baystate Medical Center/Tufts University School of Medicine Program**
- **Sponsor:** Baystate Medical Center
- **Program Director:** Sandra Delloantonio, MD
- **700 Chestnut Street**
- **Springfield, MA 01199**
- **Tel:** 413-794-8121  **Fax:** 413-794-8044
- **Length:** 1 Yr  **Program ID:** 151-24-21-129  **AGCME Approved/Offered Positions:** 2

### Michigan

**Ann Arbor**
**University of Michigan Program**
- **Sponsor:** University of Michigan Hospitals and Health Centers
- **Program Director:** Robert V. Hogkian, MD, MPH
- **Room 1111, COGEB**
- **1500 E Medical Center Drive**
- **Ann Arbor, MI 48109**
- **Tel:** 734-761-7691  **Fax:** 734-761-7691
- **Email:** hogkian@umich.edu
- **Length:** 1 Yr  **Program ID:** 151-24-21-054  **AGCME Approved/Offered Positions:** 8

**Dearborn**
**Oakwood Hospital Program**
- **Sponsor:** Oakwood Hospital
- **Program Director:** Raphael J. Kiel, MD
- **18101 Oakwood Boulevard**
- **Medical Education/Geriatric Fellowship**
- **Dearborn, MI 48123**
- **Tel:** 313-585-7119  **Fax:** 313-436-2071
- **Length:** 1 Yr  **Program ID:** 151-24-21-143  **AGCME Approved/Offered Positions:** 2

### Detroit

**Wayne State University/Detroit Medical Center Program**
- **Sponsor:** Wayne State University/Detroit Medical Center
- **Detroit Receiving Hospital and University Health Center**
- **Program Director:** Joel Steinberg, MD
- **Dept of Medicine**
- **City:** Detroit, MI 48201
- **Tel:** 313-577-5000  **Fax:** 313-747-4719
- **Length:** 1 Yr  **Program ID:** 151-24-21-111  **AGCME Approved/Offered Positions:** 6

**Flint**
**Hurley Medical Center/Michigan State University Program**
- **Sponsor:** Hurley Medical Center
- **Program Director:** Ghaasant Bachunas, MD
- **Oakwood Plaza, M203 Suite 212**
- **City:** Flint, MI 48503
- **Tel:** 810-276-6962  **Fax:** 810-763-7245
- **Length:** 1 Yr  **Program ID:** 151-25-31-114  **AGCME Approved/Offered Positions:** 1

**Royal Oak**
**William Beaumont Hospital Program**
- **Sponsor:** William Beaumont Hospital
- **Program Director:** Michael E. Maddams, MD
- **3335 W 13 Mile Road**
- **City:** Royal Oak, MI 48073
- **Tel:** 248-561-0622  **Fax:** 248-561-1244
- **Length:** 1 Yr  **Program ID:** 151-25-31-117  **AGCME Approved/Offered Positions:** 4

**Minneapolis**
**Hennepin County Medical Center Program**
- **Sponsor:** Hennepin County Medical Center
- **Program Director:** Lawrence J. Kornner, MD
- **Geriatric Medicine Division**
- **701 Park Avenue**
- **Minneapolis, MN 55405**
- **Tel:** 612-877-7490  **Fax:** 612-894-8343
- **Length:** 1 Yr  **Program ID:** 151-25-31-050  **AGCME Approved/Offered Positions:** 2

**University of Minnesota Program**
- **Sponsor:** University of Minnesota Medical School
- **Fairview-University Medical Center**
- **Regions Hospital**
- **Program Director:** Michael ? Spilane, MD
- **460 Jackson Street**
- **City:** St Paul, MN 55101
- **Tel:** 651-254-8406  **Fax:** 651-254-3088
- **E-mail:** michael.t.spilane@healthpartners.com
- **Length:** 1 Yr  **Program ID:** 151-24-31-140  **AGCME Approved/Offered Positions:** 4
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Gregory J. Hanson, MD
Mayo Clinic
200 First Street, SW
Rochester, MN 55905
Tel: 507-284-3511
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 151-34-21-085

New Jersey
Neptune
Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Prgm Director: Joshua R. Shua-Haim, MD
1485 Route 99
Neptune, NJ 07754
Tel: 732-776-4420 Fax: 732-657-0111
E-mail: jruimhaim@meridianhealth.com
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 151-33-21-129

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Mollie Shulam, MD
Veterans Affairs Extended Care (VAEC)
113 Holland Avenue
Albany, NY 12208
Tel: 518-626-5001 Fax: 518-626-6045
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 151-35-31-055

New York City
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Laurie G. Jacobs, MD
111 East 310th Street
Bronx, NY 10467
Tel: 718-900-6772 Fax: 718-655-6472
E-mail: ljacobs@montefiore.org
Length: 1 Yr AGGME Approved/Offered Positions: 6
Program ID: 151-35-21-963

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Prgm Director: T. S. Dharmarajan, MD
4141 Carpenter Avenue
Bronx, NY 10468
Tel: 718-820-8041 Fax: 718-820-8045
Length: 1 Yr AGGME Approved/Offered Positions: 8
Program ID: 151-35-11-107

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Suzanne Pinnon, MD
Geriatric Division, MSC10 0550
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-6982 Fax: 505-272-4455
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-34-21-093

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Prgm Director: Robert D. Kennedy, MD, MBCHB
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718-283-8549 Fax: 718-283-8408
E-mail: rkennedy@maimonides.org
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-11-126

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Prgm Director: Thuy Phuhtith Bhathan, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718-789-5246 Fax: 718-789-5259
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-21-121

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Western New York Healthcare System
Prgm Director: Bruce R. Naughton, MD
3 Gates Circle
Buffalo, NY 14209
Tel: 716-887-5238 Fax: 716-887-4437
Length: 1 Yr AGGME Approved/Offered Positions: 3
Program ID: 151-35-31-090

Flushing
Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Prgm Director: Anthony T. Vela, MD
4000 Paisanes Boulevard
Flushing, NY 11355
Tel: 718-670-3211 Fax: 718-670-4610
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-21-123

Jamaica
New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St. Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Dhananjay N. Kumar, MD
56-25 133rd Street, Apt. 4L
Jamaica, NY 11432
Tel: 718-558-7015 Fax: 718-558-2476
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-31-124

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgm Director: Howard J. Gault, MD
350 Community Drive
Manhasset, NY 11030
Tel: 516-562-8006 Fax: 516-562-8664
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-21-084

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
United Presbyterian Residence
Prgm Director: Lucy O. Macias, MD
222 Station Plaza N, Room 516
Mineola, NY 11501
Tel: 516-663-5858 Fax: 516-663-6444
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 151-35-21-088
Accredited Programs in Geriatric Medicine (Internal Medicine)

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center Parker Jewish Geriatric Institute
Program Director: Giselle P. Wolff-Klein, MD*
271-11 75th Avenue
New Hyde Park, NY 11042
Tel: 718 229-2276 Fax: 718 289-2345
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 151-35-21-001

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: Helen M Fernandes, MD, MPH*
Box 1070
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-9010 Fax: 212 987-0786
Length: 1 Yr ACGME Approved/Offered Positions: 14
Program ID: 151-35-19-062

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Program Director: Caroline Vitale, MD
Germantown Medicine, NR 12-21
153 W 11th Street
New York, NY 10011
Tel: 212 694-2311 Fax: 212 694-0139
E-mail: anclarke@saintvincentsnyc.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-35-31-900

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Barrie L. Baik, MD
Division of Geriatrics and Gerontology
525 East 68th Street, Box 39
New York, NY 10021
Tel: 212 746-7229 Fax: 212 746-6988
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-12-127

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Goldwater Memorial Hospital
Program Director: Michael L. Freedman, MD
First Avenue and 27th Street
Room 1 North 49
New York, NY 10016
Tel: 212 562-8380 Fax: 212 263-7035
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 151-35-21-101

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
Beth Israel Medical Center
Program Director: Edward W Colt, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 520-5727 Fax: 212 520-4823
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-31-132

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Monroe Community Hospital
Program Director: Paul R Kats, MD
455 E Henrietta Road
Rochester, NY 14602
Tel: 716 756-6554 Fax: 716 756-6376
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 151-35-21-110

Staten Island
Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Program Director: Donna Seminara, MD*
475 Newkirk Avenue
Staten Island, NY 10305
Tel: 718 226-4374 Fax: 718 226-1538
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-21-110

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Susan A. Fields, MD
Primary Care Center
305 N Belle Mead Rd
Setauket, NY 11733
Tel: 631-444-4234 Fax: 631-444-5355
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-35-32-109

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Sharon A. Bergman, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5160 Fax: 315 464-3771
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-35-21-097

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Jan Busby-Whitehead, MD
CB# 7550
141 MacNider Bldg
Chapel Hill, NC 27599
Tel: 919 843-5864 Fax: 919 843-9785
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-36-21-068

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Kenneth W. Joles, MD
Box 3881
Durham, NC 27710
Tel: 919 668-5834 Fax: 919 668-5633
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-96-21-003

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Hal H Atkinson, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 713-8554 Fax: 336 713-8558
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-96-21-034

Ohio
Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Teresa Ols, MD
10041 Eastwood Center/Felhral Center
12000 Fairhill Road
Cleveland, OH 44105
Tel: 216 844-8370 Fax: 216 844-6540
Length: 1 Yr ACGME Approved/Offered Positions: 12
Program ID: 151-38-21-065

SUNY at Stony Brook Program
Sponsor: Stony Brook University (Stony Brook)
Veterans Affairs Medical Center (Northport)
Program Director: Susan A. Fields, MD
Primary Care Center
305 N Belle Mead Rd
Setauket, NY 11733
Tel: 631-444-4234 Fax: 631-444-5355
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-35-32-109

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Akron City Hospital (Summa Health System)
Program Director: Robert M Palmer, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-0011 Fax: 216 445-8702
E-mail: moped@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-38-12-037

Oklahoma
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Veterans Affairs Medical Center (Oklahoma City)
Program Director: David A Staats, MD
PO Box 20601, VMMC 115
Oklahoma City, OK 73190
Tel: 405 271-8558 Fax: 405 271-3987
E-mail: david-staats@ouhsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 151-38-21-112

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Veterans Affairs Medical Center (Portland)
Program Director: Carol L. Joseph, MD
Medical Service (PS-GER3)
PO Box 1004
Portland, OR 97207
Tel: 503 273-5015 Fax: 503 721-7807
E-mail: ohsu@acm.com
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 151-96-31-038

Graduate Medical Education Directory 2005-2006
Pennsylvania

Abington

Abington Memorial Hospital Program
Sponsor: Abington Memorial Hospital
Program Director: Mary T Hoffman, MD
1300 Old York Road
Abington, PA 19001
Tel: 215 481-4960 Fax: 215 481-4961
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-41-21-135

Philadelphia

Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Moss Rehabilitation Hospital
Program Director: Todd H Goldberg, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-8608 Fax: 215 456-7612
E-mail: goldbert@einstein.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-41-11-076

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Susan J Denman, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 456-2943 Fax: 215 456-2883
E-mail: cjglew@temple.edu
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-41-21-119

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Program Director: Edna P Schwab, MD
Division of Geriatric Medicine
Rahlston House — 5016 Chestnut Street
Philadelphia, PA 19104
Tel: 215 692-4416 Fax: 215 679-9138
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-41-21-060

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Neil M Reasnick, MD
Division of Geriatric Medicine
3471 Fifth Avenue, Suite 600
Pittsburgh, PA 15213
Tel: 412 692-2364 Fax: 412 692-2380
E-mail: kimney@upmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-41-21-077

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
University of Puerto Rico Hospital at Carolina
Veterans Affairs Medical Center (San Juan)
Program Director: Irene B Jimenez Velazquez, MD
Box 865076
Medical Sciences Campus
San Juan, PR 00936
Tel: 787 764-1709 Fax: 787 764-1709
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-42-21-086

Rhode Island

Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Miriam Hospital-Lifespan
Program Director: John B Murphy, MD
500 Eddy Street
Providence, RI 02903
Tel: 401 444-2248 Fax: 401 444-3397
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-41-21-139

South Carolina

Columbia

Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Program Director: G Paul Elmore, MD
15 Medical Park, Ste 211
Columbia, SC 29003
Tel: 803 434-4390 Fax: 803 434-4384
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-45-21-119

Tennessee

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: James S Powers, MD
Senior Care Service
7165 Vanderbilt Medical Center East
Nashville, TN 37232
Tel: 615 322-5274 Fax: 615 322-5156
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-47-21-125

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: Virginia M Roche, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8012 Fax: 214 648-2987
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-48-12-196

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Anita C Mercado, MD
Department of Medicine
301 University Boulevard
Galveston, TX 77555
Tel: 409 719-8333 Fax: 409 719-8991
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-48-21-106

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Baytown General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: George F Taffet, MD
Houston Veterans Affairs Medical Center (110)
2002 Holcombe Boulevard
Houston, TX 77030
Tel: 713 794-7127 Fax: 713 794-7027
E-mail: gaftfet@bcm.tmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-48-31-040

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Laura K Choi, MD, MPH
Department of Geriatrics Extended Care
7460 Merton Milner Drive
San Antonio, TX 78229
Tel: 210 617-5311 Fax: 210 617-5312
E-mail: chloido@uthscsa.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-48-21-075

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Gerald Rodstein, MD
Department of Medicine
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-2028 Fax: 801 585-8884
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-48-21-052
Accredited Programs in Geriatric Medicine (Internal Medicine)

**Virginia**
**Charlottesville**
**University of Virginia Program**
Sponsor: University of Virginia Medical Center
Evergreene Nursing Care Center
Mountainside Senior Living
Prgm Director: Jonathan M Bruns, MD, MPH
PO Box 902061
Charlottesville, VA 22905
Tel: 434 243-9266 Fax: 434 243-9282
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-61-31-642

**Norfolk**
**Eastern Virginia Medical School Program**
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Veterans Affairs Medical Center (Hampden)
Prgm Director: Stefan Gravenstein, MD, MPH
215 Fairfax Avenue, Suite 201
Norfolk, VA 23507
Tel: 757 646-7040 Fax: 757 646-7049
E-mail: gravenstein@emc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-51-31-137

**Richmond**
**Virginia Commonwealth University Health System Program**
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Angela Gentili, MD
Geriatrics Medicine Section (181)
1201 Broad Rock Blvd
Richmond, VA 23249
Tel: 804 675-5076 Fax: 804 675-5720
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 151-51-31-643

**Washington**
**Seattle**
**University of Washington Program**
Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Prgm Director: Hamar B Abrams, MD
325 8th Avenue
Box 339755
Seattle, WA 98104
Tel: 206 744-9100 Fax: 206 744-9076
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-54-21-044

**Tacoan**
**Madigan Army Medical Center Program**
Sponsor: Madigan Army Medical Center
Veterans Affairs Medical Center (Tacoma)
Prgm Director: Sharon Falzgraf, MD
American Lake (A-182-GCC)
Tacoma, WA 98439
Tel: 253 593-2095 Fax: 253 588-4105
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-54-12-074
US Armed Services Program

**Wisconsin**
**Madison**
**University of Wisconsin Program**
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Steven R Barceli, MD
GREGCC
2500 Overlook Terrace
Madison, WI 53705
Tel: 608 280-7000
E-mail: dth@medicine.wisc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-56-21-049

**Milwaukee**
**Aurora Health Care Program**
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Prgm Director: Ashok Chithani, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414 219-7088
E-mail: patricia.maloney@aurora.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-56-21-076

**Medical College of Wisconsin Affiliated Hospitals Program**
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Presbyterian Memorial Lutheran Hospital
Prgm Director: Edith A Burns, MD
5000 W National Ave (CC-G)
Milwaukee, WI 53295
Tel: 414 384-2000 Fax: 414 382-6376
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-56-31-049

**Geriatric Psychiatry (Psychiatry)**

**Alabama**
**Birmingham**
**University of Alabama Medical Center Program**
Sponsor: University of Alabama Hospital
Prgm Director: Torri S Steele, MD
1713 8th Avenue South, PPM 253
Birmingham, AL 35294
Tel: 205 834-6504 Fax: 205 975-7893
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-01-21-040

**California**
**Los Angeles**
**UCLA Medical Center Program**
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
VA Greater Los Angeles Healthcare System
Prgm Director: David Seltzer, MD
Marie Baths
700 Westwood Plaza C3-852
Los Angeles, CA 90095
Tel: 310 825-0001
E-mail: mbanks@mednet.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 407-05-21-891

**San Diego**
**University of California (San Diego) Program**
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Daniel D Sewell, MD
Department of Psychiatry
9500 Gilman Drive (0603-V)
La Jolla, CA 92093
Tel: 619 543-6779 Fax: 619 543-7404
E-mail: skent@ucsd.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 407-05-31-002

**San Francisco**
**University of California (San Francisco) Program**
Sponsor: University of California (San Francisco) School of Medicine
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
Veterans Affairs Medical Center (San Francisco)
Prgm Director: J Craig Nelson, MD
University of California San Francisco
401 Parnassus Avenue, Box 0984-F
San Francisco, CA 94143
Tel: 415 476-7100 Fax: 415 476-7230
E-mail: geriatric.psychiatry@tpp.ucsf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-05-11-965
### Florida

**Gainesville**

**Stanford University Program**

**Sponsor:** Stanford University Veterans Affairs Palo Alto Health Care System  
**Prgm Director:** Jared A. Tinkleberg, MD  
**Address:** 401 Quarry Road Room 2306, Stanford, CA 94305  
**Tel:** 650 725-5591  
**Fax:** 650 725-3762  
**E-mail:** faelona@stanford.edu  
**Length:** 1 Yr  
**Program ID:** 407-05-1-1403

**Georgia**

**Atlanta**

**Emory University Program**

**Sponsor:** Emory University School of Medicine  
**Prgm Director:** Larry E. Tune, MD  
**Address:** 1841 Clifton Road, Atlanta, GA 30359  
**Tel:** 404 772-8968  
**Fax:** 404 772-8963  
**E-mail:** sdpwb@emcny.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 407-12-1-1006

**Illinois**

**Chicago**

**McGaw Medical Center of Northwestern University Program**

**Sponsor:** McGaw Medical Center of Northwestern University  
**Prgm Director:** Deborah A. Reed, MD*  
**Address:** 445 E Ontario St, Chicago, IL 60611  
**Tel:** 312 696-2839  
**Fax:** 312 696-2840  
**E-mail:** dreed@northwestern.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 407-14-21-007

**Louisiana**

**New Orleans**

**Louisiana State University Program**

**Sponsor:** Louisiana State University School of Medicine  
**Prgm Director:** Kenneth M. Sakauye, MD  
**Address:** 1542 Tulane Avenue, New Orleans, LA 70112  
**Tel:** 504 668-2126  
**Fax:** 504 668-6842  
**E-mail:** kensakauye@cox.com  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 407-21-21-010

**Maryland**

**Baltimore**

**Johns Hopkins University Program**

**Sponsor:** Johns Hopkins University School of Medicine  
**Prgm Director:** Peter V. Rubina, MD  
**Address:** 600 North Wolfe Street, Baltimore, MD 21287  
**Tel:** 410 695-8736  
**Fax:** 410 614-1094  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 407-29-21-012

**University of Maryland/Shippard Pratt Program**

**Sponsor:** University of Maryland Medical System Veterans Affairs Medical Center (Baltimore)  
**Prgm Director:** Paul E. Ruskin, MD  
**Address:** 10 North Greene Street, Baltimore, MD 21201  
**Tel:** 410 605-7384  
**Fax:** 410 605-7771  
**E-mail:** paul.ruskin@med.va.gov  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 407-23-21-010

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### New York

**Kalamazoo**

**University of Michigan Program**

**Sponsor:** University of Michigan  
**Prgm Director:** Craig J. Tinklenberg  
**Address:** 532-5241  
**Tel:** 269 337-7887  
**Fax:** 269 337-7886  
**E-mail:** carol.allen7@med.va.gov  
**Length:** 1 Yr  
**Program ID:** 407-21-21-007

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### Connecticut

**New Haven**

**Yale-New Haven Medical Center Program**

**Sponsor:** Yale-New Haven Hospital  
**Prgm Director:** Paul Kirwin, MD  
**Address:** 950 Campbell Avenue  
**Tel:** 203 937-2898  
**Fax:** 203 937-2898  
**E-mail:** carol.allen7@med.va.gov  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 407-05-1-1403

**Hawaii**

**Honolulu**

**University of Hawaii Program**

**Sponsor:** University of Hawaii John A. Burns School of Medicine  
**Prgm Director:** Junji Takeshita, MD*  
**Address:** 1566 John Smith Drive, Honolulu, HI 96813  
**Tel:** 808 596-2900  
**Fax:** 808 596-2840  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 407-14-21-007

**Kansas**

**Wichita**

**University of Kansas (Wichita) Program**

**Sponsor:** University of Kansas School of Medicine (Wichita)  
**Prgm Director:** Connie Marsh, MD  
**Address:** 1010 North Kansas Medical Center, Wichita, KS 67214  
**Tel:** 316 293-1047  
**Fax:** 316 293-1874  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 407-18-21-010

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### Iowa

**Iowa City**

**University of Iowa Hospitals and Clinics Program**

**Sponsor:** University of Iowa Hospitals and Clinics  
**Prgm Director:** Judith H. Greenstadt, MD, PhD  
**Address:** 200 Hawkins Drive  
**Tel:** 319 356-2587  
**Fax:** 319 356-2587  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 407-18-21-067

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### Accredited Programs in Geriatric Psychiatry

The Accredited Programs in Geriatric Psychiatry (Psychiatry) directory includes information on programs located throughout the United States that are approved and offered through various medical schools and hospitals. These programs are designed to provide comprehensive training in geriatric psychiatry, focusing on the treatment of psychiatric disorders in older adults. Each program has its own specific length, program director, and contact information, along with details on the number of ACGME approved and offered positions available. The programs vary in location, from major cities like New York, Chicago, and Los Angeles to smaller towns and rural areas across the country. The directory is a valuable resource for medical students and professionals interested in specializing in geriatric psychiatry.
Accredited Programs in Geriatric Psychiatry (Psychiatry)

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Charles Milliken, MD
Psychiatry Consultation Liaison Service
6600 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 783-6975 Fax: 202 783-8066
E-mail: GeriPsychNCC@yahoo.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-14-31-042
US Armed Services Program

Massachusetts
Belmont
McLean Hospital Program
Sponsor: McLean Hospital
Prgm Director: Dumer Verma, MD
115 Mill Street
Belmont, MA 02478
Tel: 617 855-3183 Fax: 617 855-3346
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-34-21-014

Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Edith Nourse Rogers Memorial Veterans Hospital (Bedford)
Prgm Director: Gregory K Binas, MD
200 Springs Road
Psychiatry Service: Bldg 9, Rm 1029
Bedford, MA 01730
Tel: 781 687-2363 Fax: 781 687-2428
E-mail: Gregory.Binas2@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-24-31-058

Cambridge
Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Somerville Hospital
Prgm Director: Stephen I Pinals, MD
20 Central Street
Somerville, MA 02143
Tel: 617 591-6419 Fax: 617 591-5405
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-24-31-058

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Alan M Mellow, MD, PhD
1509 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 930-5600 Fax: 734 930-5642
E-mail: ame@umich.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 407-24-31-018

Nebraska
Omaha
Creighton University/University of Nebraska Program
Sponsor: Creighton University School of Medicine
Alegent Health Immanuel Medical Center
Richard Young Center
The Nebraska Medical Center
Prgm Director: William B Rocalardo, MD
985582 Nebraska Medical Center
Omaha, NE 68118
Tel: 402 384-6892 Fax: 402 384-8866
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-39-21-019

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
New Hampshire Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Thomas E Doman, MD
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-3558 Fax: 603 650-6842
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-32-21-000

New Jersey
Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
UMDNJ-University Behavioral HealthCare
Medical Center at Princeton
Veterans New Jersey Health Care System (Lyons)
Prgm Director: Peter M Augerrele, MD, MPH
GUPS, Institute for Alzheimer’s Disease
667 Hoes Lane, PO Box 1392
Piscataway, NJ 08855
Tel: 732 238-5960 Fax: 732 238-5960
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-38-21-021

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
UMDNJ-University Behavioral HealthCare
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: William J Apfeldorf, MD, PhD
1 University of New Mexico, MSC02 5030
Family Practice Building 4th Floor
Albuquerque, NM 87133
Tel: 505 272-6063 Fax: 505 272-3497
E-mail: wapfeldorf@salud.unm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-34-15-045

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Veterans Affairs Medical Center (Minneapolis)
VA Medical Center (116A)
One Veterans Drive
Minneapolis, MN 55417
Tel: 612 407-8305 Fax: 612 725-2392
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-36-21-017

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Maria J Lapid, MD
209 First Street SW Mayo W-11A
Rochester, MN 55905
Tel: 507 284-5916 Fax: 507 284-4145
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 407-25-31-067

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Prgm Director: David Beck, MD
One Hospital Drive
DC067.00
Columbia, MO 65212
Tel: 573 882-6006 Fax: 573 882-5380
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-28-31-064

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Philip J LeFevre, MD
David F Weih St Memorial Institute
1221 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-2232 Fax: 314 268-5186
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-28-21-018

Detroit
Wayne State University/Lafayette Clinic Program
Sponsor: Wayne State University/Detroit Medical Center
Walter & brew P Reulier Psychiatric Hospital
Prgm Director: Shuja Haque, MD
UPC-Jefferson
2751 East Jefferson Avenue, Suite 400
Detroit, MI 48207
Tel: 313 577-5267 Fax: 313 577-2233
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-25-31-010
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<td>Program Director: Linda K. Ganzini, MD</td>
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<td>900 SE Division of Psychiatry and Behavioral Science</td>
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<td>Program Director: David C. Stevens, MD</td>
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<td>710 West Price Street</td>
<td>919-684-3746</td>
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Accredited Programs in Geriatric Psychiatry (Psychiatry)

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Penn State University
Program Director: Joseph A Barber, MD
Penn State University
500 University Drive
Hershey, PA 17033
Tel: 717 531-8136 Fax: 717 531-6250
E-mail: jbarber2@psu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-41-31-042

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Bettelwek Center for Comprehensive Treatment
Program Director: Marc H Zusman, MD
5001 Old York Road
Philadelphia, PA 19141
Tel: 215 456-8904
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-41-31-044

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Joel E Strein, MD
3635 Market Street, Room 3055
Philadelphia, PA 19104
Tel: 215 662-8998 Fax: 215 662-8999
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 407-41-31-033

Pittsburgh
University of Pittsburgh Medical Center Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Western Psychiatric Institute and Clinic
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Jules Rosen, MD
3811 O'Hara Street, Room 227
Pittsburgh, PA 15213
Tel: 412 269-5900 Fax: 412 269-8300
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-41-11-034

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Program Director: Jacob E Mintor, MD
67 President Street
PO Box 250861
Charleston, SC 29425
Tel: 843 749-6592 Fax: 843 749-6113
E-mail: jlevenso@hsc.vcu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-43-21-095

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: James L Levenson, MD
West Hospital, 8th Floor
1210 East Broad Street
Richmond, VA 23298
Tel: 804 893-5760 Fax: 804 893-7475
E-mail: jlevenso@hsc.vcu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-51-21-051

Roanoke
Carilion Health System/University of Virginia (Roanoke-Salem) Program
Sponsor: Carilion Health System
Catawba State Hospital
Veterans Affairs Medical Center (Salem)
Program Director: Robert Kohn, MD
531-8136
Box 250861
Richmond, VA 23298
Tel: 804 893-5760 Fax: 804 893-7475
E-mail: dkrook@carilion.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 407-51-12-055

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Marcella Pascualy, MD
GRECC (1839)
1601 South Columbian Way
Seattle, WA 98108
Tel: 206 277-1843 Fax: 206 764-3573
E-mail: marcella.pascualy@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 407-54-21-037

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
University of Wisconsin Medical Center
Program Director: Timothy Howell, MD
Tel: 608 280-7084 Fax: 608 280-7204
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 407-54-21-039
Hand Surgery (General Surgery)

Florida

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Prgm Director: Robert Belsote, MD
4 Columbia Drive, #650
Tampa, FL 33606
Tel: 813 258-0687 Fax: 813 259-6836
E-mail: kathenm@hsc.usf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-11-31-004

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine Jewish Hospital
Prgm Director: Thomas W Wolff, MD
225 North Aiken Way
Suite 850
Louisville, KY 40202
Tel: 502 659-0015 Fax: 502 582-0206
E-mail: mstotts@cmki.org
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 443-20-21-003

Hand Surgery (Orthopaedic Surgery)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Donald H Lee, MD
510 30th Street South, FOT 905
Birmingham, AL 35294
Tel: 205 975-9636 Fax: 205 975-9626
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-91-24-018

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
Prgm Director: Randy R Bindra, MD
Department of Orthopaedic Surgery / Hand Surgery
4001 W Markham, Slot 531
Little Rock, AR 72205
Tel: 501 686-5595 Fax: 501 686-7824
E-mail: twiggins@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 262-04-21-004

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Prgm Director: Kenneth Murphy, MBChB
Department of Orthopaedic Surgery
11466 Loma Linda Drive, Ste 214A
Loma Linda, CA 92544
Tel: 909 558-4644 Fax: 909 558-0118
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-05-21-006

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Neil Ford Jones, MD
Box 056800 Room 76-145 CHS
10831 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-7774 Fax: 310 208-0663
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-05-21-014

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Stephen B Schuwal, MD
1520 San Pablo, Suite 2000
Los Angeles, CA 90033
Tel: 213 442-5800 Fax: 323 442-5864
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-05-21-039

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Robert M Stahos, MD, MPH
Department of Orthopaedics
4800 Y Street, Suite 3800
Sacramento, CA 95817
Tel: 916 784-9078 Fax: 916 784-7904
E-mail: joelruedavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-21-003

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Holt A Adams, MD
200 West Arbor Drive, Room 4104
San Diego, CA 92103
Tel: 619 543-5555 Fax: 619 543-3540
E-mail: kmichnev@ucsd.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-31-024

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Shriners Hospitals for Children (Sacramento)
Prgm Director: Edward Diao, MD
500 Parnassus Ave M0-320W
San Francisco, CA 94143
Tel: 415 476-1167 Fax: 415 476-2104
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-21-019

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Prgm Director: L. Tom Ladd, MD
770 Welch Road
Suite 400
Palo Alto, CA 94304
Tel: 650 723-6796 Fax: 650 723-6786
E-mail: pam.rawls@stanford.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-31-054
Connecticut

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Fawley Hospital
26 Seymour Street, Suite 414
Hartford, CT 06106
Tel: 860 236-7161 Fax: 860 726-3237
E-mail: hkwatson@uconn.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-A8-21-030

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prym Director: Paul G Dell, MD
Box 11277, JHM Health Center
Gainesville, FL 32611
Tel: 352 273-7374 Fax: 352 273-7388
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-11-21-011

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prym Director: E Anne Ouellette, MD, MBA
Department of Orthopaedics (D-27)
1611 NW 12th Avenue, Suite 303
Miami, FL 33136
Tel: 305 326-6550 Fax: 305 326-6448
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-11-21-013

Illinois

Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Prym Director: Daniel P Mass, MD
5841 South Maryland, MD 3079
Chicago, IL 60637
Tel: 773 702-6306 Fax: 773 702-4378
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-16-21-055

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Cianar Indiana University Hospital
Indiana Hand Center
St Vincent Hospital and Health Care Center
Prym Director: Jeffrey A Greenberg, MD*
5017 Harcourt Road
PO Box 80434
Indianapolis, IN 46280
Tel: 317 471-4238 Fax: 317 471-4215
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-17-21-041

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prym Director: Brian Adams, MD
Orthopedic Surgery
200 Hawkins Dr
Iowa City, IA 52242
Tel: 319 353-6222 Fax: 319 353-6754
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-18-21-009

Maryland

Baltimore
Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Prym Director: Thomas 2 Graham, MD
The Curtis National Hand Center
2252 North Calvert Street
Baltimore, MD 21218
Tel: 410 554-6803 Fax: 410 554-4383
E-mail: tord.wilson@medstar.net
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 263-23-12-069

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Union Memorial Hospital
 Walter Reed Army Medical Center
Prym Director: Gerald L Farber, MD
Department of Orthopaedics and Rehabilitation
Orthopaedic Surgery Service, SA
Washington, DC 20017
Tel: 202 782-5853 Fax: 202 782-6845
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-10-21-046

Massachusetts

Boston
Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brookwood-West Roxbury)
Children's Hospital
Faulkner Hospital
Massachusetts General Hospital
Prym Director: Barry F Simmons, MD
70 Francis Street
Boston, MA 02115
Tel: 617 730-6500 Fax: 617 730-6897
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-24-21-034

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Prym Director: Sang-Gil Lee, MD*
55 Fruit Street
YAW 2109
Boston, MA 02114
Tel: 617 726-5100
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-24-21-007

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Prym Director: Charles Caudle, MD
Department of Orthopaedics, Box 26
750 Washington Street
Boston, MA 02111
Tel: 617 636-5100 Fax: 617 636-5178
E-mail: jdp@dpm/tufts-nemc.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-34-21-029

Worcester
UMass Memorial Health Care Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Hahnemann Campus)
Prym Director: Lance O Warholt, MD
Hahnemann Campus
281 Lincoln Street
Worcester, MA 01605
Tel: 508 334-5936 Fax: 508 334-5151
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-24-21-037

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prym Director: Richard A Berger, MD, PhD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-3316 Fax: 507 284-5030
E-mail: Price.Natalie@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 263-26-21-007

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prym Director: William B Geiser, MD*
2500 N State Street
Jackson, MS 39216
Tel: 601 894-5153 Fax: 601 894-5115
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-27-21-032
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<td>Washington University/B-JH/SLCH Consortium Program</td>
<td>Program:</td>
<td>Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital</td>
<td>Martin T Boey, MD</td>
<td>314 747-2543</td>
<td>NSMNOTS@wushuedu</td>
<td>Michael Hausman, MD</td>
<td>112 241-1612</td>
<td>1 Yr</td>
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<td>New Mexico</td>
<td>University of New Mexico Program</td>
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<td>University of New Mexico</td>
<td>Moheb S Moneim, MD</td>
<td>505 272-4107</td>
<td><a href="mailto:agilmero@salud.unm.edu">agilmero@salud.unm.edu</a></td>
<td>Martin P Rosenwasser, MD</td>
<td>212 305-8036</td>
<td>1 Yr</td>
<td>263-35-51-009</td>
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<td>New York</td>
<td>University at Buffalo Program</td>
<td>Program:</td>
<td>University at Buffalo</td>
<td>Owen J Moy, MD</td>
<td>716 887-4040</td>
<td><a href="mailto:salvadorasencio@msnyuhealth.org">salvadorasencio@msnyuhealth.org</a></td>
<td>Martin A Posner, MD</td>
<td>212 348-8644</td>
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<td>263-35-21-047</td>
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<td>New York</td>
<td>Albert Einstein College of Medicine at Beth Israel Medical Center Program</td>
<td>Program:</td>
<td>Beth Israel Medical Center</td>
<td>Charles P Melone, MD</td>
<td>321 East 40th Street</td>
<td><a href="mailto:vatan@med.cornell.edu">vatan@med.cornell.edu</a></td>
<td>Steven Z Glickel, MD</td>
<td>212 523-7050</td>
<td>1 Yr</td>
<td>263-35-21-056</td>
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<td>Hospital for Special Surgery/Cornell Medical Center Program</td>
<td>Program:</td>
<td>Cornell Medical Center</td>
<td>New York Presbyterian Hospital (Cornell Campus)</td>
<td>Scott W Wolfe, MD</td>
<td>535 East 7th Street</td>
<td><a href="mailto:cwa@med.cornell.edu">cwa@med.cornell.edu</a></td>
<td>Lawrence C Hurst, MD</td>
<td>631 444-9145</td>
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<td>Mount Sinai School of Medicine Program</td>
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<td>Mount Sinai School of Medicine</td>
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<td>Michael Hausman, MD</td>
<td>5 E 98th Street, Box 1188</td>
<td><a href="mailto:sonia.asencio@msnyuhealth.org">sonia.asencio@msnyuhealth.org</a></td>
<td>Charles P Melone, MD</td>
<td>112 241-1612</td>
<td>1 Yr</td>
<td>263-35-22-009</td>
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<td>New York Presbyterian Hospital (Columbia Campus) Program</td>
<td>Program:</td>
<td>New York Presbyterian Hospital</td>
<td>New York Presbyterian Hospital (Columbia Campus)</td>
<td>Melvin P Rosenwasser, MD</td>
<td>621 West 168th Street</td>
<td><a href="mailto:evansp2@ccf.org">evansp2@ccf.org</a></td>
<td>Martin A Posner, MD</td>
<td>212 348-8644</td>
<td>1 Yr</td>
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<td>New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program</td>
<td>Program:</td>
<td>New York University School of Medicine</td>
<td>Elmhurst Hospital Center-Mount Sinai Services</td>
<td>Michael Hausman, MD</td>
<td>5 E 98th Street, Box 1188</td>
<td><a href="mailto:sonia.asencio@msnyuhealth.org">sonia.asencio@msnyuhealth.org</a></td>
<td>Martin A Posner, MD</td>
<td>212 348-8644</td>
<td>1 Yr</td>
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<td>New York University School of Medicine</td>
<td>Elmhurst Hospital Center</td>
<td>Michael Hausman, MD</td>
<td>5 E 98th Street, Box 1188</td>
<td><a href="mailto:sonia.asencio@msnyuhealth.org">sonia.asencio@msnyuhealth.org</a></td>
<td>Martin A Posner, MD</td>
<td>212 348-8644</td>
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<td>Rochester University of Rochester Program</td>
<td>Program:</td>
<td>Strong Memorial Hospital of the University of Rochester</td>
<td>Matthew M Tomaino, MD</td>
<td>631 Elmwood Avenue, Box 665</td>
<td>14642</td>
<td><a href="mailto:evansp2@ccf.org">evansp2@ccf.org</a></td>
<td>Lawrence C Hurst, MD</td>
<td>631 444-9145</td>
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<td>Stony Brook SUNY at Stony Brook Program</td>
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<td>Stony Brook SUNY at Stony Brook</td>
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<td>Lawrence C Hurst, MD</td>
<td>631 Elmwood Avenue, Box 665</td>
<td><a href="mailto:evansp2@ccf.org">evansp2@ccf.org</a></td>
<td>Lawrence C Hurst, MD</td>
<td>631 444-9145</td>
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<td>Syracuse SUNY Upstate Medical University Program</td>
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<td>SUNY Upstate Medical University</td>
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<td>Michael Hausman, MD</td>
<td>5 E 98th Street, Box 1188</td>
<td><a href="mailto:sonia.asencio@msnyuhealth.org">sonia.asencio@msnyuhealth.org</a></td>
<td>Michael Hausman, MD</td>
<td>5 E 98th Street, Box 1188</td>
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</tbody>
</table>

Programs
Oklahoma

Oklahoma City

Integris Baptist Medical Center Program
Sponsor: Integris Baptist Medical Center
Program Director: Ghani M Rayan, MD
Tel: 405 445-8285 Fax: 405 445-0677
E-mail: ghani.rayan@integris.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-09-21-049

Pennsylvania

Philadelphia

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: A Lee Osterman, MD
Tel: 215 662-3344 Fax: 215 662-3304
E-mail: ALOsterman@HandCenter.com
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 263-41-21-001

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Presbyterian Medical Center (UPHS)
Program Director: David E Steingold, MD
Tel: 215 662-3344 Fax: 215 399-0008
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-41-21-004

Pittsburgh

Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Mark E Baratz, MD
Tel: 412 359-6501 Fax: 412 359-6205
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-41-21-031

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Western Pennsylvania Burn & Trauma Center
Program Director: Joseph E Imbreglia, MD
6001 Stantonwood Drive
2nd Floor
Wexford, PA 15090
Tel: 724 933-3863 Fax: 724 933-3861
E-mail: dhsu20@upmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 263-41-21-051

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital LifeSpan
Program Director: Edward Abdekman, MD
2 Dudley Street, Suite 300
Providence, RI 02905
Tel: 401 457-1512 Fax: 401 851-5874
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-43-21-025

Tennessee

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Campbell Clinic - University of Tennessee Methodist Healthcare-Memphis Hospitals
Program Director: Phillip E Wright, MD
1211 Union Ave
Suite 510
Memphis, TN 38104
Tel: 901 739-3294 Fax: 901 739-3192
E-mail: dotzarm@utmem.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-47-31-046

Texas

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: Evan D Collins, MD
Department of Orthopaedic Surgery
6550 Fannin, Suite 2500
Houston, TX 77030
Tel: 713 966-5560 Fax: 713 966-7991
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-48-31-002

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Methodist Hospital
The Hand Center (San Antonio)
University of Texas Health Science Center
Program Director: William C Pederson, MD
9150 Hambrecht Road, Suite 290
San Antonio, TX 78240
Tel: 210 558-7052
E-mail: carolwaller@yahoo.com
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 263-48-21-025

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Douglas T Hutchinson, MD
50 E Wakara Way
Salt Lake City, UT 84108
Tel: 801 581-7691 Fax: 801 581-4178
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-49-21-048

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Thomas E Trumble, MD
Box 395600
Seattle, WA 98195
Tel: 206 543-3690 Fax: 206 685-3139
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-54-21-033
Massachusetts

Boston

Beth Israel Deaconess Medical Center/ Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Joseph Upton, MD
350 Boylston St, Suite 212
Boston, MA 02116
Tel: 617.732.1872 Fax: 617.730.6624
E-mail: upton-office@earthlink.net
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-24-21-012

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Prgm Director: James W May, MD
White 425-A
55 Fruit St
Boston, MA 02114
Tel: 617.726-2220 Fax: 617.736-5305
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-24-21-001

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Keith E Brandt, MD
660 South Euclid Avenue, Room 5401
Campus Box 8238
St Louis, MO 63110
Tel: 314.747.0641 Fax: 314.362.4536
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 363-35-21-005

New York

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Mount Sinai Medical Center
Prgm Director: Robert W Bausch, MD
Institute of Reconstructive Plastic Surgery
550 First Avenue
New York, NY 10016
Tel: 212.263-3879 Fax: 212.263-3779
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 363-35-21-010

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Shriners Hospitals for Children (Portland)
Veterans Affairs Medical Center (Portland)
Prgm Director: Juliana E Hansen, MD
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503.494.7824 Fax: 503.494.0441
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-49-21-018

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: W P Andrew Lee, MD
3550 Terrace Street
Scalf Hall, Suite 690
Pittsburgh, PA 15261
Tel: 412 383-4800 Fax: 412 383-8053
E-mail: hewl@upmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-41-21-016

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Texas Scottish Rite Hospital for Children
Prgm Director: Harry H Orenstein, MD
Department of Plastic Surgery
5325 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-7551 Fax: 214 648-6776
E-mail: rorenstein@utsouthwestern.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-49-21-004

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harrington Hospital District-Ben Taub General Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke's Episcopal Hospital
Texas Children's Hospital
Prgm Director: David T Netcher, MD
Division of Plastic Surgery Education Office
6560 Fannin Street, Suite 800
Houston, TX 77030
Tel: 713 798-6880 Fax: 713 798-3890
E-mail: plasticprograms@bcm.tmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 363-48-31-008

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: David B Drake, MD
Dept of Plastic Surgery
PO Box 800796
Charlottesville, VA 22908
Tel: 434.292-1334 Fax: 434.292-1335
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 363-51-21-013

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Froedtert Memorial Lutheran Hospital
Prgm Director: Hani S Matloub, MD
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-5485 Fax: 414 265-0901
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 363-39-21-007
Hematology (Internal Medicine)

California

Los Angeles
University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
Pgm Director: Alexandra M Levine, MD
Norris Cancer Hospital
1441 Eastlake Avenue, Ha 3668
Los Angeles, CA 90033
Tel: 323 866-3913 Fax: 323 866-0060
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 145-06-21-046

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Pgm Director: Linda M Boxer, MD, PhD
Department of Medicine/Division of Hematology
CCSR 1155, MC 5156
Stanford, CA 94305
Tel: 650 725-4106 Fax: 650 736-6874
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 145-06-21-020

Connecticut

New Haven
Yale-New Haven Hospital Medical Center Program
Sponsor: Yale-New Haven Hospital
Pgm Director: Bernard G Forget, MD
Hematology Section, WWW 403
503 Cedar Street
New Haven, CT 06520
Tel: 203 785-4144 Fax: 203 736-7232
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 145-08-21-021

District of Columbia

Washington
Howard University Program
Sponsor: Howard University Hospital
Pgm Director: Oswaldo L Castro, MD
2941 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-7098 Fax: 202 865-4180
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 145-10-21-114

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Robert A Brodsky, MD
Hem Div, Ross Bldg, Ste 1025
720 Rutland Avenue
Baltimore, MD 21205
Tel: 410 614-3869 Fax: 410 615-0185
Email: brodsky@jhmi.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 145-23-11-064

Bethesda
National Institute of Health Clinical Center Program
Sponsor: National Institute of Health Clinical Center
Pgm Director: Cynthia E Dunbar, MD
10 Center Drive Building 10, Room 7C103
Bethesda, MD 20892
Tel: 301 496-1434 Fax: 301 496-8336
Email: mza@nih.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 145-23-21-177
US Armed Services Program

New York

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Roswell Park Cancer Institute
Pgm Director: Yale Bernstein, MD
Dept of Hematology
422 Grider Street
Buffalo, NY 14215
Tel: 716 898-3941 Fax: 716 898-3279
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 145-35-31-098

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Pgm Director: Linda Carmosino, MD
2001 Hempstead Town
East Meadow, NY 11554
Tel: 516 572-4710 Fax: 516 572-5609
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 145-35-21-084

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Pgm Director: Simon Karpaktsin, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 285-5666 Fax: 212 285-6665
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 145-36-21-014

Puerto Rico

San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Pgm Director: Luis Baez, MD
Veterans Affairs Medical Center (San Juan)
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 145-45-11-084

Texas

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Pgm Director: Harinder S Juneja, MD
Internal Medicine, Division of Hematology
4601 Fannin, MSB 5.016
Houston, TX 77030
Tel: 713 500-6800 Fax: 713 500-6610
Email: harinder.s.juneja@uth.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 145-48-31-018

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington/ Harborview Medical Center
Pgm Director: Michael L Linenberger, MD
1909 NE Pacific Street
Dept of Hematology, Box 357710
Seattle, WA 98195
Tel: 206 288-3068 Fax: 206 288-1190
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 145-84-21-077

Wisconsin

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Veterans Affairs Medical Center (Madison)
Pgm Director: Eliot C Williams, MD, PhD
500 Highland Avenue
Room HH24
Madison, WI 53792
Tel: 608 263-1816 Fax: 608 262-1882
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 145-36-21-109
Hematology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm Director: Visnaha V Reddy, MD*
Knucke Building, Room 606
1922 7th Avenue South
Birmingham, AL 35233
Tel: 205 975-8889 Fax: 205 934-4418
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-056

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Department of Medicine
Prgm Director: Catherine J. Spier, MD
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-3100 Fax: 520 626-2321
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-088

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care
University Hospital of Arkansas
Prgm Director: Steven A. Schichman, MD, PhD
4301 West Markham
Mail Slot 517
Little Rock, AR 72205
Tel: 501 603-1563 Fax: 501 366-1188
E-mail: SASchichman@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-088

California

Duarte

City of Hope National Medical Center Program
Sponsor: City of Hope National Medical Center
Prgm Director: Karl Gaul, MD
Department of Pathology
1500 East Duarte Road
Duarte, CA 91010
Tel: 626 309-8111 Fax: 626 309-8145
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-040

La Jolla

Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Kelly Behel, MD
10666 N Torrey Pines Road
Mail Code 4902
La Jolla, CA 92037
Tel: 858 554-9703 Fax: 858 554-5452
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-088

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Stephen Lee, MD
8700 Beverly Boulevard
Room 4533
Los Angeles, CA 90048
Tel: 310 423-5471
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-016

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Faramarz Naeim, MD
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-4275
E-mail: fnaeim@mednet.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-062

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Prgm Director: Russell K. Brynes, MD
1300 N State Street Sm 2426
Los Angeles, CA 90033
Tel: 323 268-7067
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-017

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Edward C. Lamke, MD
Department of Medicine
440 V Street, PATH Building, Suite 1118
Sacramento, CA 95817
Tel: 916 754-2970 Fax: 916 754-6469
E-mail: pennnyyung@ucdmc.ucdavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-009

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Joan E Etzell, MD*
505 Farnam Avenue
Room M524
San Francisco, CA 94143
Tel: 415 383-1760 Fax: 415 363-1106
E-mail: jettezzl@friedmd.ucsf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-053

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: Daniel A. Azer, MD
300 Pasteur Drive, M107 M/C 5627
Stanford, CA 94305
Tel: 650 735-5848
E-mail: darbe@stanford.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-073

Connecticut

Hartford

Hartford Hospital Program
Sponsor: Hartford Hospital
Prgm Director: William N Rozek, MD
70 Seymour Street
Hartford, CT 06102
Tel: 860 545-5510
E-mail: wrozek@hartshop.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-021

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Brian R Smith, MD
Departments of Laboratory Medicine and Pathology
20 York Street, Pfo. 0197, PO Box 203005
New Haven, CT 06520
Tel: 203 688-2256 Fax: 203 688-4111
E-mail: june.fisher@yale.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-085

District of Columbia

Washington

Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
Programs in Pathology
Sponsor: National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Susan L. Almondazzo, MD
14th and Alaska Avenue, NW
Building 54, Room J124A
Washington, DC 20306
Tel: 202 783-1743 Fax: 202 783-9157
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-10-21-018
US Armed Services Program

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Matin Oremian, MD, PhD
3900 Reservoir Road, NW
Room 141 Basic Science Building
Washington, DC 20007
Tel: 202 687-3915 Fax: 202 687-6435
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-01-21-079
University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm. Director: Michele D Rainie, MD
840 South Wood Street, MC 750
Chicago, IL 60612
Tel: 312 696-7312 Fax: 312 696-7584
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-18-21-041

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Prgm. Director: Berhan Alcan, MD
3160 South First Avenue
Maywood, IL 60153
Tel: 708 337-2510 Fax: 708 216-5225
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-18-21-015

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Prgm. Director: Attilio Orzi, MD
702 Barnhill Drive 0968
Indianapolis, IN 46202
Tel: 317 574-7250 Fax: 317 574-0149
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-17-21-015

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm. Director: Nancy S Rosemant, MD
200 Hawkins Drive, 202D ICP
Iowa City, IA 52242
Tel: 319 384-8751 Fax: 319 384-8951
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-19-21-023

Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm. Director: John K Krause, MD
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-0234 Fax: 504 583-7862
E-mail: shwcmw@tulane.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-21-31-076

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm. Director: Michael J Borowitz, MD, PhD
401 N Broadway
2335 Weinberg Building
Baltimore, MD 21232
Tel: 410 614-9899
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-23-31-072

Bethesda
National Institutes of Health Program
Sponsor: Clinical Center at the National Institutes of Health
Prgm. Director: Blaine S Jaffe, MD
10 Center Drive, Building 10 Room 2N320
Bethesda, MD 20892
Tel: 301 460-0180 Fax: 301 402-2415
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-23-31-087
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm. Director: German A Pihan, MD
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-3630 Fax: 617 667-4533
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-24-21-036

Brigham and Women’s Hospital Program
Sponsor: Brigham and Women’s Hospital
Prgm. Director: Geraldine S Pinkus, MD
76 Francis Street
Boston, MA 02115
Tel: 617 739-7030 Fax: 617 739-3044
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 311-24-21-048

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm. Director: Robert F Hasegawa, MD
55 Fruit Street
Warren Building, Second Floor
Boston, MA 02114
Tel: 617 726-1440 Fax: 617 726-7474
E-mail: rahegawa@partners.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-24-12-981

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Prgm. Director: Libertor Fechtel, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 394-8261
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-34-21-090
Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Bertram Schnitzer, MD
1300 Catherine
Ann Arbor, MI 48109
Tel: 734-764-2944
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-25-21-026

Missouri

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Pgm Director: Leonard E Grosse, MD, PhD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314-577-9450 Fax: 314-286-6650
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 811-25-21-074

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Pgm Director: Richard Burack, MD, PhD
One Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314-282-0101
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-25-21-650

Nebraska

Omaha
University of Nebraska Medical College of Medicine Program
Sponsor: University of Nebraska Medical College of Medicine
The Nebraska Medical Center
Pgm Director: Dennis D Weisburd, MD
Department of Pathology and Microbiology
933135 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-7555 Fax: 402-559-6018
E-mail: dwweisburd@unmc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-30-21-010

New Jersey

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Pgm Director: Laurent Goodh, MD
One Robert Wood Johnson Place
New Brunswick, NJ 08901
Tel: 732-235-8121 Fax: 732-235-8124
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-35-21-925

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Pgm Director: Kathy Fossum, MD
Hematopathology
1001 Woodward Place NE
Albuquerque, NM 87102
Tel: 505-898-8567 Fax: 505-898-8414
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 811-34-21-018

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Pgm Director: Tips Naeye, MD
Dept Pathology/Hematopathology (Mail Code 81)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518-462-0200 Fax: 518-263-5961
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 811-35-51-031

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine
Moffitt Medical Center-Henry and Lucy Moses Division
Moffitt Medical Center-Weltman Hospital
Pgm Director: Howard Katzen, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718-928-7761 Fax: 718-928-7611
E-mail: kraschek@moffitt.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 811-35-31-068

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: John B Protic, MD
First Avenue at 16th Street
New York, NY 10003
Tel: 212-430-6041 Fax: 212-430-3440
E-mail: jprotic@einstein.yu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-35-21-006

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Bahar Albeid, MD
630 West 166th Street
Room WC-1429
New York, NY 10032
Tel: 212-205-0545 Fax: 212-205-2201
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-35-21-084

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Amy Coughane, MD*
525 East 68th Street
New York, NY 10021
Tel: 212-746-4466 Fax: 212-746-4173
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-35-21-066

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Giorgio Inghirami, MD
566 First Avenue
New York, NY 10016
Tel: 212-283-7784 Fax: 212-283-7712
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 811-35-21-006

Graduate Medical Education Directory 2005-2006

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Accredited Programs in Hematology (Pathology)
Accredited Programs in Hematology (Pathology)

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgm Director: Robert F Hutchison, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315-444-0772
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-36-21-030

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Westchester Medical Center
Prgm Director: Umadevi S Katta, MD
Basic Science Bldg - Room 413
Valhalla, NY 10595
Tel: 914 994-4100  Fax: 914 994-4153
E-mail: elizabeth.lansacch@nymc.edu
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-21-091

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Cherie M Dunphy, MD
Department of Pathology and Laboratory Medicine
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919 843-0176  Fax: 919 843-0733
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-21-032

Charlotte
Carolina's Medical Center Program
Sponsor: Carolina's Medical Center
Prgm Director: Peter M Banks, MD
1000 Skyline Boulevard
Charlotte, NC 28203
Tel: 704 355-2251  Fax: 704 355-2156
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-21-066

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Patricia J Buckley, MD, PhD
Department of Pathology, Erwin Road
Box 3712
Durham, NC 27710
Tel: 919 681-6578  Fax: 919 684-1856
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-36-21-055

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Michael W Beatty, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-7014
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-31-100

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: Harold E Schumacher, MD
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-7100
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-38-21-042

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Howard Meyerson, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-1839
E-mail: hkim@case.edu
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-21-011

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Eric D Bus, MD
9590 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-6230  Fax: 216 444-6414
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-38-21-045

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Amy S Gewirts, MD
E-310 Doan Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-9576  Fax: 614 293-2075
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-36-21-052

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Kila M Braziel, MD
3181 SW Sam Jackson Park Road
Department of Pathology, L L13
Portland, OR 97201
Tel: 503 494-2315  Fax: 503 494-8146
E-mail: braziel@ohsu.edu
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-40-21-090

Pennsylvania
Philadelphia
Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine ( MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Manjula Balasubramanian, MD
245 N 15th Street
Philadelphia, PA 19102
Tel: 215 832-7074
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-41-21-093

Temple University Hospital Program
Sponsor: Temple University Hospital
Prgm Director: Sheryl Simpkins, MD, PhD
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-4333  Fax: 215 707-6944
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-41-21-063

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Roland Schwartz, MD
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 956-6304
E-mail: roland@schwartz.net
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-41-21-078

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Jay L Hess, MD, PhD
4158 Stellar-Chance Labs
622 Curie Boulevard
Philadelphia, PA 19104
Tel: 215 573-6530  Fax: 215 573-6523
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-41-31-069

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Carl R Fox, MD
300 East North Avenue
Pittsburgh, PA 15212
Tel: 412 368-3541
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 311-41-21-095

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Stevo H Swedlow, MD
UPMC-Presbyterian, Room C306.1
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3101  Fax: 412 647-4008
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 311-41-21-014

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South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Pgm Director: John Lazarick, MD
171 Ashley Avenue
Charleston, SC 29425
Tel: 803 792-2833
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 311-48-21-019

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Pgm Director: Thomas L McCarley, MD
4901 The Vanderbilt Clinic
Pierce & 22nd Ave
Nashville, TN 37232
Tel: 615 343-7961
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 311-47-21-070

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District Parkland Memorial Hospital
Pgm Director: Robert W McKenna, MD
5333 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-4004  Fax: 214 648-4070
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 311-48-21-064

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Texas Children's Hospital
Pgm Director: Chung-Chieh Chang, MD, PhD
Department of Pathology
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-6023  Fax: 713 798-3665
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 311-48-21-012

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Pgm Director: Pei Lin, MD*
Dept of Hematopathology - Box 72
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 794-6438  Fax: 713 792-7273
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 311-48-21-019

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Pgm Director: Marsha K Kinney, MD
7700 Floyd Curl Drive
Mail Code 7750
San Antonio, TX 78229
Tel: 210 557-6731  Fax: 210 557-2478
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 311-48-21-020

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Pgm Director: William Rosa, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-5891  Fax: 254 724-6339
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 311-48-21-044

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Pgm Director: Sherrie L Perkins, MD, PhD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-5854
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 311-48-21-034

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Pgm Director: John B Cousser, MD
PO Box 800214
Charlottesville, VA 22908
Tel: 434 924-9733  Fax: 434 924-9402
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 311-61-21-067

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Pgm Director: Jonathan Ben-Enar, MD
PO Box 896683
Richmond, VA 23298
Tel: 804 828-0902  Fax: 804 828-2313
E-mail: jbenenar@vcu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 311-21-13-096

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Daniel E Sabath, MD, PhD
Box 357110
Seattle, WA 98195
Tel: 206 685-6833  Fax: 206 685-6189
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 311-54-21-067

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: Catherine Leibich, MD
600 Highland Avenue
Madison, WI 53792
Tel: 608 262-7138  Fax: 608 263-1568
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 311-56-21-061

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Pgm Director: Louis J Novos-Takara, MD*
2000 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-8448  Fax: 414 805-8444
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 311-58-21-071

Accredited Programs in Hematology (Pathology)
Accredited Programs in Hematology and Oncology (Internal Medicine)

Hematology and Oncology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Program Director: James M Foran, MD

P.O. Box 6511, Mailstop 8117

Little Rock, AR 72205

Tel: 501 686-5511  Fax: 501 686-7861

E-mail: rfglin3b@uams.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 155-04-21-129

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine

Program Director: Frederick R Ahmann, MD

Arkansas Cancer Center

Little Rock, AR 72205

Tel: 501 686-5511  Fax: 501 686-7861

E-mail: rfglin3b@uams.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 155-04-21-129

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic

Scripps Clinic/Scripps Green Hospital

Program Director: Michael P Kosty, MD

10665 North Torrey Pines Road, 403C

La Jolla, CA 92037

Tel: 858 554-9048  Fax: 858 554-2323

Length: 3 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 155-03-13-145

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

UCLA Medical Center

Program Director: Jaime Perez, MD

Center for the Health Sciences

3105 UCLA PAVILION

Los Angeles, CA 90095

Tel: 310 206-5788  Fax: 310 206-1015

Length: 3 Yrs  ACGME Approved/Offered Positions: 18

Program ID: 155-06-21-129

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center

VA Long Beach Healthcare System

Program Director: John C Chang, MD

131 The City Drive South

Rte 81, Building 22, Room 244

Orange, CA 92860

Tel: 714 456-5155  Fax: 714 456-2342

Length: 3 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 155-05-21-136

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System

University of California (Davis) Medical Center

Program Director: Theodore Wu, MD

2315 Stockton Boulevard

Sacramento, CA 95817

Tel: 916 734-3772  Fax: 916 734-7946

Length: 3 Yrs  ACGME Approved/Offered Positions: 10

Program ID: 155-05-31-005

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center

Veterans Affairs Medical Center (San Diego)

Program Director: Elaine A Muchmore, MD

Mail Stop M 011E

2550 LaJolla Village Drive

San Diego, CA 92161

Tel: 858 642-3585  Fax: 858 553-7485

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 155-06-12-007

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

University of California (San Francisco) Medical Center

Program Director: Eric Small, MD

1600 Divisadero, 7th Floor, B714

1770 Divisadero Street

San Francisco, CA 94114

Tel: 415 593-7000  Fax: 415 593-7093

E-mail: awenj@medicine.ucsf.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 18

Program ID: 155-05-21-118

Sylmar

UCLA-San Fernando Valley Program

Sponsor: Olive View/UCLA Medical Center

 sauna-Stra Medical Center

VA Greater Los Angeles Healthcare System

Program Director: Nancy R Feldman, MD

Olive View-UCLA Medical Center

14445 Olive View Drive, Rm 3B-122

Sylmar, CA 91342

Tel: 818 364-3205  Fax: 818 364-4757

E-mail: nfeldman@ucalifsp.org

Length: 3 Yrs  ACGME Approved/Offered Positions: 8

Program ID: 155-05-12-008

Torrance

Los Angeles County-Head Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Head Harbor-UCLA Medical Center

Kaiser Foundation Hospital (Baldwin Park)

Kaiser Foundation Hospital (Bellflower)

Program Director: Rowan T Chlebowski, MD, PhD

1000 W Carson Street, Bldg J-3

Torrance, CA 90005

Tel: 130 202-2217  Fax: 130 202-3564

E-mail: voorsay@freed.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 5

Program ID: 155-05-31-005

Los Angeles County-Head Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Head Harbor-UCLA Medical Center

Kaiser Foundation Hospital (Baldwin Park)

Kaiser Foundation Hospital (Bellflower)

Program Director: Rowan T Chlebowski, MD, PhD

1000 W Carson Street, Bldg J-3

Torrance, CA 90005

Tel: 130 202-2217  Fax: 130 202-3564

E-mail: voorsay@freed.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 5

Program ID: 155-05-31-005

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine

Denver Health Medical Center

Veterans Affairs Medical Center (Denver)

Program Director: Catherine E Klein, MD

Bo Box 65111, Mailstop S117

Aurora, CO 80045

Tel: 303 389-5062  Fax: 303 389-5063

Length: 3 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 155-07-31-006

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine

Hartford Hospital

St Francis Hospital and Medical Center

University of Connecticut Health Center/John Dempsey Hospital

Program Director: Robert D Bosa, MD

Department of Medicine, MC 1638

363 Farmington Avenue

Farmington, CT 06030

Tel: 860 679-2255  Fax: 860 679-4451

Length: 3 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 155-06-21-009
District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Program Director: Inez A Tabbara, MD
Division of Hematology/Oncology, Suite 3-428
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202-741-2478 Fax: 202-741-3467
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-10-21-074

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Said M Baidas, MD
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202-444-7035 Fax: 202-444-0429
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 155-10-12-148

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Georgetown University Hospital
Program Director: Farzad A Pirmahdi, MD
110 Irving Street, NW
Suite C-2151
Washington, DC 20057
Tel: 202-377-8810 Fax: 202-377-8810
Length: 3 Yrs  ACGME Approved/Offered Positions: 7
Program ID: 155-10-21-011

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: James W Lynch, MD
Box J00077, HRRMC
Gainesville, FL 32610
Tel: 352-392-5110 Fax: 352-392-8530
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 155-12-12-2104

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Program Director: Gerardo Colon-Otero, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904-953-2890 Fax: 904-953-0430
E-mail: hammert.lind@mayo.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-11-31-108

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Pasquale W Benedetto, MD
1140 NW 12th Ave-Site #3510
PO Box 198695 (33146-4895)
Miami, FL 33175
Tel: 305-243-6605 Fax: 305-243-4905
E-mail: pbenedetto@med.miami.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 155-11-21-012

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Program Director: John R Pelicci, MD
University Hospital/University Program
Program Director: John R Pelicci, MD
1421 8th Avenue, Suite 301
Tampa, FL 33606
Tel: 813-272-0688 Fax: 813-272-0688
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 155-11-31-013

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: James R Ecken, MD
Department of Hematology/Oncology
1600 Clifton Road, Suite 300
Atlanta, GA 30303
Tel: 404-718-3557 Fax: 404-778-6393
E-mail: teresa_henderson@emoryhealthcare.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 155-12-12-2014

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Program Director: Abdullah Kutlar, MD
Department of Medicine
1500 15th Street, EAB 307
Augusta, GA 30901
Tel: 706-721-2711 Fax: 706-721-7662
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-12-31-015

Illinois

Chicago

Cook County Hospital Program
Sponsor: John C Stroger Hospital of Cook County
Rush University Medical Center
Program Director: Margaret Tofil, MD
1901 W Harrison
Chicago, IL 60612
Tel: 312-884-7250 Fax: 312-884-9002
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-16-21-010

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Program Director: William J Gradishar, MD
575 N Clark Street
Suite 455
Chicago, IL 60611
Tel: 312-695-451 Fax: 312-695-6189
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 155-16-10-016

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Inez A Tabbara, MD
1735 W Harrison Street
Professional Building I, Suite 809
Chicago, IL 60612
Tel: 312-924-0403 Fax: 312-924-0412
E-mail: han_myint@rush.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-16-21-085

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Giannantonio I Ulpophad, MD
5451 South Maryland Avenue
Mail Code: B115
Chicago, IL 60637
Tel: 773-702-610 Fax: 773-702-610
E-mail: trobrug@medicine.bsd.uchicago.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 155-16-21-0479

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: David J Pierce, MD
860 S Ashland, MEC 734
Chicago, IL 60617
Tel: 312-996-1311 Fax: 312-996-1311
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 155-16-21-0117

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Joseph L Clark, MD
Cancer Center Building 200 S First Avenue
Maywood, IL 60153
Tel: 708-327-3236 Fax: 708-327-3234
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 155-16-21-10

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Cancer Center
Program Director: Richard L. Roenfeldt, M.D.
1330 South Wabash Avenue
Indianapolis, IN 46202
Tel: 317-278-564 Fax: 317-278-4190
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 155-17-12-900
Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)

Prgm Director: Thomas H Carter, MD, PhD
266 Hawkins Drive, CB 1-1 GH
Iowa City, IA 52242
Tel: 319 356-0488 Fax: 319 353-8583
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 155-18-21-021

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
Veterans Affairs Medical Center (Kansas City)

Prgm Director: Sarah A Taylor, MD
Division of Hematology/Oncology
3861 Rainbow Boulevard / Mall Stop #144
Kansas City, KS 66103
Tel: 913 588-0028 Fax: 913 588-4065
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program Id: 155-19-12-133

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)

Prgm Director: Kevin McDonagh, MD
Department of Medicine
2626 Kentucky Clinic
Lexington, KY 40506
Tel: 859 255-8043 Fax: 859 257-7715
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 155-20-31-183

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
James Graham Brown Medical Center
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)

Prgm Director: Daniel A Laber, MD
James Graham Brown Cancer Center
529 South Jackson Street, Suite 205
Louisville, KY 40202
Tel: 502 582-4359 Fax: 502 582-4368
E-mail: sainmaru@ulhf.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 155-20-31-022

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Reed E Drews, MD
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-2131 Fax: 617 667-3015
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program Id: 155-24-21-026

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Memorial Medical Center
Prgm Director: Oliver Sartor, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-6149 Fax: 504 588-6888
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 155-21-28-143

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinic
Veterans Affairs Medical Center (New Orleans)

Prgm Director: Raja Mudal, MD
Department of Medicine, SL78
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 885-5483 Fax: 504 885-5483
E-mail: swilson7@tulane.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 155-21-21-023

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Glenn M Mills, MD
1501 Kings Highway
Post Office Box 39992
Shreveport, LA 71130
Tel: 318 818-1057 Fax: 318 818-1055
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program Id: 155-21-31-024

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)

Prgm Director: L Austin Doyle, MD
22 S Greene St, Room N2E10
Baltimore, MD 21201
Tel: 410 328-5657 Fax: 410 329-6896
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program Id: 155-23-21-025

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
Clinical Center at the National Institutes of Health
National Naval Medical Center (Bethesda)

Prgm Director: Brian P Monahan, MD
Building 8, Room 4128
National Naval Medical Center
Bethesda, MD 20889
Tel: 301 496-9091 Fax: 301 496-0941
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program Id: 155-23-21-098

Boston Medical University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)

Prgm Director: Kevin L Hartshorn, MD
Section of Hematology/Oncology, KBC 4th Floor
650 Albany Street
Boston, MA 02118
Tel: 617 638-7521 Fax: 617 638-7530
E-mail: sandra.pollack@bmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program Id: 155-24-31-027

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Paul J Henketh, MD
318 Cambridge Street
Boston, MA 02136
Tel: 617 788-2317 Fax: 617 788-2059
E-mail: caritas@ecchs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program Id: 155-24-31-079

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Donald P Lawrence, MD
75 Washington Street
NEMC #245
Boston, MA 02111
Tel: 617 636-5657 Fax: 617 636-2042
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program Id: 155-24-12-029

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Grace Malakati-Bodin, MD
3400 Main St
Springfield, MA 01107
Tel: 413 794-4055 Fax: 413 794-3613
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 155-24-13-030

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: William V Walsh, MD
55 Lake Avenue, N
Worcester, MA 01605
Tel: 508 856-3903 Fax: 508 856-6716
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 155-24-31-079

Graduate Medical Education Directory 2005-2006
# Accredited Programs in Hematology and Oncology (Internal Medicine)

## Michigan
### Ann Arbor
#### University of Michigan Program
- **Sponsor:** University of Michigan Hospitals and Health Centers
- **Program Director:** Scott D Gillin, MD
- **Contact:** 734-615-1633 / Fax: 734-615-2109
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 18
- **Program Id:** 155-25-31-099

## Minnesota
### Minneapolis
#### University of Minnesota Program
- **Sponsor:** University of Minnesota Medical School Fairview-University Medical Center
- **Program Director:** Linda J Burns, MD
- **Address:** 420 Delaware Street SE
- **City:** Minneapolis, MN 55455
- **Phone:** 612-624-8144 / Fax: 612-625-9688
- **Email:** burns019@umn.edu
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 18
- **Program Id:** 155-28-21-032

## Kansas City
### University of Missouri at Kansas City Program
- **Sponsor:** University of Missouri-Kansas City School of Medicine
- **Location:** St Luke’s Hospital
- **Program Director:** Jill A Moormeier, MD
- **Contact:** 2411 Holmes
- **City:** Kansas City, MO 64108
- **Phone:** 816-210-1940 / Fax: 816-404-6377
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 9
- **Program Id:** 155-28-21-034

## St Louis
### St Louis University School of Medicine Program
- **Sponsor:** St Louis University School of Medicine
- **Location:** St Louis University Hospital
- **Program Director:** Paul J Petruska, MD
- **Address:** 3655 Vista Avenue
- **City:** St Louis, MO 63110
- **Phone:** 314-577-8854 / Fax: 314-775-1167
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 6
- **Program Id:** 155-28-11-036

## Washington University/B-JH/SLCH Consortium Program
- **Sponsor:** Washington University/B-JH/SLCH Consortium
- **Location:** Barnes-Jewish Hospital
- **Program Director:** Stuart Kornfeld, MD
- **Address:** 4520 Barnes Hospital Plaza
- **City:** St Louis, MO 63110
- **Phone:** 314-363-8803 / Fax: 314-363-8826
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 15
- **Program Id:** 155-28-31-035

## Nebraska
### Omaha
#### University of Nebraska Medical Center College of Medicine Program
- **Sponsor:** University of Nebraska Medical Center College of Medicine
- **Program Director:** Greg Broekx, MD
- **Address:** 80760 Nebraska Medical Center
- **City:** Omaha, NE 68198
- **Phone:** 402-559-5520 / Fax: 402-559-5520
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 6
- **Program Id:** 155-28-21-037

## New Hampshire
### Lebanon
#### Dartmouth-Hitchcock Medical Center Program
- **Sponsor:** Mary Hitchcock Memorial Hospital
- **Program Director:** Thomas H Davies, MD
- **Address:** One Medical Center Drive
- **City:** Lebanon, NH 03756
- **Phone:** 603-650-8226 / Fax: 603-650-7791
- **Email:** thomas.h.davies@hitchcock.org
- **Length:** 3 Yrs / ACGME Approved/Offered Positions: 9
- **Program Id:** 155-32-21-038

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**Notes:**
- **Programs** are listed in the order of their state.
- **Contact Information** includes phone numbers and fax numbers.
- **Program Lengths** are given in years.
- **Sponsorship Details** vary by institution.
- **Emails** and websites may be available in the relevant sections.
- **Program Ids** are unique identifiers for each program.
New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: Basim A Gisalp, MD
111 East 210th Street
Department of Oncology
Bronx, NY 10467
Tel: 718 920-4855 Fax: 718 798-7474
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 153-35-21-127

New York Medical College (Our Lady of Mercy Program)
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Pgm Director: Peter H Wiemerk, MD
600 East 233rd Street
Bronx, NY 10466
Tel: 718 920-1100 Fax: 718 920-1123
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 153-35-12-131

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Pgm Director: William Steier, MD
1 Brooklyn Plaza
Brooklyn, NY 11212
Tel: 718 240-5655 Fax: 718 240-6634
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 153-35-21-941

Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Wycliff Heights Medical Center
Pgm Director: Anubhav G Patel, MD
Department of Medicine
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 250-6990 Fax: 718 250-6942
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 155-35-12-135

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Allan D Noweisky, MD
953 49th Street, Room 500
Brooklyn, NY 11219
Tel: 718 332-8297 Fax: 718 335-7110
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 153-35-13-139

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Mathuwasamy Krishnamorthy, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 786-0574 Fax: 718 786-3359
E-mail: hrad6003@nyp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 153-35-21-138

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Pgm Director: William B Solomon, MD
Department of Medicine, Box 450
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-1578 Fax: 718 270-1578
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 153-35-11-043

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Thomas P Bradley, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 663-8899 Fax: 516 663-8850
Length: 3 Yrs ACGME Approved/Offered Positions: 0
Program ID: 153-35-31-116

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Pgm Director: Harry Staessens, MD
530 First Street
Mineola, NY 11501
Tel: 516 683-9500 Fax: 516 683-9543
E-mail: afisch@winthrop.org
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 153-35-13-045

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Thomas P Patel, MD
207-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-3831 Fax: 718 470-0169
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 165-35-22-046

New York
Albert Einstein College of Medicine at Both Israel Medical Center Program
Sponsor: Both Israel Medical Center
Pgm Director: Ronald Bhum, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 10003
Tel: 212 644-8282 Fax: 212 640-4356
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 153-35-23-047

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Pgm Director: Nathaniel M Wisk, MD
100 East 77th Street
New York, NY 10021
Tel: 212 430-3155 Fax: 212 434-3143
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 153-35-33-049
Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Pgm Director: Dean F. Bajorin, MD
1275 York Avenue
Box #8
New York, NY 10021
Tel: 212 639-5809 Fax: 212 639-2283
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 155-38-21-064

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Pgm Director: Jonathan D Schwartz, MD
One Gustave L Levy Place
Box 1079
New York, NY 10029
Tel: 212 241-3984 Fax: 212 996-1029
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-38-21-050

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Pgm Director: Alan B Astrow, MD
170 West 12th Street
New York, NY 10011
Tel: 212 641-6841 Fax: 212 641-6628
E-mail: pforscher@svcm.org
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 155-38-12-053

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Alfred I Neugut, MD, PhD
605 W 168th Street
New York, NY 10032
Tel: 212 305-9414 Fax: 212 305-9413
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 155-38-11-062

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: John P Leonard, MD
625 E 66th Street
New York, NY 10021
Tel: 212 746-8996 Fax: 212 746-8866
E-mail: jpleonard@med.cornell.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-38-31-061

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Pgm Director: Malia Varma, MD
1000 Tenth Avenue Suite 11C
New York, NY 10019
Tel: 212 523-7281 Fax: 212 523-2004
E-mail: mvarma@chpn.org
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 155-38-31-134

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Deepak Sahasrabuddhe, MD
601 Elmwood Avenue, Box 104
Rochester, NY 14642
Tel: 585 275-4797 Fax: 585 273-1042
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-38-21-100

Staten Island Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Pgm Director: Frank J Forte, MD
256 Mason Avenue Building C
Staten Island, NY 10305
Tel: 718 250-6641 Fax: 718 250-6644
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-38-31-144

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Pgm Director: Wladislaw K Balou, MD
Division of Hematology
HSC, T-15-46
Stony Brook, NY 11794
Tel: 631 444-2058 Fax: 631 444-7230
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 155-38-31-1805

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Pgm Director: Leslie Howard, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-4353 Fax: 315 464-8279
E-mail: leslie.howard@med.va.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 155-38-31-086

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
MetroHealth Hospital Center
St Vincent's Medical Center
Westchester Medical Center
Pgm Director: Robert G Lerner, MD
Department of Medicine
Mount Sinai Hospital
Valhalla, NY 10595
Tel: 914 594-4410 Fax: 914 594-4432
E-mail: lernerec@wmcom
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 155-38-31-1981

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Michael Wood, MD, PhD
300 S Old Clinic Building
Chapel Hill, NC 27599
Tel: 919 866-4431 Fax: 919 866-2375
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 155-38-21-065

Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: William H Kane, MD, PhD*
Box 3841
Durham, NC 27710
Tel: 919 684-5330 Fax: 919 681-6160
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 155-38-31-066

Greenville Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Pgm Director: Darin S Liles, MD*
Brody JE-127, BCU SOM
Greenville, NC 27835
Tel: 252 744-3566 Fax: 252 744-3418
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-38-31-141

Ohio Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: John Owen, MD, MBA
Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-6777 Fax: 336 716-5897
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-38-21-076

Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Pgm Director: Abdol-Bahman Jahanz, MD
231 Albert Sabin Way
PO Box 070502
Cincinnati, OH 45267
Tel: 513 859-2283 Fax: 513 836-0676
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-38-21-102

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
NotreDame Medical Center
Pgm Director: Salye N Nwachukwu, MD
10600 Euclid Avenue
WRB 2-128
Cleveland, OH 44106
Tel: 216 368-1175 Fax: 216 368-1166
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-38-21-117

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: David B Xing, MD, PhD*
Taussig Cancer Center
9500 Euclid Avenue - Denk 825
Cleveland, OH 44195
Tel: 216 444-8070 Fax: 216 444-5644
E-mail: meded@ccf.org
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 155-38-21-057

Graduate Medical Education Directory 2005-2006
Accredited Programs in Hematology and Oncology (Internal Medicine)

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Manish Shah, MD
Starring Loving Hall
220 W Twelfth Avenue
Columbus, OH 43210
Tel: 614-293-8858
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 155-38-31-058

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Program Director: Michael A Baumann, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937-288-6511 Fax: 937-267-5310
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 155-36-11-069

Philadelphia
Drexel University College of Medicine/
Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCAC Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Program Director: Michael J Styler, MD
Broad and Vine Streets, MS 412
Philadelphia, PA 19102
Tel: 215-702-7026 Fax: 215-702-8857
E-mail: fun25@drexel.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 155-41-31-062

Temple University Hospital Program
Sponsor: Temple University Hospital
Fox Chase Cancer Center
Program Director: Russell J Schlissel, MD
Broad and Ontario Streets
Philadelphia, PA 19140
Tel: 215-728-3545 Fax: 215-728-3639
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 155-41-21-091

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Jay H Herman, MD
Department of Hematology/Medical Oncology
1015 Walnut Street - Room 706
Philadelphia, PA 19107
Tel: 215-656-5852 Fax: 215-656-2554
E-mail: jay.berman@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-41-21-130

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Duane Guerry, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-662-4137 Fax: 215-549-5856
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 155-41-21-061

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Program Director: Robert L Bedner, MD
UPMC Cancer Center
5150 Centre Avenue, Room 458
Pittsburgh, PA 15232
Tel: 412-623-2357 Fax: 412-623-7708
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 155-41-21-122

Western Pennsylvania Hospital/ Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Richard K Shadduck, MD
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412-578-4355 Fax: 412-578-4391
E-mail: rshadduck@wphys.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-41-31-092

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Program Director: Harold A Harvey, MD
University Hospital
PO Box 850, 500 University Drive, H346
Hershey, PA 17033
Tel: 717-531-8677 Fax: 717-531-5076
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-41-21-061

Wyneowood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Program Director: Mary Denihan-Burke, MD
100 Lancaster Avenue
 Wynnewood, PA 19096
Tel: 610-645-2008 Fax: 610-645-8141
E-mail: Denihan-BurkeM@MLHS.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 155-41-31-077

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
Program Director: Justiziano Castro, MD
Dept of Medicine, UPR School of Medicine
PO Box 360587
San Juan, PR 00936
Tel: 787-764-0101 Fax: 787-765-5866
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 155-42-41-060

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital Lifespan
Program Director: Alan G Rosmarin, MD
164 Summit Avenue
Pain Building, 3rd Floor Rear, Suite 300
Providence, RI 02906
Tel: 401-793-6648 Fax: 401-793-7132
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-43-31-198

Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Memorial Hospital of Rhode Island
Miriam Hospital Lifespan
Rhode Island Hospital Lifespan
Veterans Affairs Medical Center (Providence)
Program Director: Frank J Cummings, MD, MS
825 Chalkstone Avenue
Providence, RI 02908
Tel: 401-456-3070 Fax: 401-456-2016
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-43-31-120

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Lawrence B Afrin, MD
98 Jonathan Lucas Street
PO Box 250355, 600 CSB
Charleston, SC 29425
Tel: 843-792-4071 Fax: 843-792-0644
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 155-43-31-063

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Program Director: Reed C Baskin, MD
Department of Medicine
1521 Union Avenue, Suite 500
Memphis, TN 38104
Tel: 901-722-0646 Fax: 901-722-0452
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-47-31-125
Accredited Programs in Hematology and Oncology (Internal Medicine)

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center Veterans Affairs Medical Center (Nashville)
Prgm Director: Kenneth R. Hande, MD
Division of Medical Oncology
777 Preston Research Building
Nashville, TN 37232
Tel: 615 343-2567 Fax: 615 343-7602
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 155-47-31-066

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School Dallas County Hospital District-Parkland Memorial Hospital Zale-Lipshy University Hospital
Prgm Director: Sandra L. Hofmann, MD, PhD
5323 Harry Hines Blvd
Mail Code 8852
Dallas, TX 75390
Tel: 214 648-4180 Fax: 214 648-1955
E-mail: Levia.Alford@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 155-48-21-066

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMS) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium Brooke Army Medical Center Wilford Hall Medical Center (AETC)
Prgm Director: Michael B. Oswald, MD
2200 Benjamin Drive, Suite 1
Suite 1 Lackland AFB, TX 78236
Tel: 210 922-0250 Fax: 210 922-7217
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 155-48-31-067
US Armed Services Program

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine Harris County Hospital District-Ben Taub General Hospital Methodist Hospital Michael E. DeBakey VA Medical Center - Houston
Prgm Director: Garrett B. Lynch, MD
6550 Fannin Street, Suite 1057
Houston, TX 77030
Tel: 713 798-3755 Fax: 713 798-3342
Length: 3 Yrs ACGME Approved/Offered Positions: 20 Program ID: 155-48-21-146

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio Audie L. Murphy Veterans Hospital (San Antonio)
University Health System
Prgm Director: Azad B. Kurnad, MD
7903 Floyd Curl Drive, MSC 7084
San Antonio, TX 78229
Tel: 210 451-4545 Fax: 210 867-6822
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 155-48-21-099

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Martha Glenn, MD
50 North Medical Drive
Salt Lake City, UT 84103
Tel: 801 585-0255 Fax: 801 585-0109
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 155-48-21-082

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc Clement J. Zablocki Veterans Affairs Medical Center Froedtert Memorial Lutheran Hospital
Prgm Director: Christopher R. Chittum, MD
Div of Neoplastic Diseases and Related Disorders 6200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-4500 Fax: 414 805-6906
Length: 3 Yrs ACGME Approved/Offered Positions: 8 Program ID: 155-56-21-119

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care Prgm Director: Richard F. Brandt, MD UHC Campus - St Joseph 3 1 South Prospect Street Burlington, VT 05401
Tel: 802 847-5971 Fax: 802 847-5946
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 155-59-21-469

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center Prgm Director: B. Gail MacKich, MD PO Box 800716 Charlottesville, VA 22908
Tel: 434 924-9434 Fax: 434 982-4186
Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 155-51-31-478

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University (Health System Hunter Holmes McGuire VA Medical Center (Richmond) Medical College of Virginia Hospitals
Prgm Director: Laurie J. Lyckholm, MD
1101 E Marshall Street, Room 6-060 PO Box 982230 Richmond, VA 23226
Tel: 804 828-8725 Fax: 804 828-8719
E-mail: lyckholm@vcu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 155-51-21-979

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine West Virginia University Hospitals
Prgm Director: Edward B. Crowell, MD PO Box 9162 RHB-HSC Morgantown, WV 26506
Tel: 304 293-4220 Fax: 304 293-3519
E-mail: ecrowell@wvu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 155-55-21-109
Infectious Disease (Internal Medicine)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm Director: Edward W Hook, MD
University Station
Birmingham, AL 35294
Tel: 205 934-4034 Fax: 205 934-7764
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-01-31-121

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospital
USA Children's and Women's Hospital
USA Koolwood Park Hospital
Prgm Director: John A Vande Waa, DO, PhD*
Department of Medicine, Mastin 400 G
2461 Fillinigan Street
Mobile, AL 36617
Tel: 251 471-7896 Fax: 251 471-7898
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-01-31-989

Arizona

Tucson
University of Arizona College of Medicine Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Stephen A Klots, MD
Section of Infectious Diseases
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 623-6537 Fax: 520 623-6183
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-01-31-201

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Robert W Bradsher, MD
4301 W Markham, Slot 639
Little Rock, AR 72205
Tel: 501 686-5535 Fax: 501 686-5049
E-mail: hinesvidav@uams.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-04-31-107

California

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Vinod K Dwarkanath, MD
5101 South Wilcox Avenue
Los Angeles, CA 90009
Tel: 310 668-8489 Fax: 310 763-8939
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-05-11-123

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: David A Pogue, MD
37-121 Center for Health Science
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 655-2440 Fax: 310 825-3802
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-05-11-124

UCLA-VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System Cedars-Sinai Medical Center
Olive View/UCLA Medical Center
Prgm Director: Matthew B Goetz, MD
Infectious Disease Res (111F)
11301 Wilshire Boulevard
Los Angeles, CA 90024
Tel: 310 655-3615 Fax: 310 655-4828
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 146-05-31-195

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC-USC Medical Center
Prgm Director: David A Pogue, MD
USC University Hospital
Prgm Director: Paul D Holton, MD
1200 N State St, Room 6620
Los Angeles, CA 90033
Tel: 213 254-6705 Fax: 213 226-3606
E-mail: iseminez@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-05-31-942

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Braden R Hale, MD, MPH
Department of Medicine
3400 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 522-7475 Fax: 619 522-7478
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-05-12-142

US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Joshua Fierer, MD
3350 La Jolla Village Drive
San Diego, CA 92161
Tel: 858 552-7446 Fax: 858 552-4986
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-05-31-183

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco)
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Henry P Chambers, MD
521 Parennus Avenue, Box 6654, Room 443
UCSF Medical Center
San Francisco, CA 94143
Tel: 415 476-5477 Fax: 415 468-8425
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-05-31-144

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: David Solheim, MD
Department of Medicine
300 Pasteur Dr
Stanford, CA 94305
Tel: 650 725-9208 Fax: 650 725-7011
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-05-31-023

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: John E Edwards, MD
1000 W Carson Street
St John's Cardiovascular Research Center
Torrance, CA 90509
Tel: 310 222-3813 Fax: 310 782-3016
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-05-11-164
Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: Nancy E Madfisger, MD
Division of Infectious Diseases
4200 E 9th Ave, B108
Denver, CO 80262
Tel: 303 315-7295 Fax: 303 315-8681
E-mail: Nancy.Madfisger@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-10-21-090

Washington
University of Washington Program
Sponsor: George Washington University School of Medicine
Veterans Affairs Medical Center (Washington
DC)
Program Director: Gary L Simon, MD, PhD
Department of Medicine
2150 Pennsylvania Ave, NW, 5th Floor
Washington, DC 20037
Tel: 202 741-2234 Fax: 202 741-2241
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-10-21-109

Georgetown University Hospital/Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Marco Smith, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-7164 Fax: 202 877-0941
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-10-21-179

Howard University Program
Sponsor: Howard University Hospital
Program Director: John J McNell, MD
2041 Georgia Avenue, NW
Division of Infectious Diseases
Washington, DC 20060
Tel: 202 745-6614 Fax: 202 865-4706
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-10-21-091

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Frederick S Southwick, MD
Box 106277
Gainesville, FL 32610
Tel: 352 392-4038 Fax: 352 392-6491
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-11-21-033

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Baptist Medical Center
Program Director: Michael Sands, MD, MPH*
Duval County Health Department
1833 Boulevard Suite 500
Jacksonville, FL 32206
Tel: 904 695-2070 Fax: 904 799-2794
E-mail: nancy.whooper@jax.ufl.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-11-21-186

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Program Director: Gordon M Dickinson, MD
Miami VA Med Ctr, Medicine/Special Immunology
1201 NW 16 St, Miami, FL 33129
Miami, FL 33125
Tel: 305 575-3367 Fax: 305 575-3139
E-mail: gldickm@med.miami.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 146-11-21-165

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Henry M Blumberg, MD
Emory University School of Medicine
69 Jesse Hill, Jr Drive SE
Atlanta, GA 30303
Tel: 404 616-3963 Fax: 404 860-5905
E-mail: henry.m.blumberg@emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 146-12-21-129

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Program Director: John F Fisher, MD*
Department of Medicine
Room BA-5303
Augusta, GA 30912
Tel: 706 721-2326 Fax: 706 721-2300
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-12-21-003

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: John P Flaherty, MD
670 North Saint Clair St
Suite 200
Chicago, IL 60611
Tel: 312 695-5000 Fax: 312 695-5088
E-mail: j-flaherty4@northwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-10-21-059

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Program Director: Gordon M Trenholm, MD
Section of Infectious Diseases
1750 W Harrison St, 140-143 AAC
Chicago, IL 60612
Tel: 312 942-5955 Fax: 312 942-2184
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-16-11-130

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: John T Sinnott, MD
Tampa General Hospital
Tampa, FL 33606
Tel: 813 844-4187 Fax: 813 844-7605
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-11-21-034

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Vincent’s Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: John D Shanley, MD
Internal Medicine, Infectious Diseases
P O Box 20822
New Haven, CT 06520
Tel: 203 786-7057 Fax: 203 786-3864
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-08-21-024

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Program Director: Vincent J Quagliairello, MD
Internal Medicine, Infectious Diseases
P O Box 20822
New Haven, CT 06520
Tel: 203 786-7057 Fax: 203 786-3864
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-08-21-024

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (GWU)
Veterans Affairs Medical Center (Washington DC)
Program Director: Gary L Simon, MD, PhD
Department of Medicine
2150 Pennsylvania Ave, NW, 5th Floor
Washington, DC 20037
Tel: 202 741-2234 Fax: 202 741-2241
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-10-21-109

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Priyam N Kumar, MD
Department of Medicine
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 687-6614 Fax: 202 687-6476
E-mail: ash@gunix.georgetown.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-10-21-090

Accredited Programs in Infectious Disease (Internal Medicine)
Indiana

**Indianapolis**

**Indiana University School of Medicine Program**

**Program Director:** Indiana University School of Medicine

**Prgm ID:** IN 146-17-21-146

**Leadership:**

**Section:** Medical Center of Eastern Indiana

**Sponsor:** Indiana University School of Medicine

**Program ID:** IN 146-17-21-146

**Accredited Programs in Infectious Disease (Internal Medicine)**

**University of Chicago Program**

**Sponsor:** University of Chicago Hospitals

**Prgm Director:** Daniel R Hinthorn, MD

**Prgm ID:** IL 146-17-21-096

**Leadership:**

**Department:** Department of Medicine

**Program ID:** IL 146-17-21-096

**Tulane University Program**

**Sponsor:** Tulane University Hospitals and Clinics

**Prgm Director:** Julio A Ramirez, MD

**Prgm ID:** LA 146-18-21-110

**Leadership:**

**Department:** Department of Internal Medicine

**Program ID:** LA 146-18-21-110

**Louisville Program**

**Sponsor:** University of Louisville School of Medicine

**Prgm Director:** Julio A Ramirez, MD

**Prgm ID:** KY 146-21-21-105

**Leadership:**

**Department:** Department of Internal Medicine

**Program ID:** KY 146-21-21-105

**Louisiana Program**

**Sponsor:** Tulane University School of Medicine

**Prgm Director:** David M Mushatt, MD, MPH

**Prgm ID:** LA 146-18-21-110

**Leadership:**

**Department:** Department of Medicine

**Program ID:** LA 146-18-21-110

**Kentucky Program**

**Sponsor:** University of Kentucky College of Medicine

**Prgm Director:** Martin E Evans, MD

**Prgm ID:** KY 146-18-21-110

**Leadership:**

**Department:** Department of Medicine

**Program ID:** KY 146-18-21-110

**Ochsner Clinic Foundation Program**

**Sponsor:** Ochsner Clinic Foundation

**Prgm Director:** Julia B Garcia-Diaz, MD

**Prgm ID:** LA 146-18-21-110

**Leadership:**

**Department:** Department of Medicine

**Program ID:** LA 146-18-21-110

**Tulane University Program**

**Sponsor:** Tulane University School of Medicine

**Prgm Director:** David M Mushatt, MD, MPH

**Prgm ID:** LA 146-18-21-110

**Leadership:**

**Department:** Department of Medicine

**Program ID:** LA 146-18-21-110

**Shreveport Program**

**Sponsor:** LSU Health Sciences Center-University Hospital

**Prgm Director:** Robert L Penn, MD

**Prgm ID:** LA 146-18-21-110

**Leadership:**

**Department:** Department of Medicine

**Program ID:** LA 146-18-21-110

**Maine Program**

**Sponsor:** Maine Medical Center

**Prgm Director:** Robert P Smith, MD

**Prgm ID:** ME 146-22-21-182

**Leadership:**

**Department:** Department of Medicine

**Program ID:** ME 146-22-21-182
Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm. Director: Cynthia L. Sears, MD
Dept. of Medicine, Ross 1187
720 Rutland Avenue
Baltimore, MD 21205
Tel: 410 502-2530 Fax: 410 614-9775
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-23-1108

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Pgm. Director: Bruce J. Gilliam, MD
Division of Infectious Diseases
30 Penn Street, HSFU 5403B
Baltimore, MD 21201
Tel: 410 706-7500 Fax: 410 706-8700
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 146-23-21-086

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Pgm. Director: Glenn W. Wottrmann, MD
Office of the Dean
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 785-6740 Fax: 202 785-3795
E-mail: glenn.wotrmanr@amedd.army.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-16-11-127
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm. Director: Margaret J. Koziel, MD
Division of Infectious Diseases
110 Francis Street, Suite GB
Boston, MA 02115
Tel: 617 667-0038 Fax: 617 975-5225
E-mail: mkoziel@bidmc.harvard.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-24-21-132

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Pgm. Director: Robert Viner, MD
Bowling 8 North
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 638-8069 Fax: 617 638-8070
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-24-21-148

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Pgm. Director: David G. Hooper, MD
55 Fruit Street, J 604
Boston, MA 02114
Tel: 617 268-9812 Fax: 617 734-9716
E-mail: wongeneac@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 16
Program ID: 146-24-21-021

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Carlos S. Belletti of Medical Center of Boston
Lahey Clinic
Lenox Shattuck Hospital
Newton-Wellesley Hospital
Pgm. Director: Debra D. Pouliot, MD, PhD
750 Washington Street
Boston, MA 02111
Tel: 617 636-7001 Fax: 617 636-8625
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 146-24-21-086

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm. Director: Eric V. Granowitz, MD
756 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5765 Fax: 413 794-4199
E-mail: pauline.blaud@hsst.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-24-21-061

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Pgm. Director: William L. Marshall, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-7613 Fax: 508 856-7616
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 146-24-21-007

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Pgm. Director: N. Gary Engleberg, MD
3116 Taubman Health Center
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-5255 Fax: 734 936-2737
E-mail: cmcamp@umich.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-25-21-062

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm. Director: Indira Bhat, MD
Department of Medicine
2726 W Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2857 Fax: 313 916-2803
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-25-11-133

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Pgm. Director: Richard Nath, MD
22101 Moross Road
Detroit, MI 48226
Tel: 313 945-7075
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-25-21-191

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Allan Hospital
Pgm. Director: Prashant H. Chandraeff, MD
Division of Infectious Diseases
3900 John R, S Hudson, Room 9010
Detroit, MI 48201
Tel: 313 745-9649
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-25-21-040

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Pgm. Director: Jeffrey D. Rand, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-4041 Fax: 248 551-1110
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-25-12-100

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Pgm. Director: James R. Johnson, MD, MPH
MMC 280
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-9995 Fax: 612 625-4410
E-mail: ddv@umn.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-26-21-111

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Pgm. Director: Abishah Virk, MD
Department of Medicine
300 First Street, SW
Rochester, MN 55905
Tel: 507 255-1088 Fax: 507 255-7767
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-29-21-018
Accredited Programs in Infectious Disease (Internal Medicine)

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Nancy J. Borman, MD, MSc
Division of Infectious Diseases
2500 N State Street, N-502
Jackson, MS 39216
Tel: 601 984-5650 Fax: 601 815-4014
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-27-21-063

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S. Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: William Salzer, MD
MA423 Medical Science Bldg
One Hospital Drive
Columbia, MO 65212
Tel: 573 884-3107 Fax: 573 884-5790
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-28-21-064

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St. Luke's Hospital
Truman Medical Center
Program Director: Alan R. Salkind, MD
Department of Medicine
2411 Holmes Street, Green 4 Unit
Kansas City, MO 64108
Tel: 816 235-1935 Fax: 816 235-5538
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-29-21-113

St Louis

St Louis University School of Medicine Program
Sponsor: St. Louis University School of Medicine
St. Louis University Hospital
Program Director: Donald J. Kennedy, MD
1235 South Grand Blvd
St Louis, MO 63104
Tel: 314 577-8048 Fax: 314 771-3816
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-30-21-177

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Edgar K. Sack, MD
660 South Euclid Avenue, Box 8051
St. Louis, MO 63110
Tel: 314 454-8214 Fax: 314 454-8887
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-31-21-149

Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tatum - SH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Program Director: Gary L. Garby, MD
c/o Omaha VA Medical Center
4101 Woolworth Avenue (111D)
Omaha, NE 68105
Tel: 402 446-0900 Fax: 402 927-5611
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-30-21-151

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Jeffrey Parsonnet, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8840 Fax: 603 650-1699
E-mail: jeffrey.parsonnet@hitchcock.org
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-32-21-157

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper University Hospital-University Medical Center
Program Director: Daniel K. Meyer, MD
Education & Research Bldg, Km 372
401 Haddon Avenue
Camden, NJ 08103
Tel: 856 257-7757 Fax: 856 757-7803
E-mail: corer-deane@cooperhealth.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-33-21-173

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Jersey Shore University Medical Center
Robert Wood Johnson Medical School
Program Director: Melvin P. Weinstein, MD
Dept of Medicine, MSB 262
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732 225-7713 Fax: 732 225-7051
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-33-21-174

New York

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Long Island College Hospital
Program Director: Edward K. Chapnick, MD
Department of Medicine
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 333-7492 Fax: 718 333-7492
E-mail: echapnick@maimonidesmed.org
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-35-11-171

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: William M. McCormack, MD
450 Clarkson Ave
Box 56
Brooklyn, NY 11203
Tel: 718 270-1432 Fax: 718 270-4123
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-35-21-011

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St. Michael's Medical Center (Cathedral Health Services Inc.)
Program Director: Stephen M. Smith, MD
365 Dr Martin Luther King Jr Boulevard
Newark, NJ 07102
Tel: 973 847-5386
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-33-11-152

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Hospitals and Clinics
Veterans Affairs Medical Center (Albuquerque)
Program Director: Corey Tancik, MD
School of Medicine
University of New Mexico
Albuquerque, NM 87131
Tel: 505 844-5506 Fax: 505 272-8441
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-34-21-134

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Grace Y. Minamoto, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 997-5488 Fax: 718 930-2746
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-35-21-101

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: William M. McCormack, MD
450 Clarkson Ave
Box 56
Brooklyn, NY 11203
Tel: 718 270-1432 Fax: 718 270-4123
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-35-21-011
New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: Jeffrey M Jacobson, MD
Division of Infectious Disease
First Avenue at 165th Street, HHB14
New York, NY 10032
Tel: 212 844-1204 Fax: 212 429-4498
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-35-11-010

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Carol Singer, MD
270-05 76th Avenue
Staﬀ House, Suite 326
New Hyde Park, NY 11040
Tel: 718 470-7290 Fax: 718 470-0637
E-mail: csinger@lij.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-35-21-116

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Limnie M Gellijghly, MD
525 East 68th Street
Room A-421
New York, NY 10021
Tel: 212 746-8120 Fax: 212 746-8170
E-mail: gir2007@med.cornell.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-35-21-1-116

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Pgm Director: Joel Ernst, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 263-8162 Fax: 212 263-7769
E-mail: joel.ernst@med.nyu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-35-21-114

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Pgm Director: Bruce Polsky, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 933-2925 Fax: 212 933-2817
E-mail: bpolsky@chpnet.org
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-35-21-108

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Pgm Director: Victorian Antonee, MD
Division of Infectious Disease
HSC T15, OB
Stony Brook, NY 11794
Tel: 631 444-3460 Fax: 631 444-7518
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-35-21-012

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Pgm Director: Donald C Blair, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5533 Fax: 315 464-5579
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-35-21-140

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Veterans Affairs Western New York Healthcare System
Pgm Director: Charles S Berenson, MD
3465 Bailey Avenue
Buffalo, NY 14215
Tel: 716 882-5628 Fax: 716 882-6625
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-35-21-009

Flushing

New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Pgm Director: James J Rahal, MD
54-45 Main Street
Flushing, NY 11355
Tel: 718 670-1525 Fax: 718 661-7869
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-35-21-178

Jamaica

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Pgm Director: Kenneth Roitstacher, MD
88-25 109th St
Suite 5 R
Jamaica, NY 11432
Tel: 718 558-7214 Fax: 718 558-6165
E-mail: kroistacher@venmcny.org
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-35-22-041

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Marcia P Epstein, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 563-1558 Fax: 516 563-2626
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-35-21-160

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Pgm Director: Burt A Dunia, MD
222 Station Plaza North
Suite 412
Mineola, NY 11501
Tel: 516 663-3265 Fax: 516 663-3750
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-35-31-065

Programs

Accredited Programs in Infectious Disease [Internal Medicine]

Graduate Medical Education Directory 2005-2006
Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center Westchester Medical Center
Pgm Director: Gary P. Wernher, MD
Division of Infectious Diseases
Munger Pavilion, Room 345
Valhalla, NY 10595
Tel: 914-495-3686  Fax: 914-594-6073
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 146-35-11-013

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Carolina Medical Center
Durham County Health Department
Pgm Director: Andrew H Kaplan, MD, MBA
CB# 7000, 190 Bioinformatics Building
Division of Infectious Diseases
Chapel Hill, NC 27599
Tel: 919-984-0600  Fax: 919-986-9614
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 146-36-21-136

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Pgm Director: Gary M. Cox, MD
Box 3867
Durham, NC 27710
Tel: 919-684-3666  Fax: 919-684-8802
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 146-36-21-137

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pgm Director: Paul P. Cook, MD
600 Maye Blvd
Brody Bldg 3E-113
Greenville, NC 27834
Tel: 252-744-2550  Fax: 252-744-3472
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 146-36-21-100

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: Kevin P. High, MD, MS
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-4884  Fax: 336-716-3825
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 146-36-21-014

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Pgm Director: Amy B. Kressel, MD
PO Box 670700
Cincinnati, OH 45207
Tel: 513-558-4704  Fax: 513-558-2090
E-mail: beckham@uc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-38-21-006

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Pgm Director: Robert A. Salata, MD
Division of Infectious Diseases
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-2827  Fax: 216-444-1632
E-mail: rash@case.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 146-36-21-154

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Carlos M Isada, MD
2950 Euclid Avenue
Cleveland, OH 44195
Tel: 216-444-2762  Fax: 216-445-8446
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 146-36-21-156

Columbus
Ohio State University Hospitals Program
Sponsor: Ohio State University Hospitals
Pgm Director: Susan L. Koletar, MD
Department of Medicine
410 W 10th Avenue
Columbus, OH 43210
Tel: 614-393-6722  Fax: 614-393-4556
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-38-11-094

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Pgm Director: Jack M. Bernstein, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937-262-3803
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 146-38-31-189

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St. Vincent Mercy Medical Center
Pgm Director: M. A. Jaffe Westerink, MD
3120 Glendale Ave
Toledo, OH 43614
Tel: 419-383-4328  Fax: 419-383-2847
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-38-21-015

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Pgm Director: Amy B. Kressel, MD
PO Box 670700
Cincinnati, OH 45207
Tel: 513-558-4704  Fax: 513-558-2090
E-mail: beckham@uc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-38-21-006

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Pgm Director: Douglas A. Deverte, MD
P O Box 28601
Oklahoma City, OK 73106
Tel: 405-270-0501  Fax: 405-297-6994
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 146-39-21-007

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Pgm Director: Thomas S. Ward, MD
Infectious Diseases, 600 NE 18th Avenue
Portland, OR 97239
Tel: 503-494-7736  Fax: 503-494-4264
E-mail: wards@ohsu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-46-31-157

Pennsylvania
Hershey
Penn State University/Milton S. Hershey Medical Center Program
Sponsor: Milton S. Hershey Medical Center
Pgm Director: John N. Goldman, MD
University Hospital
PO Box 850
Hershey, PA 17032
Tel: 717-531-8883  Fax: 717-531-4533
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-41-11-018

Philadelphia
Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Abington Memorial Hospital
Hahnemann University Hospital (Tenet Health System)
Pgm Director: Judith A. O'Donnell, MD
Division of Infectious Diseases
345 North 15th Street, Room 6306 NCB, MS# 461
Philadelphia, PA 19102
Tel: 215-762-0555  Fax: 215-762-3033
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 146-41-21-046

Temple University Hospital Program
Sponsor: Temple University Hospital
Pgm Director: Bennett Lober, MD, ScD
3403 N Broad St
Philadelphia, PA 19140
Tel: 215-707-3807  Fax: 215-707-4414
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 146-41-21-029
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Rhode Island Hospital Lifespan
Pgm Director: Gail Stevenson, MD
252 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-2437 Fax: 401 456-6830
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 145-43-31-065

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Cascadia Street Medical Center (Charleston)
Pgm Director: L W Preston, MD
Infectious Diseases
100 Doughty St, #240 TOP South
Charleston, SC 29403
Tel: 843-792-6452 Fax: 843-792-6680
E-mail: brwshin@musc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-45-21-104

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Pgm Director: Jonathan P Moorman, MD
Department of Internal Medicine
Box 70262
Johnson City, TN 37614
Tel: 423-439-8830 Fax: 423-439-7109
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 148-47-21-047

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Pgm Director: James M Plackenboom, MD
Department of Medicine
95 Court Street
Memphis, TN 38103
Tel: 901 448-5770 Fax: 901 448-5040
E-mail: jplacken@tennessee.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-47-21-138

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: Brian A Ellis, MD
A-102 Medical Center North
1161 21st Avenue South
Nashville, TN 37232
Tel: 615 322-6973 Fax: 615 322-6160
E-mail: robbie.loupe@vanderbilt.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-47-21-017

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Daniel J Skiest, MD
Department of Medicine
5503 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9914 Fax: 214 648-7741
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-48-21-098

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: C Glenn Maghill, MD
Div of Infectious Disease, 0435
361 University Boulevard
Galveston, TX 77555
Tel: 409 772-7582
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-48-21-048

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Pgm Director: Jorge Bertran, MD
Department of Medicine
P.O. Box 365576
San Juan, PR 00936
Tel: 787 754-1739 Fax: 787 754-1739
E-mail: jbertran@upr.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-42-21-118
Veterans Affairs Medical and Regional Office Center Program
Sponsor: Veterans Affairs Medical Center (San Juan)
University Hospital
Pgm Director: Glenda M Gonzalez-Claudia, MD*
10 Caisa Street (111)
San Juan, PR 00921
Tel: 787 641-7582 Fax: 787 641-4561
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-42-31-117

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Pgm Director: Staci A Fischer, MD
Rhode Island Hospital
501 Eddy Street
Providence, RI 02903
Tel: 401 444-8130 Fax: 401 444-8154
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-49-21-187

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Pgm Director: Emily Blumberg, MD
University Hospital
Infectious Disease - 3 Silverstein - Suite 5
Philadelphia, PA 19104
Tel: 215 662-7066 Fax: 215 662-7071
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 146-41-21-022

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Pgm Director: Emanuel V Negri, MD, MPH
Infectious Disease, Suite 3A Falk Med Bldg
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-6401 Fax: 412 648-6899
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-41-21-037

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Pgm Director: Pablo C Oktayoglu, MD
4301 Fannin
JPS 1.728
Houston, TX 77030
Tel: 713 790-6625 Fax: 713 790-5277
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-48-21-070

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Daniel J Skiest, MD
Department of Medicine
5503 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9914 Fax: 214 648-7741
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-48-21-098

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: C Glen Maghill, MD
Div of Infectious Disease, 0435
361 University Boulevard
Galveston, TX 77555
Tel: 409 772-7582
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-48-21-048

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Pgm Director: Ashley L Drews, MD
6505 Fannin, MS 910
Houston, TX 77030
Tel: 713 790-5277 Fax: 713 790-5277
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-48-21-070

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AEFT)
Brooks Army Medical Center
Pgm Director: Col David P Dooley, MD
750 MDDS/MHH
2260 Bergstrom Drive, Sta 1
Lackland AFB, TX 78236
Tel: 210 670-7444 Fax: 210 322-5740
E-mail: david.dooley@amedd.army.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 146-48-13-049

US Armed Services Program

Graduate Medical Education Directory 2005-2006 737
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<th>State</th>
<th>City</th>
<th>Program Name</th>
<th>Sponsor</th>
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<td>San Antonio</td>
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<td>University of Texas Health Science Center at San Antonio Program</td>
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<td>Audie L Murphy Memorial Veterans Hospital (San Antonio)</td>
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<td>University Health System</td>
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<td>Program Director: Thomas F Patterson, MD</td>
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<td>Medicine/Infectious Diseases, MSC.</td>
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<td>7700 Floyd Curl Drive</td>
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<td>San Antonio, TX 78229</td>
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<td>Texas A&amp;M College of Medicine-Scott and White Program</td>
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<td>Program Director: John L Carpenter, MD</td>
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<td>2401 S 31st Street</td>
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<td>Temple, TX 76808</td>
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<td>Norfolk Eastern Virginia Medical School Program Program Director:</td>
<td>Edward C Oldfield, MD</td>
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<td>Eastern Virginia Medical School</td>
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<td>Program Name: Norfolk General Hospital</td>
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<td>Program Director: Thomas F Patterson, MD</td>
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<td>E-mail: <a href="mailto:oldfieec@evms.edu">oldfieec@evms.edu</a></td>
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<td>Length: 2 Yrs ACGME Approved/Offered Positions: 2</td>
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<td>Richmond Virginia Commonwealth University Health System Program</td>
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<td>Hunter Holmes McGuire VA Medical Center (Richmond)</td>
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<td>Program Director: Sara O Monroe, MD</td>
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<td>Medical College of Virginia Hospitals</td>
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<td>Program Director: Sara O Monroe, MD</td>
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<td>Utah Salt Lake City University of Utah Program Program Director:</td>
<td>Wesley C Van Voorhis, MD, PhD</td>
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<td>University of Utah Medical Center</td>
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<td>Program Director: Christopher J Grace, MD</td>
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<td>20 North 1000 East, Room 4B319</td>
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<td>Salt Lake City, UT 84132</td>
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<td>E-mail: <a href="mailto:harry.rouso@ouc.utah.edu">harry.rouso@ouc.utah.edu</a></td>
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<td>Vermont Burlington University of Vermont Program Program Director:</td>
<td>Christopher J Grace, MD</td>
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<td>Fletcher Allen Health Care</td>
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<td>Program Director: Christopher J Grace, MD</td>
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<td>Virginia Charlottesville University of Virginia Program Program</td>
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<td>Director: William A Petri, MD</td>
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<td>Department of Internal Medicine</td>
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<td>Wisconsin Madison University of Wisconsin Program Program Director:</td>
<td>Dennis G Maki, MD</td>
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<td>University of Wisconsin Hospital and Clinics</td>
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<td>Program Director: Dennis G Maki, MD</td>
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<td>600 Highland Avenue</td>
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<td>Tel: 608 263-1546 Fax: 608 263-4416</td>
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<td>Length: 2 Yrs ACGME Approved/Offered Positions: 4</td>
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Internal Medicine

Alabama

Birmingham

Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
University of Alabama Hospital
Program Director: Elizabeth D Childs, MD
540 Montclair Road
Suite 317
Birmingham, AL 35219
Tel: 205 582-5135 Fax: 205 582-5684
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 140-01-21-020

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Program Director: Dennis G Delgado, MD
Academic Affairs Department
1600 Carraway Blvd
Birmingham, AL 35224
Tel: 205 392-6887 Fax: 205 592-5013
E-mail: inrn@carraway.com
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Program ID: 140-01-31-021

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Gustavo R Meidebert, MD
1530 3rd Avenue South
Birmingham Diabetes Building 327
Birmingham, AL 35224
Tel: 205 994-2490 Fax: 205 975-6434
Length: 3 Yrs ACGME Approved/Offered Positions: 130
Subspecialties: CD, END, GE, HN, IC, ICE, ID, IM, MG, NEP, PCC, RHU
Program ID: 140-01-31-022

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
Program Director: John B Buss, MD
2431 Fillingim Street
Mastin 400-L
Mobile, AL 36617
Tel: 205 441-7893 Fax: 205 441-1391
E-mail: pgres@usa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: CD, GE, ID, PUD
Program ID: 140-01-11-024

Montgomery

University of Alabama Medical Center Program
(Montgomery) Program
Sponsor: University of Alabama Hospital
Baptist Medical Center South
Program Director: W J Many, MD
2811 Narrow Lane Road
Suite 300
Montgomery, AL 36116
Tel: 334 284-5311 Fax: 334 284-9020
E-mail: hope@uhmontgomery.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 140-01-21-047

Arizona

Phoenix

Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
111 E McDowell Road, LL-2
Phoenix, AZ 85004
Tel: 602 230-2265 Fax: 602 230-2084
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: CD, END, GE, IC, ICE, ID, MG, NEP, FCC, RHU
Program ID: 140-03-21-025

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Program Director: David Wisinger, MD
Department of Medicine
2601 E Roosevelt, #D10
Phoenix, AZ 85008
Tel: 602 344-5788 Fax: 602 344-1488
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 140-03-11-026

St Joseph’s Hospital and Medical Center Program
Sponsor: St Joseph’s Hospital and Medical Center
Program Director: Richard Bloomhorn, MD
Department of Medicine
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 469-3075 Fax: 602 469-4974
E-mail: intmed@chc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-03-11-027

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Program Director: Keith J Cannon, MD
Department of Medicine
13400 E Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 588-2481 Fax: 480 588-1710
E-mail: bell.lotai@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CD, GE
Program ID: 140-05-21-512

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Program Director: Richard M Mandel, MD
Department of Medicine-Medicine Education Office
1501 N Campbell Avenue - Box 240040 - 5m 6336
Tucson, AZ 85724
Tel: 520 699-1790 Fax: 520 626-0200
E-mail: rmandel@email.arizona.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 78
Subspecialties: CD, GE, HN, IC, ICE, ID, IM, MG, NEP, FCC, RHU
Program ID: 140-05-21-029

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veteran Health Care Center
University Hospital of Arkansas
Program Director: Robert W Bradsher, MD
201 N Markham Street
Internal Medicine Residency Office, #264
Little Rock, AR 72205
Tel: 501 686-7582 Fax: 501 686-8188
E-mail: irmresident@uams.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 75
Subspecialties: CD, END, GE, HN, ID, MG, NEP, FCC, RHU
Program ID: 140-04-21-030

California

Bakersfield

Kern Medical Center Program
Sponsor: Kern Medical Center
Program Director: Jose A Perez, MD
Department of Medicine
1930 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2202 Fax: 661 862-7012
E-mail: grover@kernmedical.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-06-31-031

Fresno

University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
VA Central California Health Care System
Program Director: Michael W Peterson, MD
Department of Medicine
445 S Cedar Avenue
Fresno, CA 93722
Tel: 559 459-4900 Fax: 559 459-6110
E-mail: eliseo.thompson@ucsf Fresno.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Program ID: 140-05-31-033

La Jolla

Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Program Director: Joel C Diamant, MD
Dept of Grad Med Ed, Suite 4010C
10660 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-2200 Fax: 858 554-2212
Length: 3 Yrs ACGME Approved/Offered Positions: 23
Subspecialties: CD, END, GE, HN, IC, RHU
Program ID: 140-05-21-090

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Program Director: Terri L Lewis, MD, BS
11234 Anderson Street, Room 1503
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4068 Fax: 909 558-0427
Length: 3 Yrs ACGME Approved/Offered Positions: 94
Subspecialties: CD, FCC, RHU
Program ID: 140-06-21-038
Accredited Programs in Internal Medicine

Long Beach
St Mary Medical Center Program
Sponsor: St Mary Medical Center
Los Angeles County-Harbor-UCLA Medical Center
Program Director: Chester Choi, MD
Department of Medical Education
1050 Linden Avenue
Long Beach, CA 90813
Tel: 562 481-9550 Fax: 562 481-9146
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-09-31-089

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Mark S Noah, MD
Department of Medicine
8700 Beverly Blvd, Suite B-115
Los Angeles, CA 90048
Tel: 310 423-5161 Fax: 310 423-0436
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Subspecialties: CCM, CD, END, IC, PCC, RHU, PC, RHU
Program ID: 140-09-13-040

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC/Ring/Drrew Medical Center
Program Director: Cesar Arauguri, MD
13061 S Wilmington Avenue
Los Angeles, CA 90059
Tel: 310 668-4574 Fax: 310 761-9929
Length: 3 Yrs ACGME Approved/Offered Positions: 47
Subspecialties: END, GE, ID, IM, U
Program ID: 140-09-14-045

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Thomas Y Tom, MD
Department of Medicine
4500 Sunset Blvd
Los Angeles, CA 90027
Tel: 323 733-4952 Fax: 323 733-1187
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: CD, GE, IC, NEP
Program ID: 140-09-12-042

UCCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Joel J Friedman, MD
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-7375 Fax: 310 825-3537
Length: 3 Yrs ACGME Approved/Offered Positions: 100
Subspecialties: CD, END, GE, HO, IC, ID, IM, NEP, PC, RHU
Program ID: 140-09-11-046

UCCLA-VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System
Program Director: Neil Paige, MD
10201 Wadsworth Division, 681/11A
11301 Wilshire Blvd
Los Angeles, CA 90025
Tel: 310 206-4304 Fax: 310 268-4818
Length: 3 Yrs ACGME Approved/Offered Positions: 76
Subspecialties: CD, END, IC, ID
Program ID: 140-09-31-048

University of Southern California/ LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
Program Director: Ron Ben-Ari, MD
2020 Zonal Avenue
HD, Rm 620
Los Angeles, CA 90033
Tel: 323 226-7556 Fax: 323 226-0557
Length: 3 Yrs ACGME Approved/Offered Positions: 177
Subspecialties: CD, END, GE, HM, IC, ID, IM, NEP, ON, PC, RHU
Program ID: 140-09-21-044

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Program Director: Shawn Chen, MD
Department of Medicine
1729 E Charles Avenue
Los Angeles, CA 90033
Tel: 323 288-5000 Fax: 323 881-8702
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-08-11-049

Oakland
Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
Program Director: Theodore G Rose, MD
Department of Medicine
1411 E 11st Street
Oakland, CA 94602
Tel: 510 437-4172 Fax: 510 556-2270
Length: 3 Yrs ACGME Approved/Offered Positions: 50
Program ID: 140-09-15-051

Kaiser Permanente Medical Group (Northern California/Oakland) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Program Director: Michael J Clement, MD
Medical Education Department
280 West MacArthur Boulevard
Oakland, CA 94611
Tel: 510 752-7807 Fax: 510 756-1571
E-mail: medicine.oakmeded@kp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Program ID: 140-09-12-052

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Program Director: Lloyd Rutcher, MD
Medical Center
101 The City Drive S, Bldg 200, Suite 720, Rm 1
Orange, CA 92868
Tel: 714 456-5681 Fax: 714 456-8854
E-mail: mhradog@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: CD, END, GE, HO, IC, ID, IM, NEP, PC, RHU
Program ID: 140-09-21-046

Pasadena
Huntington Memorial Hospital Program
Sponsor: Huntington Memorial Hospital
Program Director: Anthony G Koenen, MD
Graduate Medical Education
109 California Boulevard
Pasadena, CA 91105
Tel: 626 397-3160 Fax: 626 397-3914
Length: 3 Yrs ACGME Approved/Offered Positions: 23
Program ID: 140-09-11-056

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Program Director: Mark C Henderson, MD
Department of Medicine
4150 V Street #1116
Sacramento, CA 95817
Tel: 916 734-7090 Fax: 916 734-1150
Length: 3 Yrs ACGME Approved/Offered Positions: 93
Subspecialties: CD, END, GE, HO, ID, IM, NEP, PC, RHU
Program ID: 140-09-21-032

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Patricia V Pepper, MD, MSc*
Department of Internal Medicine, Suite 300
34730 Bob Wilson Drive
San Diego, CA 92034
Tel: 619 532-7504 Fax: 619 532-7508
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, GE, ID, PC
Program ID: 140-09-12-012

US Armed Services Program
Scripps Mercy Hospital Program
Sponsor: Scripps Mercy Hospital
Program Director: Stanley A Amundson, MD
Dept of Medical Education
4077 5th Avenue, MBR 05
San Diego, CA 92103
Tel: 619 269-7215 Fax: 619 269-7305
E-mail: Amundson.Sk@scrippshospital.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-09-11-057

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Robert B Schoene, MD*
200 West Archer Drive
Residency Training Program 9425
San Diego, CA 92100
Tel: 619 543-6897 Fax: 619 543-6829
E-mail: cmurillo@ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 59
Subspecialties: CD, END, GE, HO, IC, ID, IM, NEP, PC, RHU
Program ID: 140-09-21-058

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Program Director: Paul Aronowitz, MD
2551 Clay Street, Suite S-360
Pacific Campus
San Francisco, CA 94115
Tel: 415 600-1153 Fax: 415 775-7437
Length: 3 Yrs ACGME Approved/Offered Positions: 59
Subspecialties: CD, GE, PED
Program ID: 140-09-13-062

Graduate Medical Education Directory 2005-2006
Accredited Programs in Internal Medicine

Farmington
University of Connecticut (New Britain) Program
Sponsor: University of Connecticut School of Medicine/New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Scott S Allen, MD
Primary Care Internal Medicine Residency Program
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4017; 860 679-1621
Length: 3 Yrs ACGME Approved/Offered Positions: 52
Program ID: 140-08-21-1499

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine/Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Jacqueline S Nilson, MD
Tel: 203 785-7115; Fax: 203 785-7090
Length: 3 Yrs ACGME Approved/Offered Positions: 103
Subspecialties: CD, END, GE, HEM, IC, ICD, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-08-21-085

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Prgm Director: Robert J Nardino, MD
Department of Medicine
1450 Chapel Street
New Haven, CT 06511
Tel: 203 780-3222; Fax: 203 780-3257
Length: 3 Yrs ACGME Approved/Offered Positions: 61
Subspecialties: CD, NEP
Program ID: 140-08-31-078

Yale-New Haven Medical Center (Waterbury) Program
Sponsor: Yale-New Haven Hospital
Department of Medicine
1451 Chapel Street
New Haven, CT 06510
Tel: 203 785-7644; Fax: 203 785-7258
E-mail: stephen.huot@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 74
Program ID: 140-08-21-496

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Cyrus B Kapadia, MD
1074 LMP
20 York Street
New Haven, CT 06504
Tel: 203 785-7115; Fax: 203 785-7090
Length: 3 Yrs ACGME Approved/Offered Positions: 103
Subspecialties: CD, END, GE, HEM, IC, ICD, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-08-21-085

Norwalk
Norwalk Hospital Program
Sponsor: Norwalk Hospital
Prgm Director: Pamela Charney, MD
Department of Medicine
20 York Street
Norwalk, CT 06856
Tel: 203 839-5071; Fax: 203 835-3689
E-mail: pamela.charney@norwalkhealth.org
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: GE, PUD
Program ID: 140-08-31-086

Stamford
Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Sponsor: Stamford Hospital
Prgm Director: Joel L Robin, MD
PO Box 9317
Stamford, CT 06904
Tel: 203 276-7485; Fax: 203 276-7368
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-08-11-087

Waterbury
St Mary's Hospital (Waterbury) Program
Sponsor: St Mary's Hospital
Prgm Director: Caroline Kim, MD
56 Franklin Street
Waterbury, CT 06706
Tel: 203 700-3579; Fax: 203 700-3518
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 140-08-13-530

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Prgm Director: Virginia U Collier, MD
Department of Medicine
PO Box 6031
Newark, DE 19713
Tel: 302 733-6344; Fax: 302 733-6386
E-mail: medicine.residency@christianacare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 58
Program ID: 140-08-11-090

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Jahan El Hayek, MD
Department of Medicine
500 Pennsylvania Avenue, NW, 5-411
Washington, DC 20037
Tel: 202 741-3236; Fax: 202 741-2244
E-mail: tbaas@dfu.gov.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 97
Subspecialties: CCM, CD, END, GE, HO, IC, ICD, ID, IMG, NEP, PCC, RHU
Program ID: 140-10-21-093

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Michael Adams, MD
Department of Medicine
3900 Massachusetts Avenue, NW
Washington, DC 20007
Tel: 202 444-7369; Fax: 202 444-7369
E-mail: peter.williams@ Georgetown.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 105
Subspecialties: END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-10-21-091

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Peter L Sealy, MD
Department of Medicine
2041 Georgia Ave, NW
Washington, DC 20050
Tel: 202 865-1920; Fax: 202 865-7199
E-mail: gusky@howard.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 81
Subspecialties: CD, END, GE, HEM, ID, ON, PUD
Program ID: 140-10-21-097

Providence Hospital Program
Sponsor: Providence Hospital
Prgm Director: Janet C Gibbons, MD
Department of Medicine
1150 Verona Street, NE
Washington, DC 20017
Tel: 202 259-7747; Fax: 202 259-7892
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 140-10-21-085

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: J Lawrence Edwards, MD
Box 10277
1600 SW Archer Rd
Gainesville, FL 32610
Tel: 352 265-0299; Fax: 352 265-0879
Length: 3 Yrs ACGME Approved/Offered Positions: 77
Subspecialties: CD, END, GE, HO, IC, ICD, IMG, NEP, PCC, RHU
Program ID: 140-11-51-088
Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Program Director: Mary D Cohen, MD
Education Services
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904-953-0406 Fax: 904-953-9430
E-mail: mgm@jack.f.internalmed mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: END, GE, HO, FUD
Program ID: 146-11-21-099

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: N S Rahman, MD
Department of Medicine
650 1st West Bldg, LRC 2nd Fl
Jacksonville, FL 32209
Tel: 904 244-3004
E-mail: internalmed@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, GE, IC, IH, ON
Program ID: 146-11-21-160

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Daniel M Lichtstein, MD
Department of Medicine
PO Box 016900 (R-60)
Miami, FL 33101
Tel: 305 586-6218 Fax: 305 586-8387
Length: 3 Yrs ACGME Approved/Offered Positions: 138
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, PCC, RHU
Program ID: 146-11-21-100

Maiami Beach
Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida Inc
Program Director: Gloria B Weinberg, MD
4300 Alton Road
Miami Beach, FL 33140
Tel: 305 674-2053 Fax: 305 674-2057
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Subspecialties: CD, IC
Program ID: 140-11-12-101

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Program Director: Brian B Kiss, MD
Department of Medicine
88 W Underwood Street, Suite 102
Orlando, FL 32806
Tel: 407 841-5145 Fax: 407 841-5101
E-mail: immgy@orlando.org
Length: 3 Yrs ACGME Approved/Offered Positions: 32
Program ID: 140-11-31-102

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Michael T Flumney, MD
4 Columbia Drive, Suite 650
Tampa, FL 33609
Tel: 813 259-0670 Fax: 813 259-0679
E-mail: jmwalken@usc.usf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 77
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-11-21-104

Weston
Cleveland Clinic Hospital (Florida) Program
Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Program Director: Jose Muniz, MD
2980 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5881 Fax: 954 659-5515
E-mail: immgy@ccf.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: CD, GE, IM, NEP
Program ID: 140-11-21-538

Georgia
Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Program Director: Miriam Parker, MD
Department of Medicine
360 Parkway Drive, NE, Box 423
Atlanta, GA 30312
Tel: 404 265-4810 Fax: 404 265-4889
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-12-12-106

Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Royce P Doyle, MD
65 Jesse Hill Jr Dr SE
Department of Medicine
Atlanta, GA 30308
Tel: 404 416-7204 Fax: 404 635-2097
E-mail: jroyle@emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 177
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-12-11-105

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Grady Health System
Program Director: Myra E Rose, MD
Department of Medicine
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 756-1285 Fax: 404 756-1398
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 140-12-21-602

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Program Director: David R Habrechek, MD
Department of Medicine
1110 15th Street, B-1, 5070
Augusta, GA 30904
Tel: 706 721-2423 Fax: 706 721-4918
Length: 3 Yrs ACGME Approved/Offered Positions: 63
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 146-12-21-107

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Program Director: Peter J Skidmore, MD
Army Medical Center
Department of Medicine
Fort Gordon, GA 30905
Tel: 706 737-6842 Fax: 706 787-0005
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 140-12-22-458

US Armed Services Program

Macon
Mercer University School of Medicine Program
Sponsor: Medical Center of Central Georgia
Program Director: B Jonathan Dean, MD
Department of Medicine
707 Pine St
Macon, GA 31207
Tel: 478 301-5830 Fax: 478 301-5835
E-mail: mccgintmed@mercer.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-12-12-491

Savannah
Mercer University School of Medicine (Savannah) Program
Sponsor: Memorial Health University Medical Center
Program Director: Kaveh Ehsanipoor, MD
PO Box 23899
Savannah, GA 31403
Tel: 912 350-8300 Fax: 912 350-7270
Length: 3 Yrs ACGME Approved/Offered Positions: 29
Program ID: 140-12-12-108

Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Program Director: Stephen M Salerno, MD, MPH
T Jarrett White Road
Tripler AMC, HI 96850
Tel: 808 433-4049 Fax: 808 433-1555
E-mail: smsalerno@mindspring.com
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-11-9607

US Armed Services Program
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Queen's Medical Center
Program Director: Erinah Bells, MD
1558 Lusitana Street, 7th Floor
Honolulu, HI 96813
Tel: 808 586-2100 Fax: 808 586-7486
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: IMG
Program ID: 140-14-12-109

Graduate Medical Education Directory 2005-2006
Illinois

Chicago
Advocate Illinois Masonic Medical Center/North Side Health Network Program

Program: Advocate Illinois Masonic Medical Center
Program Director: Teresa Ramos, MD*
North Side Health Network Program
836 W Wellington Avenue
Chicago, IL 60657
Tel: 773 296-7406 Fax: 773 296-7486
E-mail: Teresa.Ramos@advocatehealth.com
Length: 3 Yrs
Subspecialties: CD, IC, End, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-114

Cook County Hospital Program

Program: John H Stroger Hospital of Cook County
Program Director: Maurice B. Lemon, MD
Department of Medicine
1900 W Polk St. - 15th Floor
Chicago, IL 60612
Tel: 312 864-7229 Fax: 312 864-9725
E-mail: mblemo@rush.edu
Length: 3 Yrs
Subspecialties: CD, GE, HO, PCC
Program ID: 140-16-11-113

Louis A Weiss Memorial Hospital/University of Chicago Program

Program: Louis A Weiss Memorial Hospital
Program Director: Shehab Ali, MD*
6464 N Marine Drive
Chicago, IL 60640
Tel: 773 564-8225 Fax: 773 564-8226
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-115

McGaw Medical Center of Northwestern University Program

Program: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital Veterans Affairs Chicago Health Care System
Program Director: Diane B Wayne, MD
251 East Huron St.
Galter Pavilion Suite 5-150
Chicago, IL 60611
Tel: 312 925-2202 Fax: 312 926-6005
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-119

Mercy Hospital and Medical Center Program

Program: Mercy Hospital and Medical Center
Program Director: Steven B Potts, DO
2655 South Michigan Avenue
Chicago, IL 60616
Tel: 312 567-2063 Fax: 312 567-2095
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-116

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program

Program: Michael Reese Hospital and Medical Center
Program Director: Dennis J Levinson, MD
Department of Medicine
2629 South Ellis Avenue
Chicago, IL 60616
Tel: 312 791 5970 Fax: 312 791 8006
Length: 3 Yrs
Subspecialties: CD
Program ID: 140-16-11-117

Rush University Medical Center Program

Program: Rush University Medical Center
Program Director: Alan A Harris, MD
1553 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-5352 Fax: 312 942-5371
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-121

St Joseph Hospital Program

Program: St Joseph Hospital
Program Director: Joel B Spear, MD
Department of Medicine
2900 Lake Shore Drive
Chicago, IL 60657
Tel: 773 665-3021 Fax: 773 665-3864
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-122

University of Chicago Program

Program: University of Chicago Hospitals
Program Director: James N Woodruff, MD
Medicine, AMB
1401 S Maryland Avenue
Chicago, IL 60617
Tel: 773 702-4455 Fax: 773 834-0464
E-mail: jmwoodruff@uchicago.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-123

University of Illinois College of Medicine at Chicago Program

Program: University of Illinois College of Medicine at Chicago
Program Director: Fred A Zar, MD
Department of Medicine
440 S Wood Street, 440 CNB, MC 718
Chicago, IL 60612
Tel: 312 996-5014 Fax: 312 413-1345
E-mail: fzazar@uic.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-124

Evanston
McGaw Medical Center of Northwestern University (Evanston) Program

Program: McGaw Medical Center of Northwestern University
Evanston Hospital
Program Director: Buric C Anderson, MD, MHA*
Department of Medicine
2650 Ridge Avenue
Evanston, IL 60201
Tel: 847 570-2376 Fax: 847 570-2306
E-mail: spatrice@och.org
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-31-125

St Francis Hospital at Evanston Program

Program: St Francis Hospital
Program Director: Harvey J Friedman, MD
Department of Medicine
365 Ridge Avenue
Evanston, IL 60202
Tel: 847 316-3101 Fax: 847 316-3907
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-126

Maywood
Loyola University Program

Program: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Kevin P Simpson, MD
Room 7006, Building 102
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-5968 Fax: 708 216-9455
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-128

Melrose Park
Resurrection Medical Center (Westlake) Program

Program: Resurrection Medical Center
Westlake Community Hospital
Program Director: Vijay V Yeldandi, MD*
1225 Lake Street
Melrose Park, IL 60160
Tel: 708 938-7350 Fax: 708 938-7068
E-mail: ResurrectionWestlake@reshealthcare.org
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-11-145

North Chicago
The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program

Program: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Program Director: Preston B Canady, MD
Chicago Medical School
3355 Green Bay Road
North Chicago, IL 60064
Tel: 847 578-3227 Fax: 847 578-8647
E-mail: abrona@fnchcm.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-111

Oak Lawn
University of Illinois College of Medicine at Chicago/Advocate Christ Medical Center Program

Program: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
Program Director: John E Tulley, MD
Department of Medicine
4440 West 55th Street
Oak Lawn, IL 60453
Tel: 708 346-5673 Fax: 708 346-2500
E-mail: john.tulley@advocatehealth.com
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-129

Oak Park
West Suburban Medical Center Program

Program: West Suburban Medical Center
Program Director: Max L Harris, MD
3 Erie Court, Room L-700
Oak Park, IL 60303
Tel: 708 763-6608 Fax: 708 763-6655
E-mail: sherri.sachs@wshmc.org
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NFP, PCC, RHU
Program ID: 140-16-21-147
Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: Glen D Solomon, MD
Department of Medicine
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847 362-7164 Fax: 847 696-3391
Length: 3 Yrs ACGME Approved/Offered Positions: 67 Subspecialties: CD, ER, IMG
Program ID: 140-18-21-130

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Program Director: Lennie J Gatto, MD
Department of Internal Medicine
530 NE Glen Oak Ave
Peoria, IL 61603
Tel: 309 655-2730 Fax: 309 655-7382
E-mail: uiscmp@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 59 Program ID: 140-18-31-131

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
Program Director: Andrew J Varney, MD
PO Box 16088
Springfield, IL 62794
Tel: 217 545-1010 Fax: 217 545-8126
Length: 3 Yrs ACGME Approved/Offered Positions: 57 Subspecialties: ENDO, ID, PUD
Program ID: 140-18-21-132

Urbana
University of Illinois College of Medicine at Urbana Program
Sponsor: University of Illinois College of Medicine at Urbana
Carle Foundation Hospital
Provena Covenant Medical Center
Veteran Affairs Medical Center (Danville)
Program Director: Robert M Healy, MD
611 W Park
Urbana, IL 61801
Tel: 217 333-3110 Fax: 217 334-6221
E-mail: jimy@uiuc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54 Program ID: 140-18-21-140

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard E. Roudebush Veteran Affairs Medical Center
William N. Winship Memorial Hospital
Program Director: Lisa S Logio, MD*
WD OPW M200
1001 West 10th Street
Indianapolis, IN 46202
Tel: 317 655-4260 Fax: 317 630-2287
Length: 3 Yrs ACGME Approved/Offered Positions: 145 Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-18-21-139

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Robert M Ljubisic, MD, MPH
3001 W 66th Street
Indianapolis, IN 46260
Tel: 317 338-2172 Fax: 317 338-6290
Length: 3 Yrs ACGME Approved/Offered Positions: 54 Subspecialties: CD, IC, ICE
Program ID: 140-17-11-135

Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Program Director: J Matthew Neal, MD
Medical Education
2401 University Avenue
Muncie, IN 47303
Tel: 765 747-3867 Fax: 765 751-1451
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: ISM
Program ID: 140-17-11-136

Iowa
Des Moines University of Iowa (Des Moines) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Veteran Affairs Central Iowa Health Care System
Program Director: Steven R Craig, MD
Internal Medicine Residency Program
1415 Woodland Avenue, Suite 140
Des Moines, IA 50309
Tel: 515 241-6526 Fax: 515 241-6576
Length: 3 Yrs ACGME Approved/Offered Positions: 77 Subspecialties: TYP
Program ID: 140-18-31-137

Iowa City University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veteran Affairs Medical Center (Iowa City)
Program Director: Scott A Vogelsang, MD
Department of Internal Medicine, E323 GH
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-7721 Fax: 319 384-8655
E-mail: iimrestdir@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 77 Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
Program ID: 140-18-21-138

Kansas
Kansas City University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Veteran Affairs Medical Center (Kansas City)
Program Director: Steven W Stiles, MD
30th Street and Rainbow Boulevard
4017 Delg
Kansas City, KS 64169
Tel: 913 588-6656 Fax: 913 588-3966
Length: 3 Yrs ACGME Approved/Offered Positions: 103 Subspecialties: CD, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-18-21-139

Wichita University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Veteran Affairs Medical Center (Wichita)
Via Christi Regional Medical Center-St Francis
Podiatric Medical Center
Program Director: Garold O Minns, MD
Department of Internal Medicine
1010 N Kansas
Wichita, KS 67214
Tel: 316 233-3550 Fax: 316 233-1878
Length: 3 Yrs ACGME Approved/Offered Positions: 40 Program ID: 140-19-21-140

Kentucky
Lexington University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veteran Affairs Medical Center (Lexington)
Program Director: Steven A Halst, MD
Department of Medicine
961, Kentucky Clinic, 740 S Limestone St
Lexington, KY 40536
Tel: 859 323-5918 Fax: 859 323-1197
Length: 3 Yrs ACGME Approved/Offered Positions: 72 Subspecialties: CD, GE, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-20-31-141

Louisville University of Louisville Program
Sponsor: University of Louisville School of Medicine
Veteran Affairs Medical Center (Louisville)
Program Director: Barbara Roberts Gasper, MD
Sidory Ambulatory Care Building
Louisville, KY 40202
Tel: 502 852-7145 Fax: 502 852-8265
Length: 3 Yrs ACGME Approved/Offered Positions: 98 Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-20-31-142

Louisiana Baton Rouge Louisiana State University (Baton Rouge) Program
Sponsor: Earl K Long Medical Center
Program Director: George H Karam, MD
Department of Medicine
5220 Airline Highway
Baton Rouge, LA 70805
Tel: 225 358-1066 Fax: 225 358-1076
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Program ID: 140-21-01-047

Lafayette Louisiana State University (Lafayette) Program
Sponsor: University Medical Center (Lafayette)
Program Director: Leela Lakshimiprasad, MD
PO Box 56390
2210 W Congress Street
Lafayette, LA 70506
Tel: 337 261-6748 Fax: 337 261-6731
Length: 3 Yrs ACGME Approved/Offered Positions: 26 Program ID: 140-21-11-144

Graduate Medical Education Directory 2005-2006
### New Orleans

**Louisiana State University Program**  
Sponsor: Louisiana State University School of Medicine  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)  
- Infectious Disease (ID, NEP, PCC, RHU)

**Ochsner Clinic Foundation Program**  
Sponsor: Ochsner Clinic Foundation  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**Tulane University Program**  
Sponsor: Tulane University School of Medicine  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-22-146

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)  
- Infectious Disease (ID, NEP, PCC, RHU)

### Maryland

**Baltimore**  

**Franklin Square Hospital Center Program**  
Sponsor: Franklin Square Hospital Center  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**Good Samaritan Hospital of Maryland Program**  
Sponsor: Good Samaritan Hospital of Maryland  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**Greater Baltimore Medical Center Program**  
Sponsor: Greater Baltimore Medical Center  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**Harbor Hospital Center Program**  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Johns Hopkins University Program**  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

### Johns Hopkins University/Sinai Hospital of Baltimore Program**  
Sponsor: Johns Hopkins University School of Medicine  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

### St Agnes HealthCare Program**  
Sponsor: St Agnes Hospital  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

### University of Maryland Program**  
Sponsor: University of Maryland Medical System  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

### Maine

**Portland**  

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**Johns Hopkins University/Bayview Medical Center Program**  
Sponsor: Johns Hopkins Bayview Medical Center  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

### Bethesda

**National Capital Consortium (Bethesda) Program**  
Sponsor: National Capital Consortium  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143

**Subspecialties:**  
- Cardiology (CCM, CD, ID, NEP, PCC, RHU)

**US Armed Services Program**  
Department of Medicine  
Accredited Programs in Internal Medicine  
Length: 3 Yrs  
Program ID: 140-21-143
Cheverly
Prince George's Hospital Center Program
Sponsor: Prince George's Hospital Center
Program Director: Linda D Green, MD
Department of Medicine 5th Floor
Cheverly, MD 20785
Tel: 301 594-5770 Fax: 301-588-2896
E-mail: medinfo@cheverly.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-23-21-101

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Eileen E Reynolds, MD
23 Van M unster Avenue, Yanina 402A
Boston, MA 02215
Tel: 617 667-1769 Fax: 617 951-1769
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CD, END, GE, HO, IC, ICD, ID, IMG, NNP
Program ID: 140-23-21-162

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: David L Battilotti, MD
Department of Medicine
80 E Concord Street, Evans 124
Boston, MA 02118
Tel: 617 638-6500 Fax: 617 638-6501
Length: 3 Yrs ACGME Approved/Offered Positions: 147
Subspecialties: CD, END, GE, HO, IC, ICD, ID, IMG, NNP
Program ID: 140-23-21-164

Brigham and Women’s Hospital Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brockton-West Roxbury)
Pallium Hospital
Program Director: Joel T Katz, MD
Department of Medicine
75 Francis Street
Boston, MA 02115
Tel: 617 730-0775 Fax: 617 582-6199
Length: 3 Yrs ACGME Approved/Offered Positions: 174
Subspecialties: CD, END, GE, HO, IC, ICD, ID, IMG, NNP
Program ID: 140-23-21-172

Caritas Carney Hospital Program
Sponsor: Caritas Carney Hospital
Program Director: Michael Bassa, MD
Department of Medicine
2100 Dorchester Avenue
Boston, MA 02124
Tel: 617 294-4600 Fax: 617 208-1547
Length: 3 Yrs ACGME Approved/Offered Positions: 95
Program ID: 140-23-21-166

Caritas St Elizabeth’s Medical Center Program
Sponsor: Caritas St Elizabeth’s Medical Center of Boston
Program Director: Scott K Epstein, MD
Department of Medicine
736 Cambridge Street
Boston, MA 02138
Tel: 617 563-7002 Fax: 617 562-7797
E-mail: judy_nfo@ccbsa.org
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: CD, HO, PCC
Program ID: 140-23-21-173

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Hasan Baaziz, MD
Medical Services, Bigelow 749
55 Fruit Street
Boston, MA 02114
Tel: 617 726-2662 Fax: 617 726-7441
E-mail: mghresidency@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 162
Subspecialties: CD, END, GE, HO, IC, ICD, ID, NNP
Program ID: 140-23-21-168

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Richard J Kopelman, MD
Department of Medicine
750 Washington Street, Box 21
Boston, MA 02111
Tel: 617 332-5266 Fax: 617 332-7119
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: CD, END, GE, HO, IC, ICD, ID, NNP
Program ID: 140-23-21-171

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Gerry Orfandos, MD
Department of Medicine
41 Mall Road
Burlington, MA 01805
Tel: 781 744-5700 Fax: 781 744-5358
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: CD, END, GE, HO, IC, ICD, ID, NNP
Program ID: 140-23-21-174

Cambridge
Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Program Director: Richard J Pels, MD
1493 Cambridge Street
Cambridge, MA 02139
Tel: 617 365-1019 Fax: 617 365-1871
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-23-21-177

Mount Auburn Hospital Program
Sponsor: Mount Auburn Hospital
Program Director: Eric Plant, MD
Department of Medicine
330 Mount Auburn Street
Cambridge, MA 02138
Tel: 617 499-5160 Fax: 617 499-5503
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 140-23-21-178

Framingham
MetroWest Medical Center Program
Sponsor: MetroWest Medical Center Framingham Union Hospital
Program Director: Thomas L Trudweill, MD
115 Lincoln Street
Framingham, MA 01702
Tel: 508-583-1573 Fax: 508-582-4789
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-23-21-177

Newton
Newton-Wellesley Hospital Program
Sponsor: Newton-Wellesley Hospital
Program Director: Joseph J HsuAlgan, MD
Department of Medicine
2414 Washington Street
Newton Lower Falls, MA 02162
Tel: 617 243-247 Fax: 617 243-2701
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 140-23-21-178

Pittsfield
Berkshire Medical Center Program
Sponsor: Berkshire Medical Center
Program Director: A Gray Rileford, MD
Department of Medicine
730 North Street
Springfield, MA 01101
Tel: 413 447-2349 Fax: 413 447-5088
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-23-21-179

Salem
Salem Hospital Program
Sponsor: Salem Hospital
Program Director: Wayne M Treadwell, MD
Department of Medicine
91 Highland Avenue
Salem, MA 01970
Tel: 978 825-6450 Fax: 978 825-6012
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-23-21-180

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Kevin T Hinchen, MD
Department of Medicine
759 Chestnut Street-S2070
Springfield, MA 01199
Tel: 413 794-4143 Fax: 413 794-8765
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: CD, END, HO, IC, ICD, ID, NNP
Program ID: 140-23-21-181

Worcester
St Vincent Hospital Program
Sponsor: St Vincent Hospital
Program Director: Joel H Popkin, MD
Worcester Medical Center
20 Worcester Center Blvd
Worcester, MA 01608
Tel: 508 263-5208 Fax: 508 263-5796
E-mail: joel.popkin@stvincent.com
Length: 3 Yrs ACGME Approved/Offered Positions: 62
Subspecialties: CD, IC
Program ID: 140-23-21-182

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Program Director: Richard M Forster, MD
Department of Medicine
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-2173 Fax: 508 856-6781
Length: 3 Yrs ACGME Approved/Offered Positions: 95
Subspecialties: CCM, CD, END, GE, HO, IC, ICD, ID, NNP, PCC
Program ID: 140-23-21-184
### Accredited Programs in Internal Medicine

#### Michigan

**Ann Arbor**

- **St Joseph Mercy Hospital Program**
  - **Sponsor:** St Joseph Mercy Health System
  - **Prgm Director:** Theresa B Vetere, MD
  - **P.O. Box 999**
  - **Ann Arbor, MI 48106**
  - **Tel:** 734 713-3935  Fax: 734 713-5583
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 49
  - **Program ID:** 140-25-13-186

**University of Michigan Program**

- **Sponsor:** University of Michigan Hospitals and Health Centers
  - **Veterans Affairs Medical Center (Ann Arbor)**
  - **Prgm Director:** John DeValle, MD
  - **P.O. Box 0008**
  - **3405 E Medical Center Drive**
  - **Ann Arbor, MI 48109**
  - **Tel:** 734 936-4885  Fax: 734 936-3654
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 147
  - **Subspecialties:** CD, EN, GE, HO, ICE, ID, EMG, NEP, PCC, RHI
  - **Program ID:** 140-25-21-157

**Dearborn**

- **Oakwood Hospital Program**
  - **Sponsor:** Oakwood Hospital
  - **Prgm Director:** Jonathan Zimmerman, MD, MBA
  - **16101 Oakwood Boulevard**
  - **Dearborn, MI 48124**
  - **Tel:** 313 591-7796  Fax: 313 436-2071
  - **E-mail:** medres@oakwood.org
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 30
  - **Subspecialties:** IMG
  - **Program ID:** 140-25-31-188

**Detroit**

- **Henry Ford Hospital Program**
  - **Sponsor:** Henry Ford Hospital
  - **Prgm Director:** Louis D Saravansatz, MD
  - **Department of Medicine CFP-1**
  - **2795 W Grand Blvd**
  - **Detroit, MI 48202**
  - **Tel:** 313 916-3828  Fax: 313 916-1304
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 118
  - **Subspecialties:** CD, EN, GE, HO, ICE, ID, EMG, NEP, PCC
  - **Program ID:** 140-25-11-189

- **St John Hospital and Medical Center Program**
  - **Sponsor:** St John Hospital and Medical Center
  - **Prgm Director:** Louis D Saravansatz, MD
  - **22101 Moross Road**
  - **Detroit, MI 48238**
  - **Tel:** 313 916-3828  Fax: 313 916-7784
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 46
  - **Subspecialties:** CD, IC, EMG
  - **Program ID:** 140-25-11-191

- **Wayne State University/Detroit Medical Center Program**
  - **Sponsor:** Wayne State University/Detroit Medical Center
  - **Prgm Director:** Mohamed S Siddiqui, MD
  - **Department of Medicine**
  - **601 West Outer Drive**
  - **Detroit, MI 48235**
  - **Tel:** 313 966-4970  Fax: 313 966-1788
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 48
  - **Program ID:** 140-25-21-506

#### Flint

- **Hurley Medical Center/Michigan State University Program**
  - **Sponsor:** Hurley Medical Center
  - **Prgm Director:** Hemant P Thawani, MD
  - **Department of Medicine**
  - **One Hurley Plaza**
  - **Flint, MI 48502**
  - **Tel:** 810 757-3673  Fax: 810 765-7245
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 38
  - **Subspecialties:** IMG
  - **Program ID:** 140-25-31-196

#### Lansing

- **Michigan State University Program**
  - **Sponsor:** Michigan State University College of Human Medicine
  - **Ingham Regional Medical Center
  - **Sponsor:** Sparrow Hospital
  - **Prgm Director:** David A Chick, MD
  - **B-301 Clinical Center - MSU**
  - **138 Service Rd**
  - **East Lansing, MI 48824**
  - **Tel:** 517 353-5100  Fax: 517 432-2760
  - **E-mail:** medres@msu.edu
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 30
  - **Subspecialties:** CD, HO, IC
  - **Program ID:** 140-25-21-196

#### Pontiac

- **St Joseph Mercy-Oakland Program**
  - **Sponsor:** St Joseph Mercy-Oakland
  - **Prgm Director:** Mark A Bastamante, MD
  - **Department of Medicine**
  - **44405 Woodward Avenue**
  - **Pontiac, MI 48341**
  - **Tel:** 248 856-2333  Fax: 248 856-3244
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 50
  - **Program ID:** 140-25-11-200

#### Royal Oak

- **William Beaumont Hospital Program**
  - **Sponsor:** William Beaumont Hospital
  - **Prgm Director:** Leslie L Rober, MD
  - **Department of Medicine**
  - **3601 W 13 Mile Road**
  - **Royal Oak, MI 48073**
  - **Tel:** 248 551-0406  Fax: 248 551-5425
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 72
  - **Subspecialties:** CD, GE, IC, IMG
  - **Program ID:** 140-25-21-201

#### Saginaw

- **Synergy Medical Education Alliance Program**
  - **Sponsor:** Synergy Medical Education Alliance
  - **Covenant HealthCare System-Cooper Campus**
  - **Covenant HealthCare System-Harrison Campus**
  - **St Mary's Medical Center**
  - **Prgm Director:** Subhasini Gudipati, MD
  - **Department of Internal Medicine**
  - **1000 Houghton Avenue**
  - **Saginaw, MI 48632**
  - **Tel:** 989 583-6826  Fax: 989 583-9140
  - **E-mail:** saginaw@synergymedical.org
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 18
  - **Program ID:** 140-25-31-202

#### Southfield

- **Providence Hospital and Medical Centers Program**
  - **Sponsor:** Providence Hospital and Medical Centers
  - **Prgm Director:** Neil A Baasmaji, MD
  - **16501 West Nine Mile Road**
  - **Southfield, MI 48075**
  - **Tel:** 248 849-3151  Fax: 248 849-3230
  - **E-mail:** lm@providence-hospital.org
  - **Length:** 3 yrs  **ACGME Approved/Offered Positions:** 33
  - **Subspecialties:** CD, GE, IC
  - **Program ID:** 140-25-11-298
Minnesota

Minneapolis
Abbott-Northwestern Hospital Program
Sponsor: Abbott-Northwestern Hospital/Allina Health System
Program Director: Terry Ruseborough, MD
Medical Education-1135
800 E 28th Street
Minneapolis, MN 55407
Tel: 612 963-6766
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 140-26-31-204

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Anne G Pereira, MD, MPH
Department of Medicine
701 Park Avenue South, Med Ed B7
Minneapolis, MN 55415
Tel: 612 979-4731 Fax: 612 904-6577
Length: 3 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: CCM, IMG
Program ID: 140-26-31-207

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regional Health Hospitals
Sponsor: Veterans Affairs Medical Center (Minneapolis)
Program Director: Peter G Duane, MD
MMC 594
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 526-5091 Fax: 612 625-3238
Length: 3 Yrs ACGME Approved/Offered Positions: 105
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-26-21-208

Missouri

Chesterfield
St Luke’s Hospital Program
Sponsor: St Luke’s Hospital
St Louis ConnectCare
Program Director: Leon R Robinson, MD
222 S Woods Mill Road
Suite 700 North
St Louis, MO 63107
Tel: 314 205-5805 Fax: 314 434-5639
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Program ID: 140-26-21-219

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Charles S Brooks, MD
MA 406 Internal Medicine
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-6198 Fax: 573 884-5609
Length: 3 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-26-21-210

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke’s Hospital
Truman Medical Center
Program Director: David M Bambenger, MD
Internal Medicine Residency
2411 Holmes
Kansas City, MO 64108
Tel: 816 404-0960 Fax: 816 404-0969
Length: 3 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: CD, END, GE, HO, IC, ICE, ID, PCC
Program ID: 140-28-31-214

St Louis
Forest Park Hospital Program
Sponsor: Forest Park Hospital
Program Director: M R Hill, MD
Department of Medicine
6150 Oakland Avenue
St Louis, MO 63139
Tel: 314 768-3006 Fax: 314 768-5632
Email: mbill@tnetshealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: CD, IC, ID, PCC
Program ID: 140-28-11-216

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Michael R McMullan, MD
Department of Medicine
3500 N State Street
Jackson, MS 39216
Tel: 601 884-2250 Fax: 601 884-6665
Length: 3 Yrs ACGME Approved/Offered Positions: 75
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-27-31-209

St John’s Mercy Medical Center Program
Sponsor: St John’s Mercy Medical Center
Program Director: Bernard J McGuire, MD
Department of Medicine
615 S New Ballas Road
St Louis, MO 63141
Tel: 314 251-6584 Fax: 314 251-6272
Email: mcguire@stlouis mercy.net
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 140-28-31-217

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Paul G Schmitz, MD
Department of Medicine
1402 S Grand Boulevard
St Louis, MO 63104
Tel: 314 577-3872 Fax: 314 288-5108
Length: 3 Yrs ACGME Approved/Offered Positions: 87
Subspecialties: CCM, CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-28-21-218

St Mary’s Health Center Program
Sponsor: St Mary’s Health Center
Program Director: Mary Gardner, MD
Department of Medicine
6430 Clayton Road
St Louis, MO 63117
Tel: 314 765-8887 Fax: 314 765-1101
Email: marilyn_martin@ssmhc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Program ID: 140-26-11-220

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Daniel M Goodenberger, MD
660 Euclid Avenue
Box 8121
St Louis, MO 63110
Tel: 314 612-8965 Fax: 314 747-1080
Length: 3 Yrs ACGME Approved/Offered Positions: 102
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-28-21-215

Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SHI)
Veterans Affairs Medical Center (Omaha)
Program Director: Robert W Dunlay, MD
Department of Medicine
601 N 30th St, Suite S650
Omaha, NE 68131
Tel: 402 280-4302 Fax: 402 280-4158
Email: rwschupp@creighton.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 61
Subspecialties: CD, IC, ID, PCC
Program ID: 140-30-21-222

Programs
Accredited Programs in Internal Medicine

University of Nebraska Medical Center
College of Medicine Program
Sponsor: University of Nebraska Medical Center
College of Medicine
Veterans Affairs Medical Center (Omaha)
Department of Internal Medicine
98307 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-558-6489 Fax: 402-558-6114
E-mail: tjeckel@uneone.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 50
Subspecialties: CD, END, GI, HG, IC, IEC, IMG, PCU
Program ID: 140-30-21-224

Nevada
Las Vegas
University of Nevada (Las Vegas) Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Program Director: George R Kaiser, MD
2040 West Charleston Boulevard
Suite 300
Las Vegas, NV 89102
Tel: 702-671-2315 Fax: 702-671-2376
Length: 3 Yrs AGGME Approved/Offered Positions: 46
Program ID: 140-30-21-497

Reno
University of Nevada (Reno) Program
Sponsor: University of Nevada School of Medicine
Joanis A Lougjaris Veterans Affairs Medical Center
Washoe Medical Center
Program Director: Beverly Parker, MD
Department of Medicine
1000 Locust Street (111)
Reno, NV 89502
Tel: 775-329-1429 Fax: 775-337-2271
Length: 3 Yrs AGGME Approved/Offered Positions: 36
Program ID: 140-30-21-488

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Harley P Friedman, MD
Department of Medicine
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-656-7684 Fax: 603-656-9266
Length: 3 Yrs AGGME Approved/Offered Positions: 66
Subspecialties: CD, END, GI, HG, IC, IEC, IMG, PCU
Program ID: 140-32-21-255

New Jersey
Atlantic City
Atlantic City Medical Center Program
Sponsor: Atlantic City Medical Center
Program Director: Zia Saleem, MD
Office of Medical Education
1025 Pacific Avenue
Atlantic City, NJ 08401
Tel: 609-411-8074 Fax: 609-411-2127
Length: 3 Yrs AGGME Approved/Offered Positions: 34
Program ID: 140-33-31-226

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Vijay Bajpai, MD
401 Hadfun Ave
Camden, NJ 08103
Tel: 856-775-7967 Fax: 856-968-9587
E-mail: cooper.med-residency@umdnj.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 48
Subspecialties: CD, END, GI, HG, IC, IEC, IMG, PCU, RHIU
Program ID: 140-33-21-237

Englewood
Mount Sinai School of Medicine (Englewood) Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Program Director: Lawrence R Rorkoff, MD
Department of Medicine
350 Engle Street
Englewood, NJ 07631
Tel: 201-594-3644
Length: 3 Yrs AGGME Approved/Offered Positions: 39
Program ID: 140-33-21-228

Jersey City
Mount Sinai School of Medicine (Jersey City) Program
Sponsor: Mount Sinai School of Medicine
Jersey City Medical Center
Program Director: Todd L Simon, MD, MEd
Department of Medicine
355 Grand Street
Jersey City, NJ 07302
Tel: 201-615-2431 Fax: 201-615-2219
E-mail: tsimon@libertyhc.org
Length: 3 Yrs AGGME Approved/Offered Positions: 45
Program ID: 140-33-21-232

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Program Director: Richard S Paulson, MD
Department of Medicine
84 Old Short Hills Road
Livingston, NJ 07039
Tel: 973-322-6543 Fax: 973-322-8315
Length: 3 Yrs AGGME Approved/Offered Positions: 34
Program ID: 140-33-12-457

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Program Director: Sara Wallach, MD
300 Second Avenue
Long Branch, NJ 07740
Tel: 732-223-6549 Fax: 732-223-6586
Length: 3 Yrs AGGME Approved/Offered Positions: 39
Program ID: 140-33-11-233

Montclair
Atlantic Health System (Mountainside) Program
Sponsor: Atlantic Health System
Mountainside Hospital
Program Director: Ruth Wong Lui, MD
One Bay Avenue
Department of Medicine
Montclair, NJ 07042
Tel: 973-429-6560 Fax: 973-429-6576
Length: 3 Yrs AGGME Approved/Offered Positions: 24
Program ID: 140-33-11-234

Morristown
Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Program Director: Donna J Asit, MD
Department of Medicine
100 Madison Avenue
Morristown, NJ 07960
Tel: 973-971-5912 Fax: 973-290-8325
Length: 3 Yrs AGGME Approved/Offered Positions: 40
Program ID: 140-33-11-235

Neptune
Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Program Director: Elliot Frank, MD
Department of Medicine
1045 State Route 35
Neptune, NJ 07754
Tel: 732-776-4420 Fax: 732-776-3765
Length: 3 Yrs AGGME Approved/Offered Positions: 48
Subspecialties: IMG
Program ID: 140-33-12-286

New Brunswick
St Peters University Hospital Program
Sponsor: St Peter's University Hospital
Program Director: Nayan K Kohari, MD
204 Easton Avenue
New Brunswick, NJ 08901
Tel: 732-745-3685 Fax: 732-745-1847
Length: 3 Yrs AGGME Approved/Offered Positions: 45
Program ID: 140-33-21-531

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Medical Center at Princeton
Robert Wood Johnson University Hospital
St Peter's University Hospital
Program Director: Nayan K Kohari, MD
Department of Medicine
One Robert Wood Johnson PI PO Box 19
New Brunswick, NJ 08903
Tel: 732-208-7745 Fax: 732-236-7477
Length: 3 Yrs AGGME Approved/Offered Positions: 109
Subspecialties: CD, END, GI, HG, ID, IMG, NEP, PCU
Program ID: 140-33-21-243

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Program Director: Ellen Cohen, MD
Department of Medicine
201 Lyons Avenue
Newark, NJ 07103
Tel: 973-926-7425 Fax: 973-926-5340
Length: 3 Yrs AGGME Approved/Offered Positions: 58
Subspecialties: CD, HG, IMG, NEP
Program ID: 140-33-21-255

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Jo Ann Stogum, MD
100 Bergen Street
Lovel L Room 248
Newark, NJ 07103
Tel: 973-973-6050 Fax: 973-972-3129
E-mail: bhirawwa@umdnj.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 115
Subspecialties: CD, END, GI, ID, IMG, NEP, PCU
Program ID: 140-33-21-247
Paterson
Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program
Sponsor: Mount Sinai School of Medicine
St Joseph's Regional Medical Center
Pgm Director: M Anees Khan, MD
707 Main Street
Paterson, NJ 07503
Tel: 973 754-2431 Fax: 973 754-3376
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 140-35-21-322

Perth Amboy
Raritan Bay Medical Center Program
Sponsor: Raritan Bay Medical Center-Perth Amboy Division
Pgm Director: Constantine Gil, MD
Internal Medicine Residency Department
550 New Brunswick Avenue
Perth Amboy, NJ 08861
Tel: 732 324-6060 Fax: 732 324-4669
E-mail: wavcsca@rbc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 140-38-21-466

Plainfield
Muhlenberg Regional Medical Center Program
Sponsor: Muhlenberg Regional Medical Center
Pgm Director: Francis I Griffin, MD
Department of Medicine
Park Avenue & Randolph Road
Plainfield, NJ 07060
Tel: 908 686-3023 Fax: 908 226-4543
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 140-35-11-244

South Orange
Seton Hall University School of Graduate Medical Education (St Francis) Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Francis Medical Center
Pgm Director: Dennis J Cleri, MD
601 Hamilton Avenue
Department of Medicine/Surgery - Room B 158
Trenton, NJ 08629
Tel: 609 599-6291 Fax: 609 599-6252
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-39-13-623

Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Michael's Medical Center (Cathedral Health Services Inc)
Trinitas Hospital-Williamson Street Campus
Pgm Director: Ernest F Federici, MD
Department of Medicine
400 S Orange Avenue
South Orange, NJ 07079
Tel: 908 994-5837 Fax: 908 351-7030
E-mail: intmed@trinitas.org
Length: 3 Yrs ACGME Approved/Offered Positions: 85
Subspecialties: CCM, CD, GE, IC, ID, PUD
Program ID: 140-35-21-486

Summit
Atlantic Health System (Overlook) Program
Sponsor: Atlantic Health System
Overlook Hospital
Pgm Director: Douglas Ratner, MD
90 Beaumont Avenue at Sylvan Road
Summit, NJ 07901
Tel: 908 532-2686 Fax: 908 622-0804
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Program ID: 140-35-11-245

Trenton
Capital Health System-Fuld Campus Program
Sponsor: Capital Health System-Fuld Campus
Pgm Director: Martin J Glynis, MD, MBA
Department of Medicine
700 Brunswick Avenue
Trenton, NJ 08628
Tel: 609 394-6031 Fax: 609 394-6028
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Program ID: 140-35-21-246

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Ann Gateley, MD
Department of Medicine
2211 Lomas NE, MSC10 5550
Albuquerque, NM 87131
Tel: 505 277-6331 Fax: 505 272-4228
Length: 3 Yrs ACGME Approved/Offered Positions: 74
Subspecialties: CCM, CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-34-21-247

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Pgm Director: Alwin F Griffin, MD
Medical Education Office (MC-17)
41 New Scotland Avenue
Albany, NY 12208
Tel: 518 526-2277 Fax: 518 226-6873
Length: 3 Yrs ACGME Approved/Offered Positions: 74
Subspecialties: CD, END, GE, IC, IMG, PCC, RHU
Program ID: 140-35-31-248

Bronx
Albert Einstein College of Medicine (Jacobi) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Pgm Director: Steven C Martin, MD
Department of Medicine - 3M21
1400 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-5460 Fax: 718 918-7469
E-mail: martinse@lacom.yu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 98
Program ID: 140-35-31-521

Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiller Hospital
Pgm Director: Sharon Siegberg, MD
Department of Medicine
111 East 210th Street
Bronx, NY 10467
Tel: 718 930-6068 Fax: 718 915-6100
Length: 3 Yrs ACGME Approved/Offered Positions: 161
Subspecialties: CCM, CD, END, GE, HO, IC, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-287

Barnes Hospital Program
Sponsor: Barnes Hospital
Pgm Director: James G Hellerman, MD
Department of Medicine - Room 717
Third Avenue and 183rd St
Bronx, NY 10467
Tel: 718 960-6202 Fax: 718 960-3488
E-mail: jhellerman@pol.net
Length: 3 Yrs ACGME Approved/Offered Positions: 102
Program ID: 140-35-21-485
Far Rockaway
St John's Episcopal Hospital-South Shore Program
Sponsor: St John's Episcopal Hospital-South Shore
SUNY Health Science Center at Brooklyn
Prgm Director: Sheldon Markowitz, MD
Department of Medicine
327 Beach 16th St
Far Rockaway, NY 11691
Tel: 718 869-7672 Fax: 718 869-8580
E-mail: splaskas@ehs.org
Length: 3 yrs ACGME Approved/Offered Positions: 51
Program ID: 140-35-21-486

Jamaica
Jamaica Hospital Medical Center Program
Sponsor: Jamaica Hospital Medical Center
Prgm Director: Richard W Pinski, MD
8900 Van Wyck Expwy
Jamaica, NY 11418
Tel: 718 296-6651 Fax: 718 206-4369
Length: 3 yrs ACGME Approved/Offered Positions: 51
Program ID: 140-35-12-275

Mount Sinai School of Medicine (Queens Hospital Center) Program
Sponsor: Mount Sinai School of Medicine Queens Hospital Center
Prgm Director: Debra J Brennessel, MD
Department of Medicine
82-68 164th Street
Jamaica, NY 11432
Tel: 718 883-6487 Fax: 718 883-6197
Length: 3 yrs ACGME Approved/Offered Positions: 51
Program ID: 140-35-21-510

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Pranita Duffon, MD
Department of Medicine, Suite 3N
86-25 158th St
Jamaica, NY 11432
Tel: 718 558-1150 Fax: 718 558-7156
Length: 3 yrs ACGME Approved/Offered Positions: 72
Subspecialties: CD, GE, ID, NEP, PUD
Program ID: 140-35-22-267

Johnson City
United Health Services Hospitals Program
Sponsor: United Health Services Hospitals
Binghamton General Hospital
Wilson Memorial Regional Medical Center (United Health Svs)
Prgm Director: James R Jowell, MD
Wilson Memorial Regional Medical Center
33-57 Harrison Street
Johnson City, NY 13790
Tel: 607 793-6074 Fax: 607 799-1629
E-mail: James_Jowell@uhhs.org
Length: 3 yrs ACGME Approved/Offered Positions: 26
Subspecialties: TY
Program ID: 140-35-31-255

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgm Director: JoAnne Grotto, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 662-2587 Fax: 516 662-3555
Length: 3 yrs ACGME Approved/Offered Positions: 85
Subspecialties: CD, GE, ID, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-271

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Prgm Director: Mark A Corapi, MD
Department of Medicine
250 First Street
Mineola, NY 11501
Tel: 516 662-2791 Fax: 516 663-8706
Length: 3 yrs ACGME Approved/Offered Positions: 81
Subspecialties: CD, END, GE, HE, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-11-256

Mount Vernon
Mount Vernon Hospital Program
Sponsor: Mount Vernon Hospital
Prgm Director: Zoe Carrey, MD
Department of Medicine
12 North 7th Avenue - Room 501
Mount Vernon, NY 10550
Tel: 914 664-8900 Fax: 914 664-2416
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 140-35-21-402

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Harry Steinberg, MD
Department of Medicine
278-05 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7270 Fax: 718 470-0627
Length: 3 yrs ACGME Approved/Offered Positions: 72
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC
Program ID: 140-35-21-291

New Rochelle
New York Medical College (Sound Shore) Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Prgm Director: Jeffrey M Brensilver, MD
16 Gunion Place
New Rochelle, NY 10802
Tel: 914 637-1081 Fax: 914 637-1171
E-mail: Medicine@SSMC.org
Length: 3 yrs ACGME Approved/Offered Positions: 41
Program ID: 140-35-11-268

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Adrienne M Fleckman, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 10036
Tel: 212 420-4012 Fax: 212 420-2012
Length: 3 yrs ACGME Approved/Offered Positions: 110
Subspecialties: CD, END, GE, HE, IC, ID, NEP, PCC
Program ID: 140-35-11-261

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Prgm Director: Lainita Capo, MD
Department of Medicine
565 Lenox Avenue at 135th Street
New York, NY 10037
Tel: 212 939-1523 Fax: 212 939-1553
Length: 3 yrs ACGME Approved/Offered Positions: 75
Subspecialties: GE, ID, NEP, PUD
Program ID: 140-35-11-273
Accredited Programs in Internal Medicine

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Prgm Director: Robin Diësner, MD
Department of Medicine
100 E 77th Street
New York, NY 10021
Tel: 212 634-2140 Fax: 212 634-2416
Length: 3 Yrs ACGME Approved/Offered Positions: 94
Subspecialties: CD, GE, HE, IC, NEP, PUD
Program ID: 140-35-11-278

Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Prgm Director: Wilfredo Talavera, MD
Department of Medicine
227 E 18th St 9/10-301
New York, NY 10003
Tel: 212 245-2660 Fax: 212 240-0415
Length: 3 Yrs ACGME Approved/Offered Positions: 68
Subspecialties: ID, PUD, REU
Program ID: 140-35-31-256

Mount Sinai School of Medicine (North General) Program
Sponsor: Mount Sinai School of Medicine
North General Hospital
Prgm Director: Linda P Williams, MD
1879 Madison Avenue
New York, NY 10035
Tel: 212 433-8483 Fax: 212 433-4389
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-35-11-274

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Mark W Babylatsky, MD
Department of Medicine
One Gustave L Levy Place, Box 1118
New York, NY 10029
Tel: 212 241-8140 Fax: 212 241-8445
Length: 3 Yrs ACGME Approved/Offered Positions: 133
Subspecialties: CCM, CD, EN, GE, HE, IC, IC, ID, IMG, NEP, PCC, REU
Program ID: 140-35-31-288

New York Medical College (Metropolitan) Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Prgm Director: Shobhana A Chawathari, MD
Department of Medicine
1801 First Avenue
New York, NY 10029
Tel: 212 433-0714 Fax: 212 433-9000
Length: 3 Yrs ACGME Approved/Offered Positions: 68
Subspecialties: NEP
Program ID: 149-52-31-290

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent’s Hospital and Medical Center (Manhattan)
Prgm Director: Margaret D Smith, MD
150 W 11th Street
New York, NY 10011
Tel: 212 646-9560 Fax: 212 646-2025
Length: 3 Yrs ACGME Approved/Offered Positions: 80
Subspecialties: CCM, CD, EN, GE, HE, IC, IC, ID, IMG, NEP, PCC, REU
Program ID: 140-35-11-302

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Nicholas H Fiebach, MD
622 W 168th Street
New York, NY 10032
Tel: 212 650-3822 Fax: 212 305-8465
Length: 3 Yrs ACGME Approved/Offered Positions: 141
Subspecialties: CD, EN, GE, HE, IC, IC, ID, NEP, PCC
Program ID: 140-35-11-297

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Mark S Poster, MD
Department of Medicine, Box 129
1300 York Avenue; Rm M-508
New York, NY 10021
Tel: 212 746-4780 Fax: 212 746-6602
Length: 3 Yrs ACGME Approved/Offered Positions: 133
Subspecialties: CCM, CD, EN, GE, HE, IC, IC, ID, IMG, NEP, PCC, REU
Program ID: 140-35-31-270

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Healthcare System
Prgm Director: Mitchell H Chang, MD
550 First Avenue
New York, NY 10016
Tel: 212-263-5898 Fax: 212-263-2010
Length: 3 Yrs ACGME Approved/Offered Positions: 162
Subspecialties: CD, EN, GE, HE, IC, IC, ID, IMG, NEP, ON, PCC, REU
Program ID: 148-35-21-292

NYU Downtown Hospital Program
Sponsor: NYU Downtown Hospital
Prgm Director: Warren L Licht, MD
Department of Medicine
170 William Street
New York, NY 10038
Tel: 212 512-5700 Fax: 212 512-5025
E-mail: irmyj@nyumc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Program ID: 148-35-31-280

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Prgm Director: Edward F Dred, MD, MS
Department of Medicine
1000 Tenth Ave
New York, NY 10019
Tel: 212 523-3034 Fax: 212 523-2948
Length: 3 Yrs ACGME Approved/Offered Positions: 158
Subspecialties: CD, EN, GE, HE, IC, IC, IC, ID, IMG, NEP, PCC
Program ID: 148-35-21-301

Stony Brook SUNY at Stony Brook Program
Sponsor: SUNY at Stony Brook University
Prgm Director: William Wertheim, MD
Department of Medicine
F14, Room 120
Stony Brook, NY 11794
Tel: 631 444-2065 Fax: 631 444-2493
Length: 3 Yrs ACGME Approved/Offered Positions: 91
Subspecialties: CD, EN, GE, HE, IC, IC, ID, IMG, NEP, PCC, REU
Program ID: 148-35-31-304

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgm Director: Vincent E Frechette, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-4506 Fax: 315 464-4854
E-mail: medinfo@upstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 73
Subspecialties: CD, EN, GE, HE, IC, IC, ID, IMG, NEP, PCC, REU
Program ID: 148-35-21-316
Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Pgm Director: Stephen J Peterson, MD
Department of Medicine
Munger Pavilion, Box 356
Valhalla, NY 10595
Tel: 914 443-8358  Fax: 914 994-4434
Length: 3 Yrs  ACGME Approved/Offered Positions: 56
Subspecialties: CD, END, GE, HO, IC, ID, NEE, PCC, RHU
Program ID: 140-35-11-317

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Lee B Berzofsky, MD
3018 Old Clinic Bldg
CB# 7005
Chapel Hill, NC 27514
Tel: 919 984-3366  Fax: 919 984-3366
Length: 3 Yrs  ACGME Approved/Offered Positions: 87
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NBP, PCC, RHU
Program ID: 140-36-21-318

Charlotte
Carolina's Medical Center Program
Sponsor: Carolina's Medical Center
Pgm Director: Beth K Saul, MD
Department of Medicine
PO Box 252061
Charlotte, NC 28222
Tel: 704 355-3165  Fax: 704 355-7526
E-mail: intrmed@carolinahealthcare.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 36
Program ID: 140-36-11-319

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Pgm Director: Dana E McNeill, MD
Department of Medicine
Box 3182
Durham, NC 27710
Tel: 919 681-2563  Fax: 919 681-6448
E-mail: stephani.webb@duke.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 166
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NBP, PCC, RHU
Program ID: 140-36-21-320

Greensboro
Moses H Cone Memorial Hospital Program
Sponsor: Moses H Cone Memorial Hospital
Pgm Director: Sam Oyler, MD
Department of Internal Medicine
100 N Elm Street
Greensboro, NC 27401
Tel: 336 832-8826  Fax: 336 832-8826
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 140-36-11-321

Greensboro
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pgm Director: Suzanne Kramer, MD, MS
Brody School of Medicine
POC# 51-196, Room 380
Greensboro, NC 27595
Tel: 919 744-3682  Fax: 919 744-2290
Length: 3 Yrs  ACGME Approved/Offered Positions: 64
Subspecialties: CD, GE, HO, IC, ID, NBP, PCC, RHU
Program ID: 140-35-11-323

Wilmington
New Hanover Regional Medical Center Program
Sponsor: New Hanover Regional Medical Center
Pgm Director: Charles J Schlesser, MD
Coastal AHCC Internal Medicine
313 South 17th Street - PO Box 5055
Wilmington, NC 28402
Tel: 910 343-2516  Fax: 910 762-8890
Length: 3 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 140-36-11-324

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: Peter R Lichstein, MD
Medical Center Blvd
Winston-Salem, NC 27167
Tel: 336-716-4489  Fax: 336-716-2273
E-mail: plichstein@wakeforest.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 85
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NBP, PCC, RHU
Program ID: 140-36-21-325

North Dakota
Fargo
University of North Dakota Program
Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Veterans Affairs Medical and Regional Office Center (Fargo)
MeriCare Health System
Pgm Director: David J Theige, MD
1818 North Elm Street
Fargo, ND 58102
Tel: 701 234-6358  Fax: 701 234-7230
Length: 3 Yrs  ACGME Approved/Offered Positions: 25
Program ID: 140-36-11-326

Ohio
Akron
Akron General Medical Center/NEOUCOM Program
Sponsor: Akron General Medical Center
Pgm Director: Patricia A Mullen, MD
Department of Medicine
400 Wabash Avenue
Akron, OH 44327
Tel: 330 344-6110  Fax: 330 335-9270
E-mail: katrina@agmc.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 34
Program ID: 140-35-11-328

Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Pgm Director: David B Sweet, MD
Department of Emerg Medicine
555 E Market Street
Akron, OH 44304
Tel: 330 372-3742  Fax: 330 372-4156
E-mail: yanikm@summa-health.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 56
Program ID: 140-36-11-327

Canton
Canton Medical Education Foundation/ NEOUCOM Program
Sponsor: Canton Medical Education Foundation
Ashland Hospital
Mercy Medical Center (Canton)
Pgm Director: John F McGreevey, MD
2000 4th Street, SW
Canton, OH 44710
Tel: 330 853-6293  Fax: 330 858-2605
Length: 3 Yrs  ACGME Approved/Offered Positions: 37
Program ID: 140-36-21-330

Cincinnati
Christ Hospital Program
Sponsor: Christ Hospital
Pgm Director: Frank A Toebbe, MD
Department of Medicine
2139 Auburn Avenue
Cincinnati, OH 45219
Tel: 513 585-2258  Fax: 513 585-2673
Length: 3 Yrs  ACGME Approved/Offered Positions: 42
Program ID: 140-36-11-331

Jewish Hospital of Cincinnati Program
Sponsor: Jewish Hospital of Cincinnati
Pgm Director: Stephen J Goldberg, MD
Department of Internal Medicine
4777 E Gabraht Road
Cincinnati, OH 45236
Tel: 513 892-4557  Fax: 513 892-5455
Length: 3 Yrs  ACGME Approved/Offered Positions: 30
Program ID: 140-36-11-333

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
TriHealth Good Samaritan Hospital
Pgm Director: Helen K Kosselka, MD
Department of Medicine
370 Dixmyth Avenue
Cincinnati, OH 45236
Tel: 513 892-4557  Fax: 513 892-5455
E-mail: candice.larkin@trirecthealth.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 27
Program ID: 140-36-11-332

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Pgm Director: Gregory W Rouas, MD
Department of Medicine
PO Box 670557
Cincinnati, OH 45207
Tel: 513 589-2590  Fax: 513 589-2590
E-mail: ucintmed@uc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 98
Subspecialties: CD, END, GE, HO, IC, ID, NBP, PCC, RHU
Program ID: 140-36-11-334
Accredited Programs in Internal Medicine

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Pgm Director: Michael J McFerron, MD
Office of Academic Programs (G573)
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-3300 Fax: 216 778-5833
E-mail: medres@metrohealth.org
Length: 3 yrs ACGME Approved/Offered Positions: 88
Subspecialties: CD, GE, IC, ICE, ID, NPP, RRU
Program ID: 140-38-13-386

Case Western Reserve University (St Vincent Charity/St Luke’s) Program
Sponsor: St Vincent Charity Hospitals/St Luke’s Medical Center
Pgm Director: Richard F Christie, MD
Department of Medicine
3331 E 22nd Street
Cleveland, OH 44114
Tel: 216 963-2543 Fax: 216 963-2721
Length: 3 yrs ACGME Approved/Offered Positions: 44
Program ID: 140-38-13-338

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Pgm Director: Keith B Armitage, MD
Department of Medicine
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8383 Fax: 216 844-8218
Length: 3 yrs ACGME Approved/Offered Positions: 98
Subspecialties: CD, EN, GE, IC, ICE, ID, IM, NPP, RRU
Program ID: 140-38-21-335

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Craig Nielsen, MD*
Division of Medicine EM Residency Office, NA-21
1900 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-2338 Fax: 216 445-6250
E-mail: imedia@ccf.org
Length: 3 yrs ACGME Approved/Offered Positions: 120
Subspecialties: CD, EN, GE, IC, ICE, ID, IM, NPP, RRU
Program ID: 140-38-13-339

Fairview Hospital Program
Sponsor: Fairview Hospital
Pgm Director: KV Gopalakrishna, MD
Internal Medicine Residency Program
1810 Lorain Avenue
Cleveland, OH 44111
Tel: 216 478-7400 Fax: 216 478-3041
Length: 3 yrs ACGME Approved/Offered Positions: 32
Program ID: 140-38-21-340

Huron Hospital Program
Sponsor: Huron Hospital
Hillcrest Hospital
Pgm Director: Kayran Ravazibgh, MD
Department of Medicine
1051 Terrace Road
East Cleveland, OH 44112
Tel: 216 761-3320 Fax: 216 761-5759
Length: 3 yrs ACGME Approved/Offered Positions: 80
Program ID: 140-38-21-276

Columbus
Mount Carmel Program
Sponsor: Mount Carmel
Pgm Director: Dr. Patrick Bklas, MD
Department of Medicine
703 W State Street
Columbus, OH 43222
Tel: 614 724-5279 Fax: 614 234-2772
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 140-38-13-341

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Pgm Director: Catherine R Lucey, MD
307 Means Hall
1064 High Drive
Columbus, OH 43210
Tel: 614 293-3988 Fax: 614 293-5780
Length: 3 yrs ACGME Approved/Offered Positions: 80
Subspecialties: CD, EN, GE, IC, ICE, ID, IM, NPP, RRU
Program ID: 140-38-11-342

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Pgm Director: Thomas J Boes, MD
3536 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5468 Fax: 614 566-6582
Length: 3 yrs ACGME Approved/Offered Positions: 54
Program ID: 140-38-12-343

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Wright Patterson Medical Center
Pgm Director: Virginia C Wood, MD
PO Box 837
Dayton, OH 45401
Tel: 937 398-2897 Fax: 937 398-3361
Length: 3 yrs ACGME Approved/Offered Positions: 02
Subspecialties: CD, EN, GE, IC, ICE, ID, IM, NPP, RRU
Program ID: 140-38-21-345

Kettering
Kettering Medical Center Program
Sponsor: Kettering Medical Center
Pgm Director: Stephen D McDonald, MD
Internal Medicine Residency
3535 Southern Blvd
Kettering, OH 45429
Tel: 937 398-9661 Fax: 937 398-3360
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 140-38-21-347

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Pgm Director: Douglas J pedestal, MD
3000 Arlington Avenue, Room 413
Toledo, OH 43614
Tel: 419 283-9067 Fax: 419 283-9060
Length: 3 yrs ACGME Approved/Offered Positions: 48
Subspecialties: CD, IC, ICE, ID, NPP, RRU
Program ID: 140-38-21-348

Youngstown
St Elizabeth Health Center/NEOUCOM Program
Sponsor: St Elizabeth Health Center
Pgm Director: Nadine G Bruce, MD
Internal Medicine Residency Program
1044 Belmont Ave
Youngstown, OH 44501
Tel: 330 430-8341 Fax: 330 430-3777
E-mail: gwendolyn_brown@hms.com
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 140-38-11-349

Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Pgm Director: John Politis, MD
660 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-2207 Fax: 330 884-5727
Length: 3 yrs ACGME Approved/Offered Positions: 35
Program ID: 140-38-31-350

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Pgm Director: Brent R Brown, MD
Department of Medicine, Room WP-1130
PO Box 20691
Oklahoma City, OK 73119
Tel: 405 271-7186 Fax: 405 271-7186
E-mail: pattie.levin@ouhsc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 88
Subspecialties: CD, EN, GE, IC, ICE, ID, IM, NPP, RRU
Program ID: 140-39-21-351

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
St John Medical Center
Pgm Director: Michael A Weiss, MD, EdD
Suite 3-0-23
5925 East 41st
Tulsa, OK 74105
Tel: 918 744-2548 Fax: 918 744-2531
Length: 3 yrs ACGME Approved/Offered Positions: 55
Program ID: 140-39-21-362

Oregon
Portland
Legacy Emanuel Hospital and Health Center Program
Sponsor: Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Pgm Director: Stephen B. Jones, MD
1015 NW 22nd Avenue, R-300
Portland, OR 97210
Tel: 503 418-8104 Fax: 503 418-7361
Length: 3 yrs ACGME Approved/Offered Positions: 44
Program ID: 140-49-11-353
Accredited Programs in Internal Medicine

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Richard S. Eisenbraun, MD
Temple University Hospital
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215-720-4056 Fax: 215-720-4766
E-mail: mem2n@astro.temple.edu
Length: 3 Yrs ACME Approved/Offered Positions: 96
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-11-23-78

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Frank J Kebodou, MD
UPMC Montefiore, N713
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412-692-4941 Fax: 412-692-4944
Length: 3 Yrs ACME Approved/Offered Positions: 187
Subspecialties: COM, CD, END, GE, HO, IC, ICE, ID, IMG, VEP, PCC, RHU
Program ID: 140-11-21-504

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Kofi Clarke, MD
Department of Medicine
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412-676-5182 Fax: 412-578-6804
E-mail: intermedwp@yahoo.com
Length: 3 Yrs ACME Approved/Offered Positions: 45
Subspecialties: CD, GE, HO, IC, PUD
Program ID: 140-11-11-387

Sayre Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Program Director: Felix J Dersie, MD
Internal Medicine Residency Program
Guthrie Square
Sayre, PA 18646
Tel: 570 582-8509 Fax: 570 882-6382
Length: 3 Yrs ACME Approved/Offered Positions: 27
Program ID: 140-11-12-380

Scranton
Scranton-Temple Residency Program
Sponsor: Scranton-Temple Residency Program Inc
Mercy Hospital
Moses Taylor Hospital
Program Director: Robert K Wright, MD
Department of Medicine
746 Jefferson Avenue
Scranton, PA 18510
Tel: 570 343-2803 Fax: 570 965-6133
E-mail: strp@smithcmpa.com
Length: 2 Yrs ACME Approved/Offered Positions: 27
Program ID: 140-11-21-390

Upland
Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Program Director: Susan L Williams, MD
One Medical Center Blvd
Dept of Medicine, 3 East
Upland, PA 19063
Tel: 610 874-6114 Fax: 610 447-8372
Length: 3 Yrs ACME Approved/Offered Positions: 24
Program ID: 140-11-31-514

West Reading
Reading Hospital and Medical Center Program
Sponsor: Reading Hospital and Medical Center
Program Director: David L George, MD, MBA
Department of Medicine
Sixth Avenue and Spruce Streets
West Reading, PA 19611
Tel: 610 988-8130 Fax: 610 988-9008
Length: 3 Yrs ACME Approved/Offere Positions: 20
Program ID: 140-11-21-388

Wilkes-Barre
Northeastern Pennsylvania Hospitals Program
Sponsor: Veterans Affairs Medical Center (Wilkes-Barre)
Community Medical Center
Program Director: Ramesh M Shah, MD
Department of Medicine
1111 East End Boulevard
Wilkes-Barre, PA 18711
Tel: 570-823-3231 Fax: 570 821-7280
Length: 3 Yrs ACME Approved/Offered Positions: 54
Program ID: 140-11-31-391

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Program Director: Cynthia D Smith, MD
100 Lancaster Avenue
Suite 114
Wynnewood, PA 19096
Tel: 610 646-3300 Fax: 610 646-8141
E-mail: direcso@mlhs.org
Length: 3 Yrs ACME Approved/Offered Positions: 52
Subspecialties: CD, GE, HO, IC, ICE, NEP
Program ID: 140-11-11-373

York
York Hospital Program
Sponsor: York Hospital
Program Director: J Walter Blotzer, MD
Department of Medicine
1001 S George Street
York, PA 17405
Tel: 717 851-2164 Fax: 717 851-2843
Length: 3 Yrs ACME Approved/Offere Positions: 20
Program ID: 140-11-11-392

Puerto Rico
Bayamon
Universidad Central del Caribe Program
Sponsor: Universidad Central del Caribe School of Medicine
Hospital Universitario Dr Ramon Ruiz Arzu
Program Director: Luis M Reyes-Orrita, MD
Dept of Medicine PN Box 60027
Ave Laurel Santa Juana
Bayamon, PR 00956
Tel: 787-740-4236 Fax: 787-269-0659
Length: 3 Yrs ACME Approved/Offere Positions: 36
Program ID: 140-11-12-452

Mayaguez
Ramon Betances Hospital-Mayaguez Medical Center/Ponce School of Medicine Consortium Program
Sponsor: Dr Ramon E Betances Hospital-Mayaguez Medical Center
Advanced Cardiology Center Corp/Ponce SOM Consortium University Hospital
Program Director: Milton D Carrero, MD
Hostos 410
Mayaguez, PR 00681
Tel: 787 834-8568 Fax: 787 833-7102
E-mail: MiltonDCarrere@dcom.com
Length: 3 Yrs ACME Approved/Offered Positions: 15
Program ID: 140-11-31-525
Ponce
Damas Hospital-Ponce School of Medicine Educational Consortium Program
Sponsor: Damas Hospital
Program Director: Miguel Perez-Arnold, MD
Medical Education, Edif Parra
2225 Ponce By Pass, Suite 407
Ponce, PR 00693
Tel: 787 840-8686 Fax: 787 834-2566
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-43-11-463
Hospital Episcopal San Lucas/Ponce School of Medicine Program
Sponsor: Hospital Episcopal San Lucas
Program Director: Orlando L Vazquez-Torres, MD
Department of Medicine
PO Box 38616
Ponce, PR 00733
Tel: 787 844-1271 Fax: 787 524-7416
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-43-11-396
San German
Hospital de la Concepcion Program
Sponsor: Hospital de la Concepcion
Program Director: Francisco Jusme, MD
Oficina Educacion Medica
PO Box 285
San German, PR 00936
Tel: 787 886-1860 Fax: 787 264-7816
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 140-43-11-488
San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Program Director: Marta de Lourdes Miranda, MD
PMB #79
PO Box 70584
San Juan, PR 00936
Tel: 787 766-2223 Fax: 787 765-0147
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: Hem, On, TV
Program ID: 140-43-11-896
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
University of Puerto Rico Hospital at Carolina
Program Director: Carlos A Gonzalez-Oppenheimer, MD
Department of Medicine
Box 960671
San Juan, PR 00936
Tel: 787 758-2252 Fax: 787 754-1739
E-mail: gonza@coqui.net
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: CD, END, GE, GI, ID, IM, N, PDD, RHU
Program ID: 140-43-11-297
Veterans Affairs Medical and Regional Office Center (San Juan) Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Program Director: Jose J Gutierrez-Nunez, MD*
Medical Service (111)
10 Casi Street
San Juan, PR 00921
Tel: 787 641-3668 Fax: 787 641-4561
Length: 3 Yrs ACGME Approved/Offered Positions: 62
Subspecialties: CD, GE, ID, N, PDD, RCC
Program ID: 140-43-31-398
Rhode Island
Pawtucket
Memorial Hospital of Rhode Island/Brown University Program
Sponsor: Memorial Hospital of Rhode Island
Program Director: Eletora Summervill, MD, Department of Medicine
111 Breastwater Street
Pawtucket, RI 02860
Tel: 401 739-2221 Fax: 401 739-2202
E-mail: info@mhri.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-43-21-473
Providence
Brown University Program
Sponsor: Brown University Hospital-Lifespan
Miriam Hospital-Lifespan
Program Director: Edward A Wing, MD
Department of Medicine
595 Eddy Street
Providence, RI 02902
Tel: 401 444-5677 Fax: 401 444-5462
Length: 3 Yrs ACGME Approved/Offered Positions: 140
Subspecialties: CCM, CD, END, GE, HO, IC, ID, IM, N, PDD, RCC
Program ID: 140-43-11-400
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Program Director: Alan B Weitberg, MD
Department of Medicine
820 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-3070 Fax: 401 456-2316
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: HO, ID, PDD, RHU
Program ID: 140-43-31-491
South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: E Benjamin Ogburn, MD
Department of Internal Medicine
90 Jonathan Lucas Street PO Box 230623
Charleston, SC 29425
Tel: 843 799-4074 Fax: 843 792-1728
Length: 3 Yrs ACGME Approved/Offered Positions: 79
Subspecialties: CD, END, GE, HO, IC, ID, ICE, N, N, PDD, PCC, PDC
Program ID: 140-46-21-483
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Program Director: Michael S Stimson, MD
USC School of Medicine
Two Medical Park, Suite 562
Columbia, SC 29603
Tel: 803 549-1090 Fax: 803 549-1050
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Subspecialties: END, IMG
Program ID: 140-43-21-404
Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Program Director: Scott L Arnechof, MD
Department of Medicine
701 Grew Road
Greenville, SC 29605
Tel: 864 455-7893 Fax: 864 455-5008
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Program ID: 140-43-11-400
South Dakota
Sioux Falls
University of South Dakota Program
Sponsor: University of South Dakota School of Medicine
Avera McKenney Hospital and University Health Center
Royal C Johnson Veterans Affairs Medical Center
Sioux Valley Hospital and University of South Dakota Medical Center
Program Director: Robert C Talley, MD
Department of Medicine
1400 W 2nd Street
Sioux Falls, SD 57115
Tel: 605 357-1368 Fax: 605 357-1368
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 140-43-21-404
Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Ehringer Medical Center
Program Director: Roger C Jones, MD
975 East Third Street
Box 94
Chattanooga, TN 37403
Tel: 423 778-3988 Fax: 423 778-3911
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-47-11-407
Johnston City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Wellmont Health System-Holston Valley
Program Director: Richard Jordan, MD
Internal Medicine
Box 70622
Johnson City, TN 37614
Tel: 423 439-6283 Fax: 423 439-6386
E-mail: intermed@etsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 73
Subspecialties: CD, ID, ON, PCC
Program ID: 140-47-21-409
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Program Director: Calvin M Bard, MD
Department of Medicine
1204 Alcoa Highway
Knoxville, TN 37923
Tel: 865 544-0340 Fax: 865 544-5849
E-mail: assesst@umkc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 140-47-11-409

759
Accredited Programs in Internal Medicine

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Methodist Restorative-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: James B Lewis, MD
Department of Medicine
842 Jefferson Avenue, Room A601
Memphis, TN 38163
Tel: 901 448-6814  Fax: 901 448-7835
Length: 3 Yrs  ACGME Approved/Offered Positions: 124
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-47-21-123

Nashville
 Meharry Medical College Program
Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Metropolitan Nashville General Hospital
Prgm Director: Clinton L Cunnings, MD
Department of Medicine
1005  B B Todd, Jr, Blvd
Nashville, TN 37208
Tel: 615 237-6811  Fax: 615 237-6417
Length: 3 Yrs  ACGME Approved/Offered Positions: 66
Program ID: 140-47-11-413

University of Tennessee (Nashville) Program
Sponsor: University of Tennessee College of Medicine
Baptist Hospital
Prgm Director: Cheryl A Fanucile, MD
Department of Medicine, Box 04
300 Church Street
Nashville, TN 37236
Tel: 615 264-5663  Fax: 615 264-5894
Length: 3 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 140-47-21-478

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: John S Sergant, MD
Department of Medicine, N 1
21st and Garland Streets
Nashville, TN 37223
Tel: 615 322-2036  Fax: 615 943-7550
Length: 3 Yrs  ACGME Approved/Offered Positions: 115
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-47-31-414

Texas
Amarillo
Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center
Northwest Texas Health Care System
Veterans Affairs Medical Center (Amarillo)
Prgm Director: W R Davis, MD
1400 Coquilte
Amarillo, TX 79106
Tel: 806 354-5838  Fax: 806 354-5785
E-mail: Bharat.Khandheria@tushc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 37
Program ID: 140-48-21-477

Austin
Austin Medical Education Programs of Seton Healthcare Network Program
Sponsor: Austin Medical Education Program of Seton Healthcare Network
Brackenridge Hospital
Prgm Director: Beth W Miller, MD
Department of Internal Medicine
Brackenridge Annex - 601  E 15th Street
Austin, TX 78701
Tel: 512 341-7886  Fax: 512 477-9693
Length: 3 Yrs  ACGME Approved/Offered Positions: 39
Program ID: 140-48-12-415

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center
E R Thomas General Hospital
Prgm Director: Armando D Meza, MD
4500 Albertas Avenue
El Paso, TX 79905
Tel: 915 545-6620  Fax: 915 545-9034
Length: 3 Yrs  ACGME Approved/Offered Positions: 33
Program ID: 140-48-11-424

William Beaumont Army Medical Center Program
Sponsor: William Beaumont Army Medical Center
Prgm Director: Lisa L Zacher, MD
Department of Medicine
5005 N Piedras Street
El Paso, TX 79920
Tel: 915 569-2225  Fax: 915 569-2225
E-mail: lisa.rzacher1@amedd.army.mil
Length: 3 Yrs  ACGME Approved/Offered Positions: 27
Program ID: 140-48-12-908

Galveston
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: David L Hills, MD
Department of Medicine
5203 Harry Sines Blvd
Dallas, TX 75390
Tel: 214 648-9483  Fax: 214 648-7550
E-mail: DMHills@utsouthwestern.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 161
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-419

University of Texas Southwestern Medical School/St Paul Medical Center Program
Sponsor: University of Texas Southwestern Medical School
St Paul Medical Center
Prgm Director: Randell L Rosenblatt, MD
Department of Medicine
5000 Harry Hines Blvd
Dallas, TX 75358
Tel: 214 687-9189  Fax: 214 687-9069
E-mail: randall_rosenblatt@wmdallas.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 19
Program ID: 140-48-11-418

Harlingen
University of Texas Health Science Center at San Antonio Lower Rio Grande Valley RAHC Program
Sponsor: University of Texas School of Medical Science at San Antonio
Valle Baptist Medical Center
Sponsor: Texas Tech University Health Sciences Center
E R Thomas General Hospital
Prgm Director: Thomas F Hanley, MD
RIO GrAdAr Valley Regional Academic Health Center
2102 Treasure Hills Blvd
Harlingen, TX 78550
Tel: 956 385-8806  Fax: 956 385-8806
E-mail: RAHCResidency@uthscsa.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 140-48-21-524

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Program
Sponsor: Maureen K Koons, MD
Department of Medicine (MCHE-MDX)
3651 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-5920  Fax: 210 916-4731
E-mail: Carmen.Vargas@AMEDD.Army.mil
Length: 3 Yrs  ACGME Approved/Offered Positions: 39
Subspecialties: CD, HO, PCC
Program ID: 140-48-12-909

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Thomas Blackwell, MD
Department of Medicine
301 University Blvd
Galveston, TX 77550
Tel: 409 772-3637  Fax: 409 772-6482
Length: 3 Yrs  ACGME Approved/Offered Positions: 100
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-48-21-421

San Antonio
University of Texas Health Science Center at San Antonio Lower Rio Grande Valley RAHC Program
Sponsor: University of Texas School of Medical Science at San Antonio
Valle Baptist Medical Center
Prgm Director: James F Hanley, MD
RIO GrAdAr Valley Regional Academic Health Center
2102 Treasure Hills Blvd
Harlingen, TX 78550
Tel: 956 385-8806  Fax: 956 385-8806
E-mail: RAHCResidency@uthscsa.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 140-48-21-524

Graduate Medical Education Directory 2005-2006
760
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Program Director: Amir Halsey, MD
Department of Medicine - B-501
6556 Fannin St
Houston, TX 77030
Tel: 713 441-3315 Fax: 713 793-1322
Length: 3 Yrs ACGME Approved/Offered Positions: 166
Subspecialties: CCM, CD, EN, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-422

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Mark A Farnie, MD
Department of Medicine
6431 Fannin #1.150
Houston, TX 77030
Tel: 713 500-8600 Fax: 713 500-8407
E-mail: vera.s.jones@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 137
Subspecialties: CD, END, GE, HEM, IC, ICE, ID, NEP, ON, PCC, RHU, TY
Program ID: 140-48-31-423

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilkerson Hall Medical Center (AEYC)
Program Director: Thomas G Gras, MD* 59h Medical Wing/IMMR
2209 Robert E Lee, Suite 1
San Antonio, TX 78256
Tel: 210 210-21-12-5802 Fax: 210 210-21-12-5802
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: ENDO, GE, ID, RHU
Program ID: 140-48-13-003

US Armed Services Program
Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Kenneth M Nugent, MD
Department of Medicine
9601 Fourth Street
Lubbock, TX 79430
Tel: 906 743-3155 Fax: 906 743-3148
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Subspecialties: CD, NEP
Program ID: 140-48-21-409

Odessa
Texas Tech University (Odessa) Program
Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Memorial Hospital and Medical Center
Program Director: James R Burke, MD
701 W 5th Street
Odessa, TX 79761
Tel: 432 305-3026 Fax: 432 333-3082
E-mail: james.burke@ttuhs.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 31
Program ID: 140-48-21-519

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Program Director: Debra K Hunt, MD, MSPH
Department of Medicine
7701 Floyd Curl Drive MC 78715
San Antonio, TX 78229
Tel: 210 567-8520 Fax: 210 567-4585
Length: 3 Yrs ACGME Approved/Offered Positions: 98
Subspecialties: CD, EN, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-425

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: Juan D O'Brien, MD
Department of Medicine
2401 S 31st Street
Temple, TX 76508
Tel: 254 774-3564 Fax: 254 774-4079
Length: 3 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: CD, GE, IC, ID, NEP, ON, PCC
Program ID: 140-48-21-426

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Merle A Sande, MD
Department of Medicine, CUIC04
30 N 1900 E
Salt Lake City, UT 84112
Tel: 801 561-2210 Fax: 801 585-0410
Length: 3 Yrs ACGME Approved/Offered Positions: 100
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-427

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Mark Levine, MD
Department of Medicine
111 Colchester Ave - Burgess 106
Burlington, VT 05401
Tel: 802 847-4859 Fax: 802 847-3927
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-50-21-429

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Gerald J Donowitz, MD
PO Box 801348
Charlottesville, VA 22908
Tel: 434 924-1918 Fax: 434 924-3885
Length: 3 Yrs ACGME Approved/Offered Positions: 101
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-51-21-430

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentry Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Program Director: Richard H Speede, MD, MA
Hofheimer Hall
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 444-8919 Fax: 757 446-7921
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: ENDO, ID, IMG
Program ID: 140-51-21-432

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Lisa S Inouye, MD, MPH
Charlette Health Care Center
520 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 333-3268 Fax: 757 853-3666
E-mail: lsinouye@marmed.navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Program ID: 140-51-11-014

US Armed Services Program
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Stephanie A Calhoun, MD, MPH
West Hospital, Room 618-12
1200 East Broad Street
PO Box 680509
Richmond, VA 23298
Tel: 804 828-9726 Fax: 804 828-4826
E-mail: irma@hsc.vcu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 120
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-51-21-433

Roanoke
Carilion Health System/University of Virginia (Roanoke-Salem) Program
Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Memorial Hospital
Veterans Affairs Medical Center (Salem)
Program Director: W Rhett Cragun, MD
Department of Medical Education
PO Box 15967
Roanoke, VA 24033
Tel: 540 861-7120
E-mail: irma@carilion.com
Length: 3 Yrs ACGME Approved/Offered Positions: 41
Program ID: 140-51-31-481
Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Veterans Affairs Medical Center (Boise)
Program Director: James F Wallace, MD
Department of Medicine
Box 356421
Seattle, WA 98195
Tel: 206 543-3605 Fax: 206 695-8652
Length: 3 Yrs ACGME Approved/Offered Positions: 174
Subspecialties: CMM, CD, END, OB, HEM, IC, ICE, ID, IM, NEP, ON, FCG, RHU
Program ID: 140-54-21-434

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Program Director: Roger W Bash, MD
293 Seminole Street, Mailstop BB-501
PO Box 1830
Seattle, WA 98101
Tel: 206 583-6087 Fax: 206 583-2307
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-54-12-435

Spokane

Spokane Medical Centers/University of Washington School of Medicine Program
Sponsor: Inland Empire Hospital Services Association
Deaconess Medical Center
Sacred Heart Medical Center
Program Director: Judy A Benson, MD
West 10th Avenue
PO Box 2555
Spokane, WA 99220
Tel: 509 474-8202 Fax: 509 474-6316
Length: 3 Yrs ACGME Approved/Offered Positions: 23
Program ID: 140-54-81-439

Tacoma

Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Program Director: Cecily Peterson, MD
Department of Medicine
1040 Reid St
Tacoma, WA 98431
Tel: 253 968-6206 Fax: 253 968-1168
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: IM, MG
Program ID: 140-54-12-010
US Armed Services Program

West Virginia

Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Program Director: Amer Malas, MD
1310 Mac Corkle Avenue
Charleston, WV 25304
Tel: 304 347-1363
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Program ID: 140-55-11-438

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary’s Hospital
Veterans Affairs Medical Center (Huntington)
Program Director: Todd W Gross, MD, MPH
Department of Medicine
1600 Medical Center Dr, Suite G500
Huntington, WV 25701
Tel: 304 691-1866 Fax: 304 691-1868
E-mail: gross@marshall.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: CD, END, PUD
Program ID: 140-55-21-439

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Michelle A Russ, MD
BSC North, Room: 400A
PO Box 6186
Morgantown, WV 26506
Tel: 304 293-4282 Fax: 304 293-3651
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: CD, GI, ID, NEP, PCG
Program ID: 140-55-11-440

Wisconsin

La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic
Lutheran Hospital-La Crosse
1836 South Avenue/Box 001-005
La Crosse, WI 54601
Tel: 608 775-2935 Fax: 608 775-4657
Length: 3 Yrs ACGME Approved/Offered Positions: 22
Program ID: 140-56-12-442

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Program Director: Bennett Vogelmann, MD
75227 CSC-2454
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7582 Fax: 608 263-6743
E-mail: bow@medicine.wisc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 85
Subspecialties: CD, EN, GI, HEM, IC, ID, IM, NEP, ON, FCG, RHU
Program ID: 140-56-21-448

Marshall
Marshall Clinic-St Joseph’s Hospital Program
Sponsor: Marshall Clinic-St Joseph’s Hospital
Program Director: Mark R Henricks, MD
Department of Medicine
1000 N Oak Ave
Marshall, WV 55440
Tel: 715 387-5106 Fax: 715 387-5163
E-mail: henricksmark@mfhcclin.org
Length: 3 Yrs ACGME Approved/Offered Positions: 22
Program ID: 140-56-31-444

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Program Director: Mark A Dennis, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 343
Milwaukee, WI 53201
Tel: 414 219-7655 Fax: 414 219-4539
E-mail: rebecca.young@aurora.org
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: CD, GE, IC, ICU, IM
Program ID: 140-56-21-446

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Prevent Memorial Lutheran Hospital
Program Director: Michael O Frank, MD
Department of Medicine
8900 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-6992 Fax: 414 456-6213
E-mail: immcmcw@mcw.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 98
Subspecialties: CD, EN, GE, HG, ID, IM, NEP, PCU, RHU
Program ID: 140-56-31-445
Interventional Cardiology (Internal Medicine)

California
La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Paul 8. Telnitz, MD
10888 N Torrey Pines Rd, S 106
La Jolla, CA 92037
Tel: 858 554-6000  Fax: 858 554-6883
E-mail: gme@scripps.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-05-21-109

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Prgm Director: Bhtshah Mahmoh, MD
200 West Arbor Drive
San Diego, CA 92110
Tel: 619 543-5450  Fax: 619 545-5455
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 152-05-13-121

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Prgm Director: Thomas A Ports, MD
Moffitt Hospital, Room M 1180
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-4853  Fax: 415 476-1020
E-mail: pdports@medicine.ucsf.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-05-31-086

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Hospital of the Good Samaritan
Prgm Director: Ray V Matthews, MD
1225 Wilshire Blvd
Los Angeles, CA 90017
Tel: 213 977-2209  Fax: 213 977-2209
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-05-21-105

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Luis Garza, MD
4301 W Markham, #222
Little Rock, AR 72205
Tel: 501 686-7882  Fax: 501 686-8319
E-mail: jbowman@uams.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-04-23-124

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Prgm Director: Rex J Winters, MD
101 The City Drive
BLDES, RT181, Room 100
Orange, CA 92868
Tel: 714 456-9845  Fax: 714 456-8886
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 152-06-13-186

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: John C Messenger, MD
4300 E Ninth Avenue, Box B-133
Denver, CO 80262
Tel: 303 373-6600  Fax: 303 373-6644
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-07-21-101

Programs
Graduate Medical Education Directory 2005-2006 763
Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Program Director: Robert F Fishman, MD
267 Grant Street
Bridgeport, CT 06610
Tel: 203-384-3844 Fax: 203-384-3864
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-08-21-099

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Program Director: Francis J Kienan, MD
Cardiac Laboratory
80 Seymour Street, Suite 385
Hartford, CT 06102
Tel: 860-545-2977 Fax: 860-545-3507
E-mail: lpoulin@harthosp.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-08-21-091

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Joseph J Brennan, MD
PO Box 908017
New Haven, CT 06500
Tel: 203-785-4129 Fax: 203-787-2437
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-08-13-117

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Program Director: Jonathan S Reiner, MD
2150 Pennsylvania Avenue, NW
Suite 4414
Washington, DC 20037
Tel: 202-741-2233 Fax: 202-741-3224
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-10-21-006

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Augusto D Picard, MD
110 Irving Street, NW #49-1
Washington, DC 20010
Tel: 202-877-0515 Fax: 202-877-3509
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-10-11-127

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veteran Health System
Shands Hospital at the University of Florida
Program Director: Karen M Smith, MD
1990 SW Archer Road
PO Box 100277
Gainesville, FL 32610
Tel: 352-393-5982 Fax: 352-846-6014
E-mail: hathchem@medicine.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-11-13-108

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Theodore A Bass, MD
Department of Cardiology
665 West 6th St, ACC 5th Fl
Jacksonville, FL 32209
Tel: 904-442-2665 Fax: 904-442-5813
E-mail: InterventionCardio@jax.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-11-31-098

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Eduardo de Marchena, MD
PO Box 010600 (Locator D-39)
Miami, FL 33101
Tel: 305-585-6555 Fax: 305-585-8103
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-11-21-008

Miami Beach
Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida Inc
Program Director: Paul A Vignola, MD
Cardiac Cath Office
4300 Alton Road
Miami Beach, FL 33140
Tel: 305-674-2165 Fax: 305-674-2165
E-mail: fellowships@msmcinterventional.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-11-13-193

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Richard L. Roudebush Veterans Affairs Medical Center
Program Director: Jeffrey A Brevill, MD, PhD
1850 N Capitol Ave, Suite E409
Indianapolis, IN 46202
Tel: 317-962-0005 Fax: 317-962-0113
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-17-33-015

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Medical School
Program Director: Charles J Davidson, MD
251 E Burton 48-529
Chicago, IL 60611
Tel: 312-695-6141 Fax: 312-926-6137
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-21-011

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: B. Jeffrey Smell, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312-942-6559 Fax: 312-942-5829
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-31-012

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: John J Loprin, MD
5841 South Maryland Avenue
MC0766
Chicago, IL 60637
Tel: 773-706-1072 Fax: 773-706-2041
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-21-014

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
Program Director: Paul T Vailas, MD, MS
840 S Wood
MC 716, Suite 629 CSH
Chicago, IL 60612
Tel: 312-995-6790 Fax: 312-413-2448
E-mail: pvaitkus@uiuc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-31-113

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Ferdinand S Iaya, MD
2100 S First Avenue
Building 107, Room 1658
Maywood, IL 60153
Tel: 708-216-4255 Fax: 708-216-8795
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-16-23-013

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Program Director: Ziyad MB Ghazzal, MD
1304 Clifton Road, NE
Suite F008
Atlanta, GA 30322
Tel: 404-712-7474 Fax: 404-712-5622
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 152-12-31-006

Graduate Medical Education Directory 2005-2006
Accredited Programs in Interventional Cardiology (Internal Medicine)

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: James H Herrin, MD
9350 Naab Road
Indianapolis, IN 46250
Tel: 317 338-6666  Fax: 317 583-6646
E-mail: jherrin@theacgmemp.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-17-31-112

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: James D Rosan, MD
Department of Medicine
208 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3413  Fax: 319 356-4552
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-18-51-089

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Program Director: John C Gurley, MD
300 South Limestone St
Lexington, KY 40536
Tel: 859 232-5690  Fax: 859 257-1902
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-20-21-016

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospitals
Program Director: Mansoor A Leesar, MD
530 South Jackson Street
ACB, Third Floor
Louisville, KY 40202
Tel: 502 852-7989  Fax: 502 852-7147
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-20-31-017

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Suresh P Jain, MD
2025 Gravier Street - Suite 606
New Orleans, LA 70112
Tel: 504 568-7887  Fax: 504 568-7866
E-mail: sjain1@lsuhsc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 152-21-21-018

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Stephen Ramey, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-6831  Fax: 504 842-5960
E-mail: ptdesc@ochsner.org
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-21-31-020

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Jon R Rosar, MD
Blalock 534
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 614-1132  Fax: 410 966-0223
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-22-21-022

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: James L Stafford, MD
22 S Greene Street
Room G3K18
Baltimore, MD 21201
Tel: 410 338-8706  Fax: 410 338-3530
E-mail: mbleck@medicine.umaryland.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-22-12-024

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Joseph P Caroza, MD*
Interventional Cardiology
600 Huntington Ave - Baker 4
Boston, MA 02215
Tel: 617 632-7455  Fax: 617 632-7460
E-mail: slacroix@bidmc.harvard.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 152-24-21-034

Boston University Medical Center Program
Sponsor: Boston Medical Center
Program Director: Alice K Jacobs, MD
88 East Newton Street
Boston, MA 02118
Tel: 617 638-8707  Fax: 617 638-8719
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 152-24-12-026

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Jeffrey Egoths, MD
75 Francis Street
B的表情 Hospital Administration Office Tower 3A
Boston, MA 02115
Tel: 617 738-7109  Fax: 617 738-7122
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 152-24-12-028

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Carey D Kimmelstiel, MD, PhD
750 Washington Street, Box 264
Boston, MA 02111
Tel: 617 638-6614  Fax: 617 638-1118
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-23-025

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Thomas C Piemonte, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8254  Fax: 781 744-3510
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-31-039

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Marc J Schweiger, MD
759 Chestnut Street
c/o Nikki Burnett RM 34666
Springfield, MA 01199
Tel: 413 794-4490  Fax: 413 794-0198
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-23-031

Worcester
St Vincent Hospital Program
Sponsor: St Vincent Hospital
Program Director: Edison Ramsaran, MD
Worcester Medical Center
20 Wors Cir Blvd, Suite 200
Worcester, MA 01609
Tel: 508 363-6255  Fax: 508 363-6255
E-mail: edison.ramsaran@tenethealth.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-13-104

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Mark I Farman, MD
Division of Cardiology
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3064  Fax: 508 856-4571
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-21-032

Graduate Medical Education Directory 2005-2006
Accredited Programs in Interventional Cardiology (Internal Medicine)

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)

Prgm Director: Mark R Starling, MD
1500 E Medical Center Drive

Tubman Center, B1 225
Ann Arbor, MI 48109

Tel: 734 764-7460 Fax: 734 214-0681

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-26-21-083

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital

Prgm Director: Sajana Khanna, MD
2700 West Grand Boulevard
K-14

Detroit, MI 48202

Tel: 313 916-2211 Fax: 313 916-4513

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-26-12-934

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center

Prgm Director: Thomas A LaLonde, MD
23201 Motsen Road

Detroit, MI 48236

Tel: 313 343-4611 Fax: 313 343-4129

Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-26-19-968

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center

Harper-Blattel Hospital

Prgm Director: J Richard Spears, MD
Division of Cardiology

3060 John R Street

Detroit, MI 48201

Tel: 313 745-2597 Fax: 313 745-8643

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-26-01-465

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
Borgess Medical Center

Prgm Director: Tim A Fischell, MD

Division of Cardiology

1321 Gulf Road

Kalamazoo, MI 49004

Tel: 269 226-6943 Fax: 269 226-8540

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-26-38-130

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital

Prgm Director: Cindy L Grimes, MD
Division of Cardiology

3691 W 13 Mile Road

Royal Oak, MI 48073

Tel: 248 688-4176 Fax: 248 688-7230

E-mail: TIllegerry@beaumont.edu

Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 152-26-12-037

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers

Prgm Director: Marcel E Zagha, MD

16001 West Nine Mile Road

Box 2043

Southfield, MI 48077

Tel: 248 849-8448 Fax: 248 849-8324

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-25-21-125

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Abbott-Northwestern Hospital/Alina Health System
Fairview-University Medical Center

Veterans Affairs Medical Center (Minneapolis)

Prgm Director: Robert F Wilson, MD

Dept of Med/Cardiovascular Div

420 Delaware Street, SE, MMC 508

Minneapolis, MN 55455

Tel: 612 626-2351 Fax: 612 626-4411

E-mail: cvfellow@umn.edu

Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-26-21-038

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed Mayo Clinic

College of Medicine

St Mary's Hospital of Rochester

Prgm Director: Gregory Barnesen, MD

200 First Street SE

Rochester, MN 55905

Tel: 507 284-3304 Fax: 507 284-8142

Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-26-12-039

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine

St Luke's Hospital

Prgm Director: Steven R Laster, MD

4401 Wornall Road

MHS-5, CV Fellowship Coordinator

Kansa City, MO 64111

Tel: 816 312-2500 Fax: 816 312-6513

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-28-21-040

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine

St Louis University Hospital

Veterans Affairs Medical Center (St Louis)

Prgm Director: Moetion J Kern, MD

3635 Vista Avenue at Grand

St Louis, MO 63110

Tel: 314 577-9880 Fax: 314 577-8863

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-28-23-042

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Veterans Affairs Medical Center (St Louis)

Prgm Director: John M Lasala, MD, PhD

Campus Box 8016

660 S Euclid Ave

St Louis, MO 63110

Tel: 314 363-3739 Fax: 314 747-1417

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-28-12-041

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Timme - SH)

Prgm Director: Michael G Del Cur, MD

8206 Webster

Omaha, NE 68131

Tel: 402 282-6253 Fax: 402 282-3152

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-26-31-141

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine

Veterans Affairs Medical Center (Omaha)

Prgm Director: Edward L O'Leary, MD

98225 Nebraska Medical Center

Omaha, NE 68168

Tel: 402 556-5151 Fax: 402 556-8855

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-90-13-100

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital

Prgm Director: John E Jayne, MD

One Medical Center Drive

Lebanon, NH 03766

Tel: 603 546-1514 Fax: 603 546-1644

E-mail: John.E.Jayne@hitchcock.org

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-26-31-118

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital University Medical Center

Prgm Director: Janah I Ajl, MD

1 Cooper Plaza

Camden, NJ 08100

Tel: 856 342-2067 Fax: 856 541-7416

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-28-13-100

766 Graduate Medical Education Directory 2005-2006
South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
St Michael's Medical Center (Cathedral Health Services Inc.)
Program Director: Faye Shannon, MD
268 Dr ML King Jr Boulevard
Newark, NJ 07102
Tel: 973 877-5163 Fax: 973 877-5124
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 152-33-12-080

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Augustin Delago, MD
Mail Code 444
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5076 Fax: 518 262-5082
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-12-113

Bronx
Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: E Scott Monrad, MD
1825 Eastchester Road
Bronx, NY (10461)
Tel: 718 904-2573 Fax: 718 918-1994
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-12-103

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Jacob Shari, MD
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7486 Fax: 718 283-8546
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-12-119

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Jonathan Marmor, MD
459 Clarkson Avenue, Box 2557
Brooklyn, NY 11203
Tel: 718 792-2573 Fax: 718 792-4503
Length: 1 Yr AGME Approved/Offered Positions: 4
Program ID: 152-33-12-043

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Long Island Jewish Medical Center
Program Director: Lawrence Ong, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-1617 Fax: 516 562-2532
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-12-082

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Kevin Marzo, MD
120 Mineola Boulevard, Suite 500
Mineola, NY 11501
Tel: 516 663-2396 Fax: 516 663-9535
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-31-138

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: David Brown, MD
11 Dassert
16th Street First Avenue
New York, NY 10003
Tel: 212 430-4190 Fax: 212 430-2946
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 152-33-13-122

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Jamaica Hospital Medical Center
Program Director: Gary S Soubin, MD, PhD
100 East 77th Street
New York, NY 10021
Tel: 212 434-2266 Fax: 212 434-2265
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-21-690

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Shattuck E Stanford, MD
2400 Madison Avenue
New York, NY 10029
Tel: 212 242-4013 Fax: 212 242-3485
Length: 1 Yr AGME Approved/Offered Positions: 5
Program ID: 152-33-21-107

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Program Director: John T Cappella, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-2231 Fax: 212 604-3225
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-32-046

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: George Dangas, MD, PhD
630 West 168th Street
New York, NY 10032
Tel: 212 342-3604 Fax: 212 342-3660
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-12-045

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Varinder Parashar, MD
520 E 70th Street
New York, NY 10021
Tel: 212 746-257 Fax: 212 746-8062
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-12-110

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Manhattan Vt Harbor Health Care System
Program Director: Frederick Feit, MD
505 First Avenue
New York, NY 10016
Tel: 212 263-858 Fax: 212 263-2730
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-11-125

St Luke's Roosevelt Hospital Center Program
Sponsor: St Luke's Roosevelt Hospital Center
Program Director: James Wente, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 923-4008 Fax: 212 923-3915
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-31-129

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Frederick S Long, MD
Strong Memorial Hospital
601 Elmwood Avenue, Box 879
Rochester, NY 14614
Tel: 585 273-3223 Fax: 585 271-7667
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 152-33-21-049

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: William E Lawson, MD
Division of Cardiology
SUNY at Stony Brook, I-234
Stony Brook, NY 11794
Tel: 516 444-8250 Fax: 516 444-1054
E-mail: Stephen.Kussio@SUNYSB.edu
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-23-049

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Melvin B Weiss, MD
Division of Cardiology
MacY 1 W
Valhalla, NY 10595
Tel: 914 695-718 Fax: 914 695-1884
Length: 1 Yr AGME Approved/Offered Positions: 2
Program ID: 152-33-18-084

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: George A Stoffifer, MD
Division of Cardiology
CB 7075
Chapel Hill, NC 27599
Tel: 919 966-5148 Fax: 919 966-5655
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 152-33-21-060
Accredited Programs in Interventional Cardiology (Internal Medicine)

Duke University Hospital Program
Sponsor: Duke University Hospital
4201-57-3
Durham, NC 27710
Tel: 919-681-3704 Fax: 919-681-7223
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 152-46-12-561

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Prgm Director: Michael J Miller, MD
762-844-3454
Greenville, NC 27858
Tel: 252-744-9084 Fax: 252-744-3443
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 152-36-31-128

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Michael A Boucher, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-3900 Fax: 336-716-1918
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-30-23-502

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: Jerry J Lucid, MD
301 Albert Sabin Way
Cincinnati, OH 45219
Tel: 513-658-8890 Fax: 513-558-6899
E-mail: jlknc@ucmail.ac.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-39-21-053

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veteran Affairs Medical Center (Cleveland)
Prgm Director: Vincent J Pompeii, MD
1190 Euclid Avenue
Cleveland, OH 44106
Tel: 216-844-5643 Fax: 216-844-5654
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-38-31-134

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Deepak L Bhatt, MD
9600 Euclid Avenue, Desk F-35
Cleveland, OH 44195
Tel: 216-445-4054 Fax: 216-445-6531
E-mail: meded@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-38-21-085

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Raymond D Magee, MD
473 W 12th Avenue, 200 HLB
Columbus, OH 43210
Tel: 614-290-6168 Fax: 614-293-6116
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-38-12-054

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Prgm Director: William J Thomas, MD
3000 Arlington Avenue, Suite 1102
Toledo, OH 43614
Tel: 419-383-2697 Fax: 419-383-2041
E-mail: twill8@mcou.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-38-22-129

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Prgm Director: Eliot Schechter, MD
Oklahoma City, OK 73104
Tel: 405-270-6501 Fax: 405-270-1576
E-mail: eliot-schechter@ouhsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-39-21-055

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Prgm Director: John H Chapman, MD
Department of Cardiology, 21-60
100 North Academy Drive
Danville, PA 17821
Tel: 717-271-8423 Fax: 717-271-8956
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-34-21-046

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Steven M Rittinger, MD
500 University Drive
Hershey, PA 17033
Tel: 717-531-9407 Fax: 717-531-7090
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-43-12-568

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Prgm Director: Shabir B Yazdani, MD
5401 Old York Road
Kline Building, Suite 353
Philadelphia, PA 19141
Tel: 215-456-7269 Fax: 215-456-7906
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-21-065

Drexel University College of Medicine/
Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Peter B Curran, MD
456 N 15th Street, MS 470
Philadelphia, PA 19107
Tel: 215-764-2970 Fax: 215-846-3392
E-mail: phk23@drexel.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-23-960

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Michael E Savage, MD
JHL, 925 Chestnut Street, 1st Floor
Philadelphia, PA 19107
Tel: 215-563-6478 Fax: 215-563-8943
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-14-091

University of Pittsburgh Program
Sponsor: University of Pennsylvania Health System
Prgm Director: John W Hirshfeld, MD
9 Founders Pavilion
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-643-2681 Fax: 215-349-5894
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-41-13-205

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: David M Laurinda, DO
Division of Interventional Cardiology
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412-359-8700 Fax: 412-359-8644
E-mail: ashwar@uphs.pitt.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-41-12-061

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Prgm Director: William D Anderson, MD
Pittsburgh, PA 15221
Tel: 412-359-8700 Fax: 412-359-8644
E-mail: aswint@uphs.pitt.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-41-12-061

The Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Venkateshwar Reddy, MD
4500 Friendship Avenue
Suite 3411 North Tower
Pittsburgh, PA 15221
Tel: 412-578-4470 Fax: 412-578-4471
E-mail: mntonas@wphhs.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-41-14-2062
Accredited Programs in Interventional Cardiology (Internal Medicine)

Wynnewood
Lankenau Hospital Program
- Sponsor: Lankenau Hospital
  - Prgm Director: Timothy Shapiro, MD* 588 Lankenau MOB East 160 Lancaster Avenue Wynnewood, PA 19096
  - Tel: 610 665-3284  Fax: 610 896-0540
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-41-51-806

Rhode Island
Providence
Brown University Program
- Sponsor: Rhode Island Hospital-Lifespan
  - Prgm Director: David O Williams, MD Division of Cardiology: APC 814 590 Eddy Street Providence, RI 02903
  - Tel: 401 444-4584  Fax: 401 444-8183
  - E-mail: dwilliams@lifespan.org
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-43-12-064

Brown University Program A
- Sponsor: Rhode Island Hospital-Lifespan Miriam Hospital-Lifespan
  - Prgm Director: Paul C Gordon, MD* 164 Summit Avenue Providence, RI 02906
  - Tel: 401 793-4107  Fax: 401 793-6499
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-43-51-863

South Carolina
Charleston
Medical University of South Carolina Program
- Sponsor: Medical University of South Carolina College of Medicine
  - MUSC Medical Center
  - Ralph H Johnson VA Medical Center (Charleston)
  - Prgm Director: Christopher D Nielsen, MD 135 Rutledge Avenue Suite 1201 Charleston, SC 29425
  - Tel: 843 792-0980  Fax: 843 792-7771
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-21-087

Tennessee
Nashville
Vanderbilt University Program
- Sponsor: Vanderbilt University Medical Center Veterans Affairs Medical Center (Nashville)
  - Prgm Director: Robert N Fiera, MD, VA 2220 Pierce Avenue MB811, RM 368 Nashville, TN 37232
  - Tel: 615 343-2912  Fax: 615 343-2913
  - Length: 1 Yr  ACGME Approved/Offered Positions: 3
  - Program ID: 152-47-21-065

Texas
Dallas
Baylor University Medical Center Program
- Sponsor: Baylor University Medical Center Prgm Director: Ravi C Valaiah BARBARA 2300 Gaston Ave 4th Roberts B-109 Dallas, TX 75235
  - Tel: 214 832-0102  Fax: 214 832-6010
  - E-mail: rhonda@baylorhealth.edu
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-51-132

San Antonio
University of Texas Health Science Center at San Antonio Program
- Sponsor: University of Texas Health Science Center at San Antonio
  - Prgm Director: Richard A Bailey, MD Department of Medicine, MC 2832 3703 Floyd Curl Drive San Antonio, TX 78229
  - Tel: 210 348-4601  Fax: 210 348-8600
  - E-mail: bakerro@uthscsa.edu
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-21-070

Temple
Texas A&M College of Medicine-Scott and White Program
- Sponsor: Scott and White Memorial Hospital Prgm Director: David W Garrett, DOD 240 E 31st Street Temple, TX 76508
  - Tel: 254 229-0100  Fax: 254 229-6230
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-20-071

Utah
Salt Lake City
University of Utah Program
- Sponsor: University of Utah Medical Center LDS Hospital Prgm Director: Joseph B Mohlestein, MD LDS Hospital 8th Avenue and C Street Salt Lake City, UT 84143
  - Tel: 801 588-3300  Fax: 801 588-3187
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-12-071

Vermont
Burlington
University of Vermont Program
- Sponsor: Fletcher Allen Health Care Prgm Director: Matthew W Watkins, MD McClure I, Cardiology Unit 111 Colchester Avenue Burlington, VT 05401
  - Tel: 802 847-5605  Fax: 802 847-4104
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-48-12-064

Virginia
Charlottesville
University of Virginia Program
- Sponsor: University of Virginia Medical Center Prgm Director: Michael Ragoosta, MD Box 800662 Charlottesville, VA 22908
  - Tel: 434 924-2490  Fax: 434 924-0510
  - E-mail: cardiol@virginia.edu
  - Length: 1 Yr  ACGME Approved/Offered Positions: 3
  - Program ID: 152-51-13-093

Richmond
Virginia Commonwealth University Health System Program
- Sponsor: Virginia Commonwealth University Health System Prgm Director: George W Vetvick, MD PO Box 880096 1201 E Broad Street Richmond, VA 23298
  - Tel: 804 222-1215  Fax: 804 222-8821
  - Length: 1 Yr  ACGME Approved/Offered Positions: 2
  - Program ID: 152-51-21-074
Accredited Programs in Interventional Cardiology (Internal Medicine)

**Washington**

**Seattle**

**University of Washington Program**  
Sponsor: University of Washington School of Medicine  
Prgm Director: Douglas R Stewart, MD  
Box 356115, Room NN243  
Heart Care Lab  
Seattle, WA 98195  
Tel: 206-548-4077  
Fax: 206-548-6180  
Length: 1 Yr  
Program ID: 152-54-23-125

**West Virginia**

**Morgantown**

**West Virginia University Program**  
Sponsor: West Virginia University School of Medicine  
West Virginia University Hospitals  
Prgm Director: Mathew C Wolf, MD  
PO Box 9157  
Morgantown, WV 26506  
Tel: 304-293-4096  
Fax: 304-293-8588  
Length: 1 Yr  
Program ID: 152-55-21-092

**Wisconsin**

**Madison**

**University of Wisconsin Program**  
Sponsor: University of Wisconsin Hospital and Clinics  
Prgm Director: Matthew B Wolf, MD  
600 Highland Avenue  
Room G7/339 CSC  
Madison, WI 53792  
Tel: 608-283-4819  
Fax: 608-283-9405  
Length: 1 Yr  
Program ID: 152-56-21-077

**Milwaukee**

**Aurora Health Care Program**  
Sponsor: Aurora Health Care  
Aurora Sinai Medical Center  
Prgm Director: Taunia Bajwa, MD  
945 N 12th St, PO Box 342  
Milwaukee, WI 53281  
Tel: 414-219-7180  
Fax: 414-219-7676  
E-mail: jruiff@hrtcare.com  
Length: 1 Yr  
Program ID: 152-56-13-114

**Medical Genetics**

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**  
Sponsor: University of Alabama Hospital  
Children's Hospital of Alabama  
University of Alabama School of Medicine  
Prgm Director: Nathaniel B Robin, MD  
720 29th Street South, kauf 290  
Department of Genetics  
Birmingham, AL 35249  
Tel: 205-945-9453  
Fax: 205-945-9456  
Length: 2 Yrs  
Program ID: 150-01-13-006

**California**

**Los Angeles**

**Cedars-Sinai Medical Center Program**  
Sponsor: Cedars-Sinai Medical Center  
Los Angeles County Harbor-UCLA Medical Center  
UCLA Medical Center  
Prgm Director: David L Rimoin, MD, PhD  
8700 Beverly Boulevard  
Suite 4221  
Los Angeles, CA 90048  
Tel: 310-423-4641  
Length: 2 Yrs  
Program ID: 150-05-21-010

**Orange**

**University of California (Irvine) Program**  
Sponsor: University of California (Irvine) Medical Center  
Prgm Director: Maureen E Hoyme, MD  
101 The City Drive, South  
Zot Code 4422  
Orange, CA 92868  
Tel: 714-456-9201  
Fax: 714-456-6300  
E-mail: mehochman@uci.edu  
Length: 2 Yrs  
Program ID: 150-05-21-042

**San Diego**

**University of California (San Diego) Program**  
Sponsor: University of California (San Diego) Medical Center  
Children's Hospital and Health Center  
Prgm Director: Roberto T Zori, MD  
5052 Children's Way, MD 5031  
San Diego, CA 92123  
Tel: 858-996-5840  
Fax: 858-996-8550  
Length: 2 Yrs  
Program ID: 150-05-31-019

**Stanford**

**Stanford University Program**  
Sponsor: Stanford University Hospital  
University of California (San Francisco) Medical Center  
Prgm Director: H E Hoye, MD  
Department of Pediatrics, H-215  
Stanford University School of Medicine  
Stanford, CA 94305  
Tel: 650-723-6658  
Fax: 650-498-1666  
Length: 2 Yrs  
Program ID: 150-05-31-039

**Colorado**

**Denver**

**University of Colorado Program**  
Sponsor: University of Colorado School of Medicine  
Children's Hospital (The)  
Prgm Director: Rosemary Thomas, MD  
Box 5580, The Children's Hospital  
1000 East 19th Avenue  
Denver, CO 80218  
Tel: 303-664-3800  
Fax: 303-664-3800  
E-mail: thomas.rosemary@uchsc.edu  
Length: 2 Yrs  
Program ID: 150-05-21-027

**Connecticut**

**Farmington**

**University of Connecticut Program**  
Sponsor: University of Connecticut School of Medicine  
Connecticut Children's Medical Center  
Univ of Connecticut Health Center/John Dempsey Hospital  
Prgm Director: Robert S Greenstein, MD  
Division of Human Genetics  
65 Kane St, 1st Floor  
Harford, CT 06419  
Tel: 203-523-6464  
Fax: 203-523-6464  
E-mail: greenstein@uchc.edu  
Length: 2 Yrs  
Program ID: 130-06-21-041

**New Haven**

**Yale-New Haven Medical Center Program**  
Sponsor: Yale-New Haven Hospital  
Prgm Director: James M McGrath, MD, PhD  
Department of Genetics  
PO Box 269365  
New Haven, CT 06520  
Tel: 203-785-9585  
Fax: 203-785-9585  
Length: 2 Yrs  
Program ID: 150-05-21-06

**Florida**

**Gainesville**

**University of Florida Program**  
Sponsor: University of Florida College of Medicine  
Prgm Director: Roberto T Zori, MD  
PO Box 100268  
Gainesville, FL 32610  
Tel: 352-392-4104  
Length: 2 Yrs  
Program ID: 150-05-31-071

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**  
Sponsor: Jackson Memorial Hospital/Jackson Health System  
Miami Children's Hospital  
Prgm Director: Louis J Elias, MD  
Dept of Pediatrics/Div of Medical Genetics  
PO Box 06820 (D-820)  
Miami, FL 33106  
Tel: 305-243-7108  
Fax: 305-243-7244  
Length: 2 Yrs  
Program ID: 150-05-31-090

Graduate Medical Education Directory 2005-2006
**Georgia**

- **Atlanta**
  - Emory University Program
    - Sponsor: Emory University School of Medicine
    - Children's Healthcare of Atlanta at Egleston
    - Program Director: Paul M Perhoffs, MD
    - Address: 2165 North Decatur Road, Decatur, GA 30033
    - Tel: 404 778-8528 Fax: 404 778-8562
    - E-mail: pperhoffs@genetics.emory.edu
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 2
    - Subspecialties: MGP
    - Program ID: 130-12-21-048

**Illinois**

- **Chicago**
  - University of Chicago/Northwestern University Program
    - Sponsor: University of Chicago Hospitals
    - Children's Memorial Hospital
    - McGaw Medical Center of Northwestern University
    - Program Director: Darrel J Waggoner, MD
    - Address: 344 S Maryland Ave, MC 0077, Room L-161
    - Chicago, IL 60611
    - Tel: 312 695-3655 Fax: 773 884-6886
    - E-mail: yoshizawa@genetics.med.uchicago.edu
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 2
    - Program ID: 130-14-21-057

- **University of Illinois College of Medicine at Chicago Program**
  - Sponsor: University of Illinois College of Medicine at Chicago
  - University of Illinois Hospital and Clinics
  - Program Director: Allen L Horwitz, MD, PhD
  - Address: 840 South Wood Street, MC 856
  - Chicago, IL 60612
  - Tel: 312 695-0722
  - Length: 2 Yrs
  - ACGME Approved/Offered Positions: 2
  - Program ID: 130-16-21-017

**Indiana**

- **Indianapolis**
  - Indiana University School of Medicine Program
    - Sponsor: Indiana University School of Medicine
    - Clarian Indiana University Hospital
    - Clarian Riley Hospital for Children
    - Program Director: Gail H Vance, MD
    - Address: 975 West Walnut Street, IB 120
    - Indianapolis, IN 46222
    - Tel: 317 274-2241 Fax: 317 278-1616
    - E-mail: gbvance@ipu.edu
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 4
    - Program ID: 130-17-21-015

**Louisiana**

- **New Orleans**
  - Tulane University Program
    - Sponsor: Tulane University School of Medicine
    - Medical Center of Louisiana at New Orleans
    - Program Director: Hans C Anderson, MD
    - Hayward Genetics Center
    - Address: 1430 Tulane Avenue, SLA1
    - New Orleans, LA 70112
    - Tel: 504 588-5228 Fax: 504 584-1763
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 2
    - Program ID: 130-21-21-020

**Maryland**

- **Baltimore**
  - Johns Hopkins University Program
    - Sponsor: Johns Hopkins University School of Medicine
    - John Hopkins Hospital
    - Program Director: Garry R Cuttig, MD
    - Institute of Genetic Medicine
    - 600 North Wolfe Street, Baltimore, MD 21287
    - Tel: 410 614-0313 Fax: 410 614-0313
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 6
    - Program ID: 130-23-21-043

**Bethesda**

- **National Institutes of Health Clinical Center Program**
  - Sponsor: Clinical Center at the National Institutes of Health
  - Program Director: Maximilian Muenke, MD
  - Address: NIH Bldg 15, Room 1B-203
  - Bethesda, MD 20892
  - Tel: 301 480-8167 Fax: 301 480-7876
  - Length: 2 Yrs
  - ACGME Approved/Offered Positions: 14
  - Program ID: 130-23-21-022

**Massachusetts**

- **Boston**
  - Harvard Medical School Program
    - Sponsor: Children's Hospital
    - Beth Israel Deaconess Medical Center
    - Program Director: Mira Irms, MD
    - Genetics-Fegan 10
    - 300 Longwood Avenue
    - Boston, MA 02115
    - Tel: 617 355-4697 Fax: 617 730-0466
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 8
    - Program ID: 130-24-21-024

- **Tufts-New England Medical Center Program**
  - Sponsor: Tufts-New England Medical Center
    - Program Director: Laurie A Demmer, MD, MA*
    - 750 Washington Street, #24
    - Boston, MA 02111
    - Tel: 617 636-1408 Fax: 617 636-1409
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 4
    - Program ID: 130-24-21-052

**Michigan**

- **Ann Arbor**
  - University of Michigan Program
    - Sponsor: University of Michigan Hospitals and Health Centers
    - Program Director: Jeffrey W Imiss, MD, PhD
    - 1500 Medical Professional Building
    - 1500 E Medical Center Drive
    - Ann Arbor, MI 48109
    - Tel: 734 763-0761 Fax: 734 763-0561
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 6
    - Program ID: 130-25-21-000

**St Louis**

- **Washington University/B-JH/SLCH Consortium Program**
  - Sponsor: Washington University/B-JH/SLCH Consortium
  - Shriners Hospitals for Children (St Louis)
  - Program Director: Rick A Martin, MD
  - UH Medical Center, Campus Box 8116
  - One Children's Place
  - St Louis, MO 63110
  - Tel: 314 454-6080 Fax: 314 454-6052
  - E-mail: martin_r@wusl.edu
  - Length: 2 Yrs
  - ACGME Approved/Offered Positions: 2
  - Program ID: 130-28-22-070

**Minnesota**

- **Rochester**
  - Mayo School of Graduate Medical Education (Rochester) Program
    - Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
    - Mayo Clinic (Rochester)
    - Rochester Methodist Hospital
    - St Mary's Hospital of Rochester
    - Program Director: Jay W Elliston, MD, PhD
    - 200 First Street, SW
    - Rochester, MN 55905
    - Tel: 507 266-2967 Fax: 507 284-1067
    - E-mail: elliston.jay@mayo.edu
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 2
    - Subspecialties: MGP
    - Program ID: 130-26-21-011

- **Missouri**
  - Columbia
    - University of Missouri-Columbia Program
      - Sponsor: University of Missouri-Columbia School of Medicine
      - Program Director: Judith H Miles, MD, PhD
      - One Hospital Drive
        - Columbia, MO 65212
    - Tel: 573 882-5961 Fax: 573 884-3543
    - Length: 2 Yrs
    - ACGME Approved/Offered Positions: 4
    - Program ID: 130-26-21-053

**Wayne State University/Detroit Medical Center Program**

- Sponsor: Wayne State University/Detroit Medical Center
  - Children's Hospital of Michigan
  - Program Director: Gerald L Feldman, MD, PhD
  - Center for Molecular Medicine and Genetics
  - 540 E Canfield, 3216 Scott Hall
  - Detroit, MI 48201
  - Tel: 313 577-6288 Fax: 313 577-6137
  - Length: 2 Yrs
  - ACGME Approved/Offered Positions: 3
  - Program ID: 130-26-31-047

**Accredited Programs in Medical Genetics**

**Programs**

**Graduate Medical Education Directory 2005-2006**

771
## New Jersey

**Newark**

**UMDNJ-New Jersey Medical School Program**  
**Sponsor:** UMDNJ New Jersey Medical School  
**UMDNJ-Robert Wood Johnson Medical School**  
**Pgm Director:** Franklin Desposito, MD  
**Department of Pediatrics, MSB F-Level**  
**185 South Orange Avenue**  
**Newark, NJ 07103**  
**Tel:** 973 972-5673  
**Fax:** 973 972-0766  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 130-35-21-007

## New York

**Bronx**

**Albert Einstein College of Medicine Program**  
**Sponsor:** Albert Einstein College of Medicine of Yeshiva university  
**Montefiore Medical Center-Henry and Lacy Moses Division**  
**Montefiore Medical Center-Weiller Hospital**  
**Pgm Director:** Susan J Gross, MD  
**1695 Eastchester Road, Suite 301**  
**Division of Reproductive Genetics**  
**Bronx, NY 10461**  
**Tel:** 718 434-8150  
**Fax:** 718 435-8154  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-35-21-008

**New York Memorial Sloan-Kettering Cancer Center Program**  
**Sponsor:** Memorial Sloan-Kettering Cancer Center  
**New York Presbyterian Hospital (Cornell Campus)**  
**Pgm Director:** Jessica Davis, MD  
**520 East 68th Street**  
**Room HT 150**  
**New York, NY 10021**  
**Tel:** 212 746-1495  
**Fax:** 212 746-8883  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 130-35-13-001

**Mount Sinai School of Medicine Program**  
**Sponsor:** Mount Sinai School of Medicine  
**Mount Sinai Medical Center**  
**Pgm Director:** Margaret M McGovern, MD, PhD  
**5th Avenue at 100th Street**  
**Box 1497**  
**New York, NY 10029**  
**Tel:** 212 241-0234  
**Fax:** 212 860-3316  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 130-35-21-006

**New York Presbyterian Hospital (Columbia Campus) Program**  
**Sponsor:** New York Presbyterian Hospital  
**New York Presbyterian Hospital (Columbia Campus)**  
**Pgm Director:** Kwame Anyone-Yeboa, MD  
**BHMS-601A**  
**622W 168th Street**  
**New York, NY 10032**  
**Tel:** 212 305-0731  
**Fax:** 212 305-9058  
**E-mail:** kany@columbia.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 130-35-21-000

## North Carolina

**Chapel Hill**

**University of North Carolina Hospitals Program**  
**Sponsor:** University of North Carolina Hospitals  
**Pgm Director:** Cynthia CPowell, MD  
**Division of Medical Genetics**  
**Box 3528**  
**Durham, NC 27710**  
**Tel:** 919 966-4202  
**Fax:** 919 966-9505  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-36-21-021

**Durham**

**Duke University Hospital Program**  
**Sponsor:** Duke University Hospital  
**Pgm Director:** Marie T McDonald, MD  
**Division of Medical Genetics**  
**Box 3528**  
**Durham, NC 27710**  
**Tel:** 919 844-3006  
**E-mail:** mcdon035@mc.duke.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-36-21-018

## Ohio

**Cincinnati**

**Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program**  
**Sponsor:** Cincinnati Children’s Hospital Medical Center  
**Pgm Director:** Howard M Saal, MD  
**3333 Burnett Avenue**  
**Cincinnati, OH 45229**  
**Tel:** 513 636-4700  
**Fax:** 513 636-7267  
**E-mail:** howard.saal@ucchmc.org  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-38-21-013

**Cleveland**

**Case Western Reserve University/University Hospitals of Cleveland Program**  
**Sponsor:** University Hospitals of Cleveland  
**Medical Health Center**  
**Pgm Director:** Georgia L Wiesner, MD, MS*  
**Center for Human Genetics**  
**1110 Euclid Ave - Lakeside 1500**  
**Cleveland, OH 44106**  
**Tel:** 216 844-7297  
**Fax:** 216 844-7207  
**E-mail:** delores.darge@cuh.com  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-38-21-037

## Columbus

**Children’s Hospital/Ohio State University Program**  
**Sponsor:** Children’s Hospital (Columbus)  
**Pgm Director:** Dennis W Bartholomew, MD  
**700 Children’s Drive**  
**Columbus, OH 43205**  
**Tel:** 614 722-3535  
**Fax:** 614 722-3636  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 130-38-12-072

## Oregon

**Portland**

**Oregon Health & Science University Program**  
**Sponsor:** Oregon Health & Science University Hospital  
**Shriners Hospitals for Children (Portland)**  
**Pgm Director:** Jone E Sampson, MD  
**2511 SW Sam Jackson Park Road**  
**Mail Code L103**  
**Portland, OR 97239**  
**Tel:** 503 494-7210  
**Fax:** 503 496-6886  
**E-mail:** sampsonj@ohsu.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-40-21-009

## Pennsylvania

**Philadelphia**

**Children's Hospital of Philadelphia Program**  
**Sponsor:** Children’s Hospital of Philadelphia  
**University of Pennsylvania Health System**  
**Pgm Director:** Haig H Kazazian, MD  
**Div Human Genetics, Rm 102ABC**  
**3615 Civic Center Boulevard**  
**Philadelphia, PA 19104**  
**Tel:** 215 590-3850  
**Fax:** 215 590-3761  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 130-41-21-002

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**  
**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program  
**Children’s Hospital of Pittsburgh**  
**Magee-Women’s Hospital**  
**Pgm Director:** William A Hogge, MD  
**Dept Genet, Magee-Womens Hospital**  
**3600 Halket St**  
**Pittsburgh, PA 15213**  
**Tel:** 412 641-4164  
**Fax:** 412 641-1032  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Subspecialties:** MGP  
**Program ID:** 130-41-21-045

## South Carolina

**Greenwood**

**Greenwood Genetic Center Program**  
**Sponsor:** Greenwood Genetic Center, Self Regional Healthcare  
**Pgm Director:** Robert A Saal, MD  
**1 Gregor Mendel Circle**  
**Greenwood, SC 29649**  
**Tel:** 864 541-4100  
**Fax:** 864 541-8114  
**E-mail:** rsaal@ggc.org  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 130-45-21-605

## Tennessee

**Nashville**

**Vanderbilt University Program**  
**Sponsor:** Vanderbilt University Medical Center  
**Pgm Director:** George E Tiller, MD, PhD  
**DO-3205 Medical Center North**  
**Nashville, TN 37232**  
**Tel:** 615 322-7091  
**Fax:** 615 343-0551  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 130-47-21-038
Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Lewis J. Walker, MD, PhD
P.O. Box 99033
Dallas, TX 75380
Tel: 214-648-8996 Fax: 214-648-7829
E-mail: lewis.walker@utsouthwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-48-13-058

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Program Director: Arthur Beaudet, MD
Dept of Molecular and Human Genetics
One Baylor Plaza, MS-225
Houston, TX 77030
Tel: 713-798-4795 Fax: 713-798-7773
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: MGP
Program ID: 130-48-51-012

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Shriners Hospitals for Children (Houston)
Program Director: Hope Northrup, MD
6431 Fannin Street, MSB 3.144
Houston, TX 77030
Tel: 713-500-5760 Fax: 713-500-5988
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 130-48-51-004

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Program Director: John G. Carey, MD, MPH
Room 2OC12
50 North Medical Drive
Salt Lake City, UT 84113
Tel: 801-581-0843 Fax: 801-585-7503
E-mail: john.carey@hsc.utah.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-49-12-004

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: William G. Wilson, MD
P.O. Box 800386
Charlottesville, VA 22908
Tel: 434-924-2665
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-51-81-005

Richmond

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: JoAnn N Bodurtha, MD, MPH
Box 880033
Richmond, VA 23228
Tel: 804-828-9632 Fax: 804-829-3760
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-51-21-008

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Program Director: Peter H Byers, MD
Box 357470
Seattle, WA 98105
Tel: 206-540-4033 Fax: 206-712-1890
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 130-54-21-049

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Richard M Pasi, MD, PhD
1500 Highland Avenue, #553
Madison, WI 53705
Tel: 608-263-6874 Fax: 608-263-3499
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-56-21-096

Medical Microbiology (Pathology)

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Frank J Ria, MD, MPH
333 Cedar Street, CB 506c
PO Box 208900
New Haven, CT 06520
Tel: 203-785-0854 Fax: 203-785-6982
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-08-21-011

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Angela M Caliendo, MD, PhD
Department of Pathology, Room H-180
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404-712-5711 Fax: 404-727-3519
E-mail: acalien@emory.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-12-31-013

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: John R Warren, MD
251 East Huron Street
Galter Pavilion Suite T-192A
Chicago, IL 60611
Tel: 312-926-6484 Fax: 312-926-4560
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-18-31-009

Evanston

Evanston Northwestern Healthcare [Evanston Hospital] Program
Sponsor: Evanston Hospital
Program Director: Lance R Peterson, MD
Clinical Microbiology, Department of Pathology
2650 Ridge Avenue
Evanston, IL 60201
Tel: 847-570-1677 Fax: 847-733-5314
E-mail: lpeterson@einh.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 814-18-31-015
Accredited Programs in Medical Microbiology (Pathology)

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Whibard Memorial Hospital
Program Director: Stephen D Allen, MD
550 N University Boulevard, Room 8430
Indianapolis, IN 46202
Tel: 317 274-3557
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 314-17-21-001

Sponsor:
Program Director:
Prgm Director:
Length:
E-mail:
Thl:
Spon:;or:
Prgm Director:
Prgm Director:
Sponsor:
Sponsor:
Prgm Director: Jon E Rosenblatt, MD
Department of Pathology
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Graduate Medical Education (Rochester)
Program Director: Karen Carrell, MD
Mayo School of Graduate Medical Education (Rochester)
Program Director: Jon E Rosenblatt, MD
Department of Pathology
500 First Street SW
Rochester, MN 55905
Tel: 507 284-3666 Fax: 507 284-4272
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-25-21-006

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Michael B Smith, MD
501 University Boulevard
Department of Pathology
Galveston, TX 77555
Tel: 409 747-2484
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-48-21-010

Minneapolis

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Graduate Medical Education (Rochester)
Program Director: Jon E Rosenblatt, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3666 Fax: 507 284-4272
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-25-21-006

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: L Barth Reller, MD
Department of Pathology
Box 3638
Durham, NC 27710
Tel: 919 684-6474 Fax: 919 684-8519
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 314-06-21-004

Medical Toxicology
(Emergency Medicine)

Arizona

Phoenix

Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Phoenix Children's Hospital
Program Director: Steven C Curry, MD
525 E McDowell Road, 2nd Floor
Phoenix, AZ 85006
Tel: 602 239-6690 Fax: 602 239-4138
E-mail: steven.curry@bannerhealth.com
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-48-21-001

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Program Director: Frank G Walter, MD
1511 N Campbell Avenue
Box 245057
Tucson, AZ 85724
Tel: 520 626-7233 Fax: 520 626-1833
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-05-31-204

California

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Program Director: Timothy E Albertson, MD, PhD
4150 V Street
FSSB 3400
Sacramento, CA 95817
Tel: 916 734-3656 Fax: 916 734-7204
E-mail: tealberts@ucdavis.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 118-05-21-008

Colorado

Denver

Denver Health Medical Center Program
Sponsor: Denver Health Medical Center
Program Director: Richard C. Dart, MD, PhD
777 Bannock Street
Mail Code 0180
Denver, CO 80204
Tel: 303 739-1100 Fax: 303 739-1119
E-mail: richard.dart@rmpdc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-07-31-013

Ohio

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Gary W Procop, MD, MS
Clinical Microbiology/L40
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5873 Fax: 216 444-4414
E-mail: procoop@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 314-38-21-008

Spons:or:
Spons:or:;
Connecticut

Farmington
University of Connecticut/Hartford Hospital Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Program Director: Charles A. McGag, MD
Division of Medical Toxicology/Poison Control Center
263 Farmington Ave
Farmington, CT 06030
Tel: 860 640-0411  Fax: 860 545-5132
E-mail: cmcag@hartshosp.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-09-12-006

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Centers for Disease Control and Prevention
Georgia Poison Control Center-Grady Health System
Grady Health System
Program Director: Brent W. Morgan, MD
80 Jesse Hill Jr Drive SE
Atlanta, GA 30303
Tel: 404 166-4400  Fax: 404 166-6446
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-12-12-021

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
William N. Witschard Memorial Hospital
Program Director: Daniel E. Kuzmich, MD
PO Box 1967
165 at 21st Street
Indianapolis, IN 46206
Tel: 317 962-2335  Fax: 317 962-3337
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-17-12-017

Massachusetts

Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Cambridge Hospital/Cambridge Health Alliance
Program Director: Michele Burns Ewald, MD
100 Longwood Avenue
Boston, MA 02115
Tel: 617 353-6009  Fax: 617 730-0021
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 118-24-31-007

North Carolina

Charlotte
Carolina Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: William P. Kerins, MD
Department of Emergency Medicine/NEB
1000 Blythe Boulevard
Charlotte, NC 28203
Tel: 704 355-5279  Fax: 704 355-8936
E-mail: cherx@carolinacare.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-36-31-002

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
University of Cincinnati Hospital Medical Center
Program Director: Curtis P. Snook, MD
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-5281  Fax: 513 558-5791
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-08-21-012

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: B. Lane Horsvitz, MD
3181 SW Sam Jackson Park Road
MC CSH-550
Portland, OR 97230
Tel: 503 494-8880  Fax: 503 494-8390
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-40-21-003

Pennsylvania

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
PinnacleHealth Hospitals
PinnacleHealth System-Hershey Medical Center
Program Director: Michael L. Conkling, MD
3181 N 15th Street
Hershey, PA 17033
Tel: 717 561-5151  Fax: 717 561-5168
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-41-12-004

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine ( MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Mercy Fitzgerald Hospital
Mercy Hospital of Philadelphia
St. Christopher's Hospital for Children (Tenet Health System)
Program Director: Michael L. Greenberg, MD, MPH
246 N 10th Street
2nd Floor NC8 Suite 2108
Philadelphia, PA 19102
Tel: 215 842-6546  Fax: 215 843-5121
E-mail: mgsl@drexel.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 118-41-31-018

University of Pennsylvania (Children's Hospital) Program
Sponsor: Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
University of Pennsylvania Health System
Program Director: Kevin C. Osterhoudt, MD, MS
The Children's Hospital of Philadelphia
10th Street and Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 500-1994  Fax: 215 500-4454
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 118-41-22-023

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center
Program Director: Daniel E. Brooks, MD
UPMC Presbyterian, D-L65
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 643-6800  Fax: 412 647-5050
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 118-41-21-026
## Accredited Programs in Medical Toxicology (Emergency Medicine)

### Texas

**Dallas**

**University of Texas Southwestern Medical School Program**

*Sponsor:* University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital

**Program Director:** Kurt C Kleinebusch, MD*
Section of Toxicology
3533 Harry Hines Boulevard
Dallas, TX 75390

Tel: 214 590-1354  Fax: 214 590-0008

Length: 3 Yrs  ACGME Approved/Offered Positions: 4
Program ID: N-48-31-006

### Virginia

**Charlottesville**

**University of Virginia Program**

*Sponsor:* University of Virginia Medical Center
Blue Ridge Poison Control Center

**Program Director:** Mark A Kirk, MD
Department of Emergency Medicine
PO Box 800774
Charlottesville, VA 22908

Tel: 434 984-0348  Fax: 434 971-4657

Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: N-51-18-022

### California

**San Diego**

**University of California (San Diego) Program**

*Sponsor:* University of California (San Diego) School of Medicine
San Diego Medical School

**Program Director:** Richard P Clark, MD

135 Dickinson Street
San Diego, CA 92103

Tel: 619 543-6850  Fax: 619 543-3115

Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 999-05-21-002

### San Francisco

**University of California (San Francisco) Program**

*Sponsor:* University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center

**Program Director:** Neal Benowitz, MD
Box 1225
San Francisco, CA 94143

Tel: 415 206-8324  Fax: 415 206-4556

Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 999-06-31-003

### Illinois

**Chicago**

**Cook County Hospital Program**

*Sponsor:* John H Stroger Hospital of Cook County
Rush University Medical Center

**Program Director:** Steven Ao, DO
Div of Occupational Medicine, Section of Toxicology
1900 W Polk Street, Suite 500
Chicago, IL 60612

Tel: 312 864-5250  Fax: 312 864-5556

Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 999-16-31-001

### Minnesota

**St Paul**

**HealthPartners Institute for Medical Education/Regions Hospital Program**

*Sponsor:* HealthPartners Institute for Medical Education

**Program Director:** Beth Baker, MD, MPH

Occupational and Environmental Medicine
640 Jackson Street
St Paul, MN 55101

Tel: 651 254-1389  Fax: 651 254-1417

Length: 2 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 999-25-12-004

### Molecular Genetic Pathology (Medical Genetics and Pathology)

### Alabama

**Birmingham**

**University of Alabama Medical Center Program**

*Sponsor:* University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)

**Program Director:** Bruce R Kor, MD, PhD

619 South 19th Street, WP220
Birmingham, AL 35233

Tel: 205 340-9411  Fax: 205 340-9488

Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 190-01-31-012

### Arizona

**Tucson**

**University of Arizona Program**

*Sponsor:* University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)

**Program Director:** Lisa Rimawi, MD

1501 N Campbell Avenue
PO Box 240453
Tucson, AZ 85723

Tel: 520 626-8366

Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 190-08-21-015

### California

**Stanford**

**Stanford University Program**

*Sponsor:* Stanford University Hospital

**Program Director:** Iris Schrijver, MD
Department of Pathology, Room 1C25

Stanford, CA 94305

Tel: 650 724-2403

E-mail: iris.schrijver@medcenter.stanford.edu

Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 190-06-13-003

### Georgia

**Atlanta**

**Emory University Program**

*Sponsor:* Emory University School of Medicine

**Program Director:** Karen P Mann, MD, PhD

Graduate Health System

**Program Director:** Karen P Mann, MD, PhD

1394 Clifton Road, NE
Atlanta, GA 30322

Tel: 404 712-1264  Fax: 404 727-3519

E-mail: kmann@emory.edu

Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 190-12-13-008
Massachusetts

Boston
Brigham and Women's Hospital/ Harvard Medical School Program
Sponsor: Brigham and Women’s Hospital
Beth Israel Deaconess Medical Center
Children's Hospital
Dana-Farber Cancer Institute
Massachusetts General Hospital
Prgm Director: Janina A Longtime, MD
Amory Building 3-150
75 Francis Street
Boston, MA 02115
Tel: 617 732-7444 Fax: 617 730-2894
Length: 1 Yr
Program ID: 190-24-19-010

Pennsylvania

Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Viviana M Van Deurzen, MD, PhD
3400 Spruce Street, 703 Founders
Philadelphia, PA 19104
Tel: 215 662-6550 Fax: 215 662-7229
E-mail: viviana@mail.med.upenn.edu
Length: 1 Yr
Program ID: 190-41-21-001

Musculoskeletal Oncology (Orthopaedic Surgery)

District of Columbia

Washington
Washington Hospital Center Program
Sponsor: Washington Hospital Center
Prgm Director: Martin M Malawe, MD
110 Irving Street, NW, Suite C2179
Washington, DC 20010
Tel: 202 877-9970 Fax: 202 877-9859
Length: 1 Yr
Program ID: 270-10-21-013

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Mark T Searleworth, MD
Department of Orthopaedic Surgery
PO Box 112727
Gainesville, FL 32611
Tel: 352 273-7055 Fax: 352 273-7388
Length: 1 Yr
Program ID: 270-11-21-009

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Prgm Director: H Thomas Temple, MD
1611 NW 12th Avenue
Dept of Orthopaedic Surgery
Miami, FL 33136
Tel: 305 225-4475 Fax: 305 225-3928
E-mail: zmuro@med.miami.edu
Length: 1 Yr
Program ID: 270-11-22-016

Illinois

Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Terrance Peabody, MD
5841 S Maryland Avenue, MC 3079
Chicago, IL 60637
Tel: 773 702-3442 Fax: 773 702-0978
Length: 1 Yr
Program ID: 270-16-21-001

Minnesota

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Prgm Director: Kevin C Halling, MD, PhD
200 First Street, SW
Rochester, MN 55905
Tel: 507 254-7616
Length: 1 Yr
Program ID: 190-28-12-011

North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Margaret L Guelley, MD
Department of Pathology, CB7525
101 Manning Dr
Chapel Hill, NC 27599
Tel: 919 843-4615 Fax: 919 996-6716
E-mail: jlbastide@unche.unc.edu
Length: 1 Yr
Program ID: 190-38-12-002

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Richard D Pross, MD, PhD
Department of Pathology, Mail Code L113
3161 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-2517 Fax: 503 494-2025
Length: 1 Yr
Program ID: 190-40-25-004

Virginia

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Prgm Director: Darlece T Garrett, MD, PhD
PO Box 986062
Richmond, VA 23298
Tel: 804 828-3672 Fax: 804 225-4778
E-mail: cgarrett@hsc.vcu.edu
Length: 1 Yr
Program ID: 190-49-25-007

Graduate Medical Education Directory 2005-2006

Accredited Programs in Musculoskeletal Oncology (Orthopaedic Surgery)
Massachusetts

Boston
Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Francis J Hornicek, MD, PhD
55 Fruit Street
Boston, MA 02114
Tel: 617 736-7000  Fax: 617 736-6823
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 270-24-21-003

Texas

Houston
University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Alan W Yasko, MD
1400 Holcombe Boulevard, Unit 444
PO BOX 201402
Houston, TX 77220
Tel: 713 792-6445  Fax: 713 792-8448
E-mail: ayasko@mdanderson.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 270-48-13-014

Minnesota

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Michael G Bock, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-6025  Fax: 507 284-5510
E-mail: mgbock.mayo.orthopedics@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 270-36-21-004

New Jersey

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Prgm Director: Joseph Benvenuta, MD
Doctors' Office Center, Floor 7, I-NN 7400
90 Bergen Street
Newark, NJ 07107
Tel: 973 972-2158  Fax: 973 972-5366
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 270-33-31-017

New York

New York
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Hospital for Special Surgery
Prgm Director: John H Healey, MD
1275 York Avenue
New York, NY 10021
Tel: 212 695-7410  Fax: 212 794-4015
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 270-35-21-005

Musculoskeletal Radiology (Radiology-Diagnostic)

Michigan

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Martin T Van Holsbeeck, MD
Musculoskeletal Radiology Area K2&K12
2790 West Grand Blvd
Detroit, MI 48202
Tel: 313 916-7388  Fax: 313 916-5110
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 425-35-31-001

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Prgm Director: Beverly Thornhill, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5090  Fax: 718 798-7683
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 425-35-31-002

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Leon D Rybak, MD
560 First Avenue
New York, NY 10016
Tel: 212 686-6640  Fax: 212 686-6125
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 425-35-11-096

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Johnny U V Mom, MD
Box 548
601 Elmwood Avenue
Rochester, NY 14620
Tel: 585 275-6872  Fax: 585 275-3549
E-mail: johnnyMom@urmc.rochester.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 425-35-31-003
North Carolina
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Leon Lenchik, MD
Address: Medical Center Boulevard
Postal Address: Winston Salem, NC 27157
Phone: 336-716-2478 Fax: 336-716-2178
Email: lenchik@wfuhs.wakehealth.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-38-0604

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Bradford J Richards, MD, MS
Address: Desk A-21
Postal Address: Cleveland, OH 44105
Phone: 216-444-8381 Fax: 216-445-9445
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 429-98-21-007

Pennsylvania
Philadelphia
Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: William B Beilus, MD, MBA
Address: Broad and Ontario Streets
Postal Address: Philadelphia, PA 19140
Phone: 215-707-2640 Fax: 215-707-5861
Email: pete@the.temple.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 426-41-31-005

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Murray K Dalinka, MD
Address: 1 Silverstein
Postal Address: Philadelphia, PA 19104
Phone: 215-662-3019 Fax: 215-663-3037
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 426-41-13-009

Neonatal-Perinatal Medicine (Pediatrics)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Waldemar A Carlo, MD
Address: Division of Neonatology
Postal Address: 555 New Hillman Building
Birmingham, AL 35233
Phone: 205-996-4690 Fax: 205-994-3100
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 529-01-21-001

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Program Director: Neil N Finer, MD
Address: Arkansas Children's Hospital
Postal Address: University Hospital of Arkansas
Program Director: Richard H Wall, MD
Address: Neonatology, Slot 513 B
Postal Address: 4301 West Markham Street
Little Rock, AR 72205
Phone: 501-686-1255 Fax: 501-686-8937
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 529-04-21-105

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Andrew O Hopper, MD
Address: 11354 Anderson Street
Postal Address: Division of Neonatology
Postal Address: Loma Linda, CA 92354
Phone: 909-558-7448 Fax: 909-558-0289
Email: ahopper@llumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 529-05-21-062

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Charles F Simmons, MD
Address: 9700 Beverly Boulevard
Postal Address: North Tower, Room 4228
Postal Address: Los Angeles, CA 90048
Phone: 310-423-0040 Fax: 310-423-0002
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 529-06-21-113

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
Address: LAC-King/Drew Medical Center
Postal Address: 12021 South Boulevard
Phone: 310-663-3105 Fax: 310-630-0456
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 529-06-12-117

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Address: UCLA Medical Center
Program Director: Sherin U Dewaskar, MD
Phone: 10833 Le Conte Avenue, B2-375 MDCC
Postal Address: Los Angeles, CA 90089
Phone: 310-262-9398 Fax: 310-267-0154
Email: emanaczek@mednet.ucla.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 529-05-21-005

University of Southern California/LAC-USC Medical Center
Sponsor: University of Southern California/LAC-USC Medical Center
Address: Children's Hospital Los Angeles
Postal Address: LAC-USC Medical Center
Program Director: Bangsamy Kamarath, MD
Address: Women's and Children's Hospital, Room L919
Postal Address: 1240 North Mission Road
Postal Address: Los Angeles, CA 90033
Phone: 213-226-1046 Fax: 223-226-3440
Email: ramara@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 529-05-21-004

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Frances L Poulain, MD
Address: Division of Neonatology-TH 103
Postal Address: Davis, CA 95616
Phone: 916-702-3441 Fax: 614-702-6215
Email: cpoulain@ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 529-05-21-007

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Neel N Frier, MD
Address: Dept of Pediatrics/Neonatology
Postal Address: 200 West Arbor Drive
Postal Address: San Diego, CA 92103
Phone: 619-543-3704 Fax: 619-543-3812
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 529-05-31-009
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Joseph A. Kineman, MD
Department of Pediatrics
Box 0744, Room U 503
San Francisco, CA 94143
Tel: 415 476-7345, Fax: 415 476-9078
E-mail: jkiter@ctsa.ucsf.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 329-08-21-009

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Program Director: Louis P. Halamek, MD
Division of Neonatal and Developmental Medicine
760 Welch Road, Suite 815
Palo Alto, CA 94304
Tel: 650 723-5711, Fax: 650 723-8361
E-mail: twiston@stanford.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 329-05-21-010

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Children's Hospital of Orange County
Program Director: J. Usha Raj, MD
1000 W Carson Street
Torrance, CA 90608
Tel: 310 222-1963, Fax: 310 222-3887
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-05-11-116

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Program Director: Thomas A. Parker, MD
PO Box 6288
MS F441
Aurora, CO 80045
Tel: 303 724-1607, Fax: 303 724-9898
E-mail: thomas.parker@uchsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-07-21-012

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Naweed Hossain, MD
Division of Neonatology
265 Farmington Avenue
Farmington, CT 06032
Tel: 860 679-1016, Fax: 860 678-1403
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 329-08-21-013

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Ian Gross, MD
Department of Pediatrics
PO Box 298964
New Haven, CT 06500
Tel: 203 688-2230
Fax: 203 688-5426
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-08-21-014

Delaware
Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Christiana Care Health Services Inc.
Program Director: Stephen Pearlman, MD
700 College
Philadelphia, PA 19107
Tel: 203 733-2610
Fax: 203 733-2601
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-41-21-104

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
George Washington University Hospital (UHS)
Program Director: Khodayer Ralit-Bahrani, MD
Department of Neonatology
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 584-4746
Fax: 202 584-3450
E-mail: krabhir@CNMC.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-015

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Kolinjavadi N Siva Subramaniam, MD
3800 Reservoir Rd, NW
Washington, DC 20007
Tel: 202 444-8569
Fax: 202 444-4747
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-18-21-006

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Josef Net, MD
Division of Neonatology
1600 SW Archer Road, Room 115513
Gainesville, FL 32613
Tel: 352 392-4185
Fax: 352 846-3831
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-11-21-016

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Eduardo Bancalari, MD
PO Box 016600 (R-131)
Miami, FL 33101
Tel: 305 595-2389
Fax: 305 545-6581
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-11-21-017

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
Program Director: Monisha D Susie, MD
17 Davis Blvd
Suite 200
Tampa, FL 33606
Tel: 813 258-8910
Fax: 813 258-8810
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-11-21-018

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Health System
Program Director: Augusto Sola, MD
Department of Pediatrics
2015 Upper Graduate Medical Education
Atlanta, GA 30322
Tel: 404 727-1471
Fax: 404 727-7333
E-mail: linda_black@usat.emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-12-21-085

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Nazinder Rathi, MD
Section of Neonatology
1120 15th St, NW
Augusta, GA 30902
Tel: 706 721-2331
Fax: 706 721-7631
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 329-12-21-047

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Tripler Army Medical Center
Program Director: Mark W Thompson, MD
1 Jarrett White Road
Honolulu, HI 96859
Tel: 808 433-6912
Fax: 808 433-6046
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-14-21-019
Illinois

Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Pgm Director: Suma P Prat, MD
1901 West Harrison
Division of Neonatology - Room 4402
Chicago, IL 60612
Tel: 312 896-0423  Fax: 312 896-0484
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-020

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evansston Hospital
Northwestern Memorial Hospital
Pgm Director: Bay-Ann O deRegnier, MD
Div of Neonatology, #45
2300 Children's Plaza
Chicago, IL 60614
Tel: 773 656-4143  Fax: 773 656-0261
E-mail: t.deregnier@northwestern.edu
Length: 3 yrs  ACGME Approved/Offered Positions: 9
Program ID: 329-16-21-021

University of Chicago Program
Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Pgm Director: Kwang-sun Lee, MD
6411 S Maryland Avenue, MC3060
Chicago, IL 60637
Tel: 773 702-6210  Fax: 773 702-0764
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-16-11-089

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Pgm Director: Dharmapuri Vidyanagar, MD
Division of Neonatology
840 S Wood Street
Chicago, IL 60612
Tel: 312 966-4185  Fax: 312 413-7001
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-022

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Pgm Director: Jonathan K Muraskas, MD
2156 South First Avenue
107-8811
Maywood, IL 60153
Tel: 708 216-1067  Fax: 708 216-5802
E-mail: bhansali@lumc.edu
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-049

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Pgm Director: Bhaga Puppala, MD
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847 726-3313  Fax: 847 725-2338
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-070

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Ciaran Riley Hospital for Children
Pgm Director: David W Boyle, MD
Section of Neonatal-Perinatal Medicine
690 West Drive, B3008
Indianapolis, IN 46202
Tel: 317 274-4713  Fax: 317 274-3065
E-mail: neonatal@iupui.edu
Length: 3 yrs  ACGME Approved/Offered Positions: 9
Program ID: 328-17-21-023

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: John A Widness, MD
Department of Pediatrics
200 Hawkins Drive, 8807 JPP
Iowa City, IA 52242
Tel: 319 356-6102  Fax: 319 356-4665
E-mail: john-widness@uiowa.edu
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-18-11-087

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Pgm Director: Henrietta S Bada, MD, MPH
Department of Pediatrics
800 Rose Street, Room, MS 473
Lexington, KY 40536
Tel: 859 233-1019  Fax: 859 257-6106
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-29-21-024

Louisville
University of Louisville School of Medicine Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Pgm Director: David E Adamkin, MD
Division of Neonatal Medicine
571 South Floyd Street Suite #342
Louisville, KY 40202
Tel: 502 852-8479  Fax: 502 852-8473
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-29-21-025

Louisiana

New Orleans
Louisiana State University/Tulane University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Pgm Director: Dana Penn, MD, MS
1542 Tulane Avenue, 78-1
New Orleans, LA 70112
Tel: 504 695-2883  Fax: 504 686-7532
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-21-106

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Louisiana Hospital
Pgm Director: Ramasesh Dhanireddy, MD
PO Box 31022
1501 Kings Highway Rm K5-03
Shreveport, LA 71130
Tel: 318 675-7276  Fax: 318 675-4660
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-11-068

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Susan W Au, MD
600 N Wolfe Street, CMS2 210
Baltimore, MD 21287
Tel: 410 955-5259  Fax: 410 955-0268
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-23-21-026

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Pgm Director: Rose Marie Viscardi, MD
Dept of Pediatrics, Div of Neonatology-UMMS NSWl
23 South Greene Street
Baltimore, MD 21201
Tel: 410 328-6003  Fax: 410 328-1076
E-mail: rviscardi@umaryland.edu
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-23-21-027

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Pgm Director: Jerri Curtis, MD
Department of Pediatrics
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-3174  Fax: 301 295-8214
Length: 3 yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-10-11-090
US Armed Services Program
Massachusetts

Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Program Director: Sheila Kouroumanes, MD
500 Longwood Avenue Boston, MA 02115
Tel: 617-355-7085 Fax: 617-730-0280
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 329-24-21-028

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Simon K. Michael, MD, PhD
750 Washington Street, NEMC #44
Boston, MA 02111
Tel: 617-636-9606 Fax: 617-636-1456
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-24-21-071

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Francis J. Bednarek, MD
119 Belmont Street, Worcester, MA 01605
Tel: 508-334-6083 Fax: 508-334-6083
E-mail: franktia@aol.com
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 329-24-21-029

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Robert E. Schumacher, MD
34710 Mott Hospital, Box 0224
1500 E Medical Center Dr
Ann Arbor, MI 48109
Tel: 734-763-4100 Fax: 734-763-7728
E-mail: ped.pnp.general@med.umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-25-21-030

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center/Children's Hospital of Michigan
Program Director: Yvette B. Johnson, MD, MPH
5901 Beaumien Blvd
Detroit, MI 48201
Tel: 313-745-5630 Fax: 313-745-5637
E-mail: yjohnson@med.wayne.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-25-21-031

Lansing
Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Program Director: Irwin H. Gewolb, MD
1215 E Michigan Avenue
Lansing, MI 48909
Tel: 517-364-2178 Fax: 517-364-3994
E-mail: gewolb@msu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 329-25-21-032

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Catherine M. Bendel, MD
MMC 38
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-626-2520 Fax: 612-624-8176
E-mail: bendel@umn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-26-21-033

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Program Director: John A. Pardalos, MD
1 Hospital Drive
Columbia, MO 65212
Tel: 573-882-2272 Fax: 573-884-4277
E-mail: pardalos@health.missouri.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 329-29-21-005

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Program Director: William E. Truong, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816-234-3500 Fax: 816-234-3560
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 329-28-11-081

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Program Director: Francis J. Bednarek, MD
1465 S Grand Blvd
St Louis, MO 63104
Tel: 314-577-5640 Fax: 314-368-6440
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-26-21-036

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Brian P. Hakost, MD, PhD
Department of Pediatrics
One Children's Place
St Louis, MO 63110
Tel: 314-586-2803 Fax: 314-586-2802
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 329-29-21-037

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Dartmouth-Hitchcock Medical Center
Program Director: Robert A. Darnall, MD
Department of Pediatrics
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-653-6447 Fax: 603-653-3855
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 329-32-21-111

New Jersey

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Thomas Hegi, MD
New Jersey Shore University Medical Center
732-235-8900 Fax: 732-235-6609
E-mail: hegifh@umnj.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-33-21-092

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program Director: Robin K. Ohls, MD
Department of Pediatrics, Division of Neonatology
MSC01 5050, 1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-0755 Fax: 505-272-1509
E-mail: rohls@unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-34-21-072

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Joseph M. Vinhoir, MD, MPH
Department of Pediatrics, MC-101
47 New Scotland Avenue
Albany, NY 12208
Tel: 518-262-5413 Fax: 518-262-5881
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 329-35-21-038

Graduate Medical Education Directory 2005-2006
Accredited Programs in Neonatal-Perinatal Medicine (Pediatrics)

**Bronx**
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weill Hospital
Pgm Director: Marcia W. Brill, MD
Tel: 212-951-5900 Fax: 212-951-5901
Email: mwbrill@montefiore.org
Length: 3 yrs
Program ID: 331-35-21-009

**Buffalo**
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Pgm Director: Alan A. Tisch, MD
Tel: 716-878-7987 Fax: 716-878-7946
Email: amtisch@ubmail.com
Length: 3 yrs
Program ID: 331-35-21-041

**Great Neck**
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Pgm Director: Dennis Davidson, MPhL
Tel: 718-470-3440 Fax: 718-547-9450
Email: dennis.davidson@northshore.org
Length: 3 yrs
Program ID: 331-35-21-074

**New York**
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Alan R. Roskamp, MD
Tel: 212-450-5000 Fax: 212-450-5001
Email: marsh@northshore.org
Length: 3 yrs
Program ID: 331-35-21-075

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Stephen D. Rabinowitz, MD
Tel: 212-343-2000 Fax: 212-343-2001
Email: stephendr@nyumc.org
Length: 3 yrs
Program ID: 331-35-21-076

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Jeffrey M. Perlman, MBChB
Tel: 212-343-2000 Fax: 212-343-2001
Length: 3 yrs
Program ID: 331-35-21-042

**New York University School of Medicine Program**
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Karen D Hendricks-Munoz, MD, MPH
Tel: 212-263-7477 Fax: 212-263-0334
Email: karen-hendricks-munoz@nymc.org
Length: 3 yrs
Program ID: 331-35-21-108

**Rochester**
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Ronnie Guillet, MD
Tel: 585-275-6609 Fax: 585-461-3614
Email: ronnie.guillet@urmc.rochester.edu
Length: 3 yrs
Program ID: 331-35-21-043

**Stony Brook**
SUNY at Stony Brook Program
Sponsor: Stony Brook University Hospital/SUNY at Stony Brook
Pgm Director: Ronald J. DeCristofaro, MD
Tel: 631-444-7663 Fax: 631-444-9142
Email: ronalddec@stonybrook.edu
Length: 3 yrs
Program ID: 331-35-21-093

**Valhalla**
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Pgm Director: Edmund F. LaGamma, MD
Tel: 914-693-6554 Fax: 914-693-1488
Email: edmundlagamma@nymc.edu
Length: 3 yrs
Program ID: 331-35-21-077

**North Carolina**
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Wayne A Price, MD
Tel: 919-966-1145 Fax: 919-966-3054
Email: waprice@UNC.edu
Length: 3 yrs
Program ID: 331-35-21-045

**Durham**
Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Allan M. Goldberg, MD
Tel: 919-668-6024 Fax: 919-668-6065
Length: 3 yrs
Program ID: 331-35-21-046

**Greenville**
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pgm Director: James C. Cunningham, MD
Tel: 252-744-3896 Fax: 252-744-3895
Length: 3 yrs
Program ID: 331-35-21-078

**Winston-Salem**
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: Michael D. O'Shea, MD
Tel: 336-716-4556 Fax: 336-716-4556
Email: moshea@wakehealth.edu
Length: 3 yrs
Program ID: 331-35-11-163

**Ohio**
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
3533 Burnet Avenue, Box 651
Tel: 513-636-7368 Fax: 513-636-7368
Email: Anthony.O'Shea@chmc.org
Length: 3 yrs
Program ID: 331-35-21-047

**Cleveland**
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Pgm Director: John J. Moore, MD
Tel: 216-779-5906 Fax: 216-779-3253
Length: 3 yrs
Program ID: 331-35-21-089

Graduate Medical Education Directory 2005-2006

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Accredited Programs in Neonatal-Perinatal Medicine (Pediatrics)

Case Western Reserve University/
University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prog. Director: Cynthia B. Bearse, MD, PhD
Division of Neonatology
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5349 Fax: 216 844-9298
E-mail: cbb@uahcw.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 8
Program ID: 329-38-21-048

Columbus Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Prog. Director: Stephen 2. Wells, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 222-4530 Fax: 614 222-4541
Length: 3 Yrs AGGME Approved/Offered Positions: 6
Program ID: 329-38-21-049

Oklahoma University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
OU Medical Center-Edwin Tower
Prog. Director: Marilyn Escobedo, MD
Dept of Pediatrics (CHOB-3207)
PO Box 52091
Oklahoma City, OK 73126
Tel: 405 271-5215 Fax: 405 271-1236
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program ID: 329-38-21-079

Pennsylvania Hershey Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prog. Director: James W. Kendig, MD*
Pennsylvania State University
PO Box 960, 500 University Drive
Hershey, PA 17033
Tel: 717 531-8413 Fax: 717 531-1503
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program ID: 329-41-21-061

Philadelphia Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prog. Director: Philip S. Bennett, MD*
Division of Neonatology
34th St and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 500-1603 Fax: 215 590-3051
Length: 3 Yrs AGGME Approved/Offered Positions: 8
Program ID: 329-41-21-061

St Christopher's Hospital for Children Program
Sponsor: St. Christopher's Hospital for Children (Tetet Health System)
Stahmenius Hospital System
Prog. Director: Alan B. Zubrow, MD
35th St and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 427-5390 Fax: 215 427-8102
Length: 3 Yrs AGGME Approved/Offered Positions: 7
Program ID: 329-41-21-082

Pittsburgh University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Prog. Director: Cynthia Chun, MD
Children's Hospital of Pittsburgh
Magee-Women's Hospital
Prog. Director: Gary A. Silverman, MD, PhD*
Department of Pediatrics
454 East McNeill Street
Pittsburgh, PA 15213
Tel: 412 641-4110 Fax: 412 641-1844
Length: 3 Yrs AGGME Approved/Offered Positions: 8
Program ID: 329-41-21-052

Puerto Rico San Juan University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Prog. Director: Maria Valcarcel, MD
PO Box 30500
San Juan, PR 00930
Tel: 787 777-0528 Fax: 787 778-5907
E-mail: mvalcarcel@prct.net
Length: 3 Yrs AGGME Approved/Offered Positions: 4
Program ID: 329-41-21-112

Rhode Island Providence Brown University Program
Sponsor: Women and Infants Hospital of Rhode Island
Prog. Director: Barbara S. Stonestreet, MD
101 Dudley Street
Providence, RI 02903
Tel: 401 274-1122 Fax: 401 435-7571
E-mail: bstonestreet@wihri.org
Length: 3 Yrs AGGME Approved/Offered Positions: 9
Program ID: 329-41-21-053

South Carolina Charleston Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Magee Medical Center
Prog. Director: David J Annibale, MD
105 Ashley Avenue
Florence, SC 29501
Tel: 843 792-2112 Fax: 843 792-8901
E-mail: annibale@dissc.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 6
Program ID: 329-45-21-100

Tennessee Memphis University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Prog. Director: Richard M. Colle, MD*
Newborn Center
855 Jefferson Avenue, 2nd Fl
Memphis, TN 38163
Tel: 901 448-0505 Fax: 901 448-1691
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program ID: 329-47-21-083

Nashville Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prog. Director: Margaret G. Bush, MD
Division of Neonatology
A-0105 Medical Center North
Nashville, TN 37232
Tel: 615 322-3476 Fax: 615 343-1763
Length: 3 Yrs AGGME Approved/Offered Positions: 9
Program ID: 329-47-21-054

Texas Dallas University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Sponsor: Dallas County Hospital District-Parkland Memorial Hospital
Prog. Director: Charles R. Rosenfeld, MD
5323 Harry B. Hines Boulevard
Dallas, TX 75390
Tel: 214 648-3000 Fax: 214 648-3481
Length: 3 Yrs AGGME Approved/Offered Positions: 9
Program ID: 329-41-21-053

Galveston University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prog. Director: C. Joan Richardson, MD
Department of Pediatrics
301 University Blvd
Galveston, TX 77555
Tel: 409 772-3115 Fax: 409 772-0747
Length: 3 Yrs AGGME Approved/Offered Positions: 3
Program ID: 329-48-21-065

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Houston

Bay College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Program Director: Ann R Stark, MD*
Department of Pediatrics
One Baylor Plaza
Houston, TX 77030
Tel: 832 826-1580 Fax: 832 826-1556
E-mail: fellowship-program@ne.mcm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program Id: 329-48-21-057

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Fernando R Moya, MD
Department of Pediatrics
6411 Fannin, Suite 3.242
Houston, TX 77030
Tel: 713 794-5727 Fax: 713 500-5794
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program Id: 329-48-21-058

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Program Director: Robert J DiGeronimo, MD
Department of Pediatrics/MMNP
2200 Bergquist Drive - Suite 1
Lackland AFB, TX 78236
Tel: 210 292-2811 Fax: 210 292-6519
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program Id: 329-48-21-098
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Program Director: Robert Castro, MD
7703 Floyd Curl Drive
MSC 7142
San Antonio, TX 78229
Tel: 210 567-5225 Fax: 210 567-5166
E-mail: pete@uthscsa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 329-48-21-118

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Program Director: Robert H Lane, MD*
Department of Pediatrics - BM 2A134 / UUSOM
30 N 1000 E, Room 2A100
Salt Lake City, UT 84132
Tel: 801 585-4178 Fax: 801 585-7285
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 329-48-21-094

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Roger F Soll, MD
Burlington, VT 05401
Tel: 802 847-2392 Fax: 802 847-5225
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program Id: 329-50-31-060

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Frank R Greer, MD
Department of Pediatrics/Children's Hospital
PO Box26509
Charlottesville, VA 22908
Tel: 434 843-8937 Fax: 434 832-7604
E-mail: pgreer@virginia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program Id: 329-51-21-084

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals and Clinics
Program Director: Lee Slinger, MD
Box 900096
Richmond, VA 23298
Tel: 804 828-6662 Fax: 804 828-6662
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 329-51-21-001

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Sandra B Jaal, MD, PhD
Department of Pediatrics
Box 356320
Seattle, WA 98195
Tel: 206 543-3200 Fax: 206 543-3976
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 329-54-21-099

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Frank R Greer, MD
Po Box26509
Madison, WI 53705
Tel: 608 263-0551 Fax: 608 263-0577
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 329-56-21-099

Accredited Programs in Neonatal-Perinatal Medicine (Pediatrics) 2005-2006
Nephrology (Internal Medicine)

Albania

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Anita J Tobon, MD
1111
1503 3rd Ave South
Birmingham, AL 35204
Tel: 205 996 2196 Fax: 205 996 4450
E-mail: atobon@uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 14
Program ID: 148-01-21-167

Arizona

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Desert Dialysis Center
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Joy L Logan, MD
Department of Internal Medicine
1501 North Campbell Avenue
Tucson, AZ 85724
Tel: 520 626 2810 Fax: 520 626 2024
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-03-21-091

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care Center
University Hospital of Arkansas
Prgm Director: Mary J Shaver, MD
4301 West Markham, # 501
Little Rock, AR 72205
Tel: 501 368 9206 Fax: 501 368 7878
E-mail: shaverlewismar@uams.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-04-21-092

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Stephen A. Binns, MD
Department of Medicine
8700 Beverly Blvd, Room 470W
Los Angeles, CA 90048
Tel: 310 423 7850 Fax: 310 423 6066
E-mail: rescaled@whip.ccmu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-05-11-093

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Rudolph A Rodriguez, MD
Department of Medicine
501 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-3411 Fax: 415 282-6182
Length: 2 Yrs ACGME Approved/Offered Positions: 11
Program ID: 145-09-21-127

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Richard L. Lacy, MD
Department of Medicine
380 Pasteur Drive
Stanford, CA 94305
Tel: 650 725 0247 Fax: 650 725 7947
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 148-06-21-019

Sydney
UCLA-San Fernando Valley Program
Sponsor: Olive View/UCLA Medical Center
Veterans Affairs Los Angeles Healthcare System
Prgm Director: Joel D Kopple, MD
14445 Olive View Dr
Department of Medicine, Bn 2B-182
Sylmar, CA 91342
Tel: 818 864 8206 Fax: 818 864 4573
E-mail: fellowships@uclafvp.org
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 149-05-21-111

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Joel D Kopple, MD
1000 W Carson Street, Bn 400
Torrance, CA 90505
Tel: 310 222 8981 Fax: 310 732 1837
E-mail: krowley@labiomed.org
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-05-11-160

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Stuart L Linaas, MD
Box C-281, 4200 E North Ave
Denver, CO 80262
Tel: 303 315 6734 Fax: 303 315 4852
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-07-21-061

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Scott Langan, MD
4700 Sunset Blvd, 3rd floor
Los Angeles, CA 90037
Tel: 323 783 6165 Fax: 323 783 8288
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-05-12-029

UCSF Medical Center Program
Sponsor: University of California San Francisco Medical Center
Department of Nephrology
UCSF Medical Center
Prgm Director: Ashita B Jhaveri, MD
Center for the Health Sciences
10855 Le Conte Avenue
Los Angeles, CA 90025
Tel: 310 260 5741 Fax: 310 262 6309
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-06-21-125

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
Prgm Director: Joel D Kopple, MD
St Vincent Medical Center
Prgm Director: Ira G. Karp, MD
Division of Nephrology
10833 Le Conte Avenue
Los Angeles, CA 90033
Tel: 323 226 7387 Fax: 323 226 6340
E-mail: mbenson@usc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 9
Program ID: 148-06-21-142

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VAMed Beach Healthcare System
Prgm Director: M D Vallez, MD
Department of Internal Medicine
101 The City Drive
Orange, CA 92666
Tel: 714 456 5145 Fax: 714 456 6304
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-06-21-132

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Medical Center
University of California (Davis) Medical Center
Prgm Director: Jane Y Yuen, MD
Division of Nephrology
5150 Y Street, Suite 3500, PSSB
Sacramento, CA 95817
Tel: 916 734 3774 Fax: 916 734 7920
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-09-21-092

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Joel D Kopple, MD
Department of Medicine
501 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-3411 Fax: 415 282-6182
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-05-21-119
Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Nancy D Adams, MD
Dept of Internal Medicine
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-3700 Fax: 860 679-3968
E-mail: kaweczk@hsc.usc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 148-08-31-001

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Prgm Director: Joni H Hansson, MD*
1450 Chapel Street
New Haven, CT 06511
Tel: 203 787-0117 Fax: 203 777-3559
E-mail: spane@shrhs.org
Length: 2 Yrs ACGME Approved/Approved Positions: 3
Program ID: 148-08-31-112

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Mark A Pezzulla, MD
Dept of Medicine/Nephrology
PO Box 219629
New Haven, CT 06509
Tel: 203 785-4184 Fax: 203 785-7088
Length: 2 Yrs ACGME Approved/Approved Positions: 7
Program ID: 148-08-21-020

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Susie G Lew, MD
Department of Medicine, Suite 4-425
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2283 Fax: 202 741-2285
Length: 2 Yrs ACGME Approved/Approved Positions: 4
Program ID: 148-10-21-095

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Jason G Umano, MD
Department of Medicine, PHC 90605
3800 Reservoir Road, NW
Washington, DC 20057
Tel: 202 784-9906 Fax: 202 444-7933
E-mail: sadharmi.georgetown.edu
Length: 2 Yrs ACGME Approved/Approved Positions: 6
Program ID: 148-10-21-073

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Prgm Director: Jack Moore, MD
110 Irving Street, NW
Suite 2A70
Washington, DC 20010
Tel: 202 877-6604 Fax: 202 877-8239
Length: 2 Yrs ACGME Approved/Approved Positions: 4
Program ID: 148-10-11-114

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Edward A Ross, MD
Department of Medicine, PO Box 100224
1600 SW Archer Road Rm #CG-98
Gainesville, FL 32610
Tel: 352 392-4007 Fax: 352 392-5405
Length: 2 Yrs ACGME Approved/Approved Positions: 8
Program ID: 148-11-21-081

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: David Roth, MD
1600 NW 10th Avenue
Suite 7I88 (R-126)
Miami, FL 33136
Tel: 305 243-3582 Fax: 305 243-3505
Length: 2 Yrs ACGME Approved/Approved Positions: 8
Program ID: 148-11-21-151

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Jacques A Durr, MD
12501 Bruce B Downs Boulevard
Box 19
Tampa, FL 33612
Tel: 813 974-1499 Fax: 813 974-0023
E-mail: dpowell@hsc.usf.edu
Length: 2 Yrs ACGME Approved/Approved Positions: 6
Program ID: 148-11-21-022

Weston
Cleveland Clinic Hospital (Florida) Program
Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Prgm Director: John Brian Copley, MD
2650 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-6145 Fax: 954 659-6190
Length: 2 Yrs ACGME Approved/Approved Positions: 2
Program ID: 148-11-31-181

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: James L Bailey, MD
1638 Pierce Dr, NE
Atlanta, GA 30322
Tel: 404 727-3235 Fax: 404 727-3425
Length: 2 Yrs ACGME Approved/Approved Positions: 13
Program ID: 148-12-21-115

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Laura L Malloy, DO
Department of Medicine
1110 15th Street, BA-9413
Augusta, GA 30912
Tel: 706 721-3861 Fax: 706 721-7136
E-mail: lmalloy@mcg.edu
Length: 2 Yrs ACGME Approved/Approved Positions: 5
Program ID: 148-12-21-002

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Daniel Battle, MD
Searle 10-475 (MC S-208)
320 E Superior St
Chicago, IL 60611
Tel: 312 956-8342 Fax: 312 563-0922
Length: 2 Yrs ACGME Approved/Approved Positions: 5
Program ID: 148-12-21-058

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Roger A Boddy, MD
1562 West Congress Parkway
Chicago, IL 60612
Tel: 312 956-8431 Fax: 312 850-8431
Length: 2 Yrs ACGME Approved/Approved Positions: 6
Program ID: 148-14-11-116

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Patrick Murray, MD
5241 S Maryland Ave
Room S-511 - MC 6100
Chicago, IL 60637
Tel: 773 702-5819 Fax: 773 702-5918
Length: 2 Yrs ACGME Approved/Approved Positions: 6
Program ID: 148-16-11-052

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
John H Stroger Hospital of Cook County
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: James F Lash, MD
440 South Wood Street/MC 789
Chicago, IL 60612
Tel: 312 996-6796 Fax: 312 996-7378
Length: 2 Yrs ACGME Approved/Approved Positions: 7
Program ID: 148-16-21-117

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Karen A Griffin, MD
Dept of Medicine, Room 7004
2160 S First Ave
Maywood, IL 60153
Tel: 708 216-3586 Fax: 708 216-4060
Length: 2 Yrs ACGME Approved/Approved Positions: 8
Program ID: 148-16-21-003
Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Giarer: Indiana University Hospital
Prgm Director: Pierre Dagheer, MD
900 West Walnut Street
R2 302
Indianapolis, IN 46202
Tel: 317 274-7097 Fax: 317 274-5056
E-mail: n follower@iu.edu
Length: 2 Yrs AGGME Approved/Offered Positions: 10
Program ID: 148-17-21-129

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 148-20-21-175

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: John B Strokes, MD
Department of Medicine
Iowa City, IA 52242
Tel: 319 356-4409 Fax: 319 356-2069
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 148-18-21-003

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 148-19-21-096

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Length: 2 yrs AGGME Approved/Offered Positions: 4
Program ID: 148-20-21-152

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Veterans Affairs Medical Center (Louisville)
Prgm Director: Eleanor D Ledect, MD
Length: 2 Yrs AGGME Approved/Offered Positions: 6
Program ID: 148-20-21-175

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Length: 2 yrs AGGME Approved/Offered Positions: 8
Program ID: 148-23-11-029

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Memorial Medical Center
Ochsner Clinic Foundation
Prgm Director: Vaughn D Thakur, MD
Length: 2 Yrs AGGME Approved/Offered Positions: 7
Program ID: 149-21-21-164

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Prgm Director: L Lee Hannon, MD
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 149-21-21-164

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center University Hospital
Prgm Director: Kenneth Albro, MD
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 148-21-21-090

Bethesda
National Capital Consortium (Wallter Reed) Program
Sponsor: National Capital Consortium
Length: 2 yrs AGGME Approved/Offered Positions: 6
Program ID: 149-19-11-113

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Robert S Brown, MD
Department of Medicine
330 Brookline Ave - DBM17
Boston, MA 02215
Tel: 617 667-2147 Fax: 617 667-1271
E-mail: rbrownd@bidmc.harvard.edu
Length: 2 yrs AGGME Approved/Offered Positions: 8
Program ID: 148-24-21-094

Boston University Medical Center Program
Sponsor: Boston University Medical Center
Prgm Director: David J Salant, MD
Department of Medicine
88 East Newton Street
Boston, MA 02118
Tel: 617 638-7336 Fax: 617 638-7336
E-mail: dsalant@bu.edu
Length: 2 yrs AGGME Approved/Offered Positions: 8
Program ID: 148-24-21-130
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Butzel Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Noreen P. Hoss, MD
Division of Nephrology
4160 John K, Suite 908
Detroit, MI 48201
Tel: 313 745-7146 Fax: 313 745-8041
Length: 2 Yrs AGME Approved/Offered Positions: 6
Program ID: 148-25-21-040

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Frank C Bosissis, MD
1150 West Medical Center Drive
1560 MSB II / Box 0676
Ann Arbor, MI 48109
Tel: 734 763-1877 Fax: 734 763-0982
E-mail: ksgirl@umich.edu
Length: 2 Yrs AGME Approved/Offered Positions: 6
Program ID: 148-25-21-007

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Program Director: Christopher J LeBrun, MD
2500 N State St
Jackson, MS 39216
Tel: 601 894-5670 Fax: 601 894-5765
Length: 2 Yrs AGME Approved/Offered Positions: 8
Program ID: 148-26-21-062

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Ramesh Khanna, MD
1402 South Grand
St Louis, MO 63104
Tel: 314 615-9766 Fax: 314 711-0784
Length: 2 Yrs AGME Approved/Offered Positions: 8
Program ID: 148-25-21-067

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Kevin J Martin, MD
Division of Nephrology
1402 South Grand
St Louis, MO 63104
Tel: 314 615-9766 Fax: 314 711-0784
Length: 2 Yrs AGME Approved/Offered Positions: 8
Program ID: 148-25-21-067

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Daniel W Coyne, MD
660 South Euclid Avenue
Box 8129
St Louis, MO 63110
Tel: 314 745-9211 Fax: 314 747-3743
E-mail: lwesselm@im.wustl.edu
Length: 2 Yrs AGME Approved/Offered Positions: 10
Program ID: 148-26-21-131

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital University Medical Center
Program Director: Lawrence S Weissberg, MD
One Cooper Plaza
Camden, NJ 08103
Tel: 856 767-7844 Fax: 856 757-7778
E-mail: weissberg@umdnj.edu
Length: 2 Yrs AGME Approved/Offered Positions: 2
Program ID: 148-33-21-160

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: John A Walker, MD
Dept of Medicine/Division of Nephrology
One Robert Wood Johnson Place - MEB 412
New Brunswick, NJ 08903
Tel: 732 255-4453 Fax: 732 235-6124
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 148-33-21-021

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Program Director: Melvin Goldblatt, MD
201 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973 835-7000 Fax: 973 923-3646
Length: 2 Yrs AGME Approved/Offered Positions: 2
Program ID: 148-33-21-179

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Leonard Mega, MD
155 South Orange Avenue, MSB-I634
Newark, NJ 07103
Tel: 973 877-4100 Fax: 973 972-2878
Length: 2 Yrs AGME Approved/Offered Positions: 5
Program ID: 148-33-21-169
New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Karen Servilla, MD
Telephone: 505-272-4750 Fax: 505-272-2249
Length: 2 Years ACGME Approved/Offered Positions: 2
Program ID: 148-34-21-109

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System
Program Director: James W. Locke, MD
3455 Bailey Avenue Room 710D
Buffalo, NY 14215
Telephone: 716-892-2603 Fax: 716-892-6784
Length: 2 Years ACGME Approved/Offered Positions: 6
Program ID: 148-35-31-034

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Program Director: Leah Rabinowitz, MD
Department of Medicine
201 Hemstead Turnpike
East Meadow, NY 11554
Telephone: 516-572-0970 Fax: 516-572-0982
Length: 2 Years ACGME Approved/Offered Positions: 3
Program ID: 148-35-21-077

Flushing

New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens
Program Director: Marilyn Galler, MD
56-45 Main Street
Flushing, NY 11355
Telephone: 718-670-1411 Fax: 718-353-9819
E-mail: mgaller@nyh.org
Length: 2 Years ACGME Approved/Offered Positions: 5
Program ID: 148-35-11-078

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Program Director: Ilene J Miller, MD
1000 Community Drive
Manhasset, NY 11030
Telephone: 516-465-8210 Fax: 516-465-8202
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-21-143

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Program Director: John K. Manuwal, MD
259 First Street
Mineola, NY 11501
Telephone: 516-663-2160 Fax: 516-663-2179
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-064

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Program Director: Pravin C. Jangid, MD
410 Lakeview Road, Suite #207
New Hyde Park, NY 11042
Telephone: 516-478-7800 E-mail: singhal@jljmc.edu
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-21-120

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Program Director: Robin Adhikari, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 10003
Telephone: 212-440-4070 Fax: 212-440-4117
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-079

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
New York Presbyterian Hospital (Columbia Campus)
Program Director: Velvia A. Pague, MD
155th Street and Lenox Avenue
Room 13-11 RP
New York, NY 10032
Telephone: 212-339-1440 Fax: 212-339-1745
Length: 2 Years ACGME Approved/Offered Positions: 2
Program ID: 148-35-11-147

Lexon Hill Hospital Program

Sponsor: Lenox Hill Hospital
Program Director: Maria V. De Vita, MD
100 East 77th Street
New York, NY 10021
Telephone: 212-339-8551 Fax: 212-634-4628
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-155

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Hospital Center
Program Director: Barbara Murphy, MD
Box 1239
One Gustave L Levy Place
New York, NY 10029
Telephone: 212-241-8600 Fax: 212-667-0389
Length: 2 Years ACGME Approved/Offered Positions: 10
Program ID: 148-35-11-136

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College Metropolitan Hospital Center
Our Lady of Mercy Medical Center
St Vincent Catholic Medical Centers (Staten Island)
Program Director: Al M. Tannenbaum, MD
1901 First Avenue
New York, NY 10029
Telephone: 212-423-6401 Fax: 212-423-2923
E-mail: shobhana.chaudhari@nymc.edu
Length: 2 Years ACGME Approved/Offered Positions: 6
Program ID: 148-35-31-047

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College St Vincent's Hospital and Medical Center (Manhattan)
Program Director: Godfrey C. Burns, MD
110 W 12th St Suite 3B
New York, NY 10011
Telephone: 212-694-3322 Fax: 212-694-3322
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-024

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Jay Radhakrishnan, MD
622 West 168th Street
Room PH-124
New York, NY 10027
Telephone: 212-956-5436 Fax: 212-956-5475
E-mail: idr@nyu.edu
Length: 2 Years ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-079
**New York Presbyterian Hospital (Cornell Campus) Program**
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Phyllis August, MD, MPH
550 East 68th Street
New York, NY 10021
Tel: 212 746-1210 Fax: 212 746-8901
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 148-35-21-144

**New York University School of Medicine Program**
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Judith A. Kienstein, MD
550 First Avenue, OBW A612
New York, NY 10016
Tel: 212 263-3081 Fax: 212 263-9206
E-mail: judith.kienstein@med.nyu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-35-21-101

**St Luke’s-Roosevelt Hospital Center Program**
Sponsor: St Luke’s-Roosevelt Hospital Center
Prgm Director: Germaine Chan, MD
Division of Nephrology
1111 Amsterdam Avenue
New York, NY 10027
Tel: 212 263-3030 Fax: 212 263-3045
E-mail: gchan@chpnet.org
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 148-35-21-098

**Rochester University of Rochester Program**
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Rebecca Mork, MD
661 Elmwood Avenue
P.O. Box 125
Rochester, NY 14642
Tel: 585 275-1555 Fax: 585 442-8201
E-mail: Marilyn_Muraz@urmc.rochester.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-157

**Stony Brook SUNY at Stony Brook Program**
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Edward Nord, MD
T-15, Room 023
Stony Brook, NY 11794
Tel: 631 444-1617 Fax: 631 444-6174
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-35-21-069

**Syracuse SUNY Upstate Medical University Program**
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Margaret MacDougall, MD
503 East Adams Street
Syracuse, NY 13210
Tel: 315 694-5300 Fax: 315 694-5464
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-35-31-069

**New York Medical College at Westchester Medical Center Program**
Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Karim Solangi, MD
Dept of Medicine
Valhalla, NY 10595
Tel: 914 493-7701 Fax: 914 493-8502
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-36-11-010

**North Carolina Chapel Hill University of North Carolina Hospitals Program**
Sponsor: University of North Carolina Hospitals
Prgm Director: Lorraine E Colindres, MD, MSFHD
Third Floor, MacNider Building, Room 318
CH# 7155
Chapel Hill, NC 27599
Tel: 919 366-2561 Fax: 919 366-4251
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-36-21-121

**Durham Duke University Hospital Program**
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas M. Coffman, MD
Box 3014
Durham, NC 27710
Tel: 919 286-6477 Fax: 919 286-6879
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-36-21-122

**Greenville Pitt County Memorial Hospital/East Carolina University Program**
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Paul Bolin, MD
2205 West Arlington Boulevard
Greenville, NC 27835
Tel: 252 744-2564 Fax: 252 744-1817
E-mail: pbohin@psu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-36-21-178

**Winston-Salem Wake Forest University School of Medicine Program**
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Scott G Satko, MD
1 Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4550 Fax: 336 716-4318
E-mail: suprmf@wfubmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-36-21-011

**Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program**
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Satwant Singh, MD
Division of Nephrology and Hypertension
231 Albert Sabin Way, ML 0655
Cincinnati, OH 45267
Tel: 513 558-5471 Fax: 513 558-5300
E-mail: satwant.singh@uc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 148-38-21-066

**Cleveland Case Western Reserve University/University Hospitals of Cleveland Program**
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Donald E Hricik, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8590 Fax: 216 844-8504
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-38-21-137

**Cleveland Clinic Foundation Program**
Sponsor: Cleveland Clinic Foundation
Prgm Director: Joseph V Nally, MD
5000 Euclid Avenue - Desk A61
Cleveland, OH 44106
Tel: 216 444-8557 Fax: 216 444-8978
E-mail: meded@cf.org
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 148-38-12-139

**Columbus Ohio State University Hospital Program**
Sponsor: Ohio State University Hospital
Ohio State University Hospitals East
Prgm Director: Brad H Rowin, MD
Department of Medicine
410 W 10th Avenue
Columbus, OH 43210
Tel: 614 293-4697 Fax: 614 293-3073
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-38-11-080

**Toledo Medical College of Ohio Program**
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Deepak Malhotra, MD
Medical School, 3130 Glenside Avenue
Toledo, OH 43614
Tel: 419 383-3705 Fax: 419 383-3102
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 148-38-21-012

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**Accredited Programs in Nephrology (Internal Medicine)**
<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length: ACME Approved/Offered Positions: Program ID</th>
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<tbody>
<tr>
<td>Oklahoma</td>
<td>University of Oklahoma Health Sciences Center Program</td>
<td>University of Oklahoma College of Medicine</td>
<td>Benjamin Cowey, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-21-067</td>
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<tr>
<td>Oregon</td>
<td>Portland</td>
<td>Oregon Health &amp; Science University Hospital</td>
<td>Sharon Anderson, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-40-31-140</td>
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<tr>
<td>Pennsylvania</td>
<td>Hershey</td>
<td>Penn State University/Milton S Hershey Medical Center</td>
<td>William B Bees, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-11-013</td>
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<tr>
<td>Philadelphia</td>
<td>Albert Einstein Healthcare Network Program</td>
<td>Albert Einstein Medical Center</td>
<td>Eric J Bloom, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-11-058</td>
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<tr>
<td>Pennsylvania</td>
<td>Temple University Hospital</td>
<td>Department of Medicine</td>
<td>Patricio Silva, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-21-026</td>
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<tr>
<td>Oregon</td>
<td>Portland</td>
<td>Portland</td>
<td>Brenda S Hoffman, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-21-027</td>
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<tr>
<td>Pennsylvania</td>
<td>Pittsburgh</td>
<td>Allegheny General Hospital Managed</td>
<td>Richard J Marcus, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-11-008</td>
</tr>
<tr>
<td>South Carolina</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>James S Johnston, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-41-21-007</td>
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<tr>
<td>Tennessee</td>
<td>Memphis</td>
<td>University of Tennessee</td>
<td>Barry M Wall, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-47-21-123</td>
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<tr>
<td>Puerto Rico</td>
<td>San Juan</td>
<td>University of Puerto Rico</td>
<td>Enrique R Cordova, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-45-21-104</td>
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<tr>
<td>Veterans Affairs Medical and Regional Office Center Program</td>
<td>Veterans Affairs Medical Center (San Juan)</td>
<td>Hector S Cordova, MD</td>
<td>Length: 2 Yrs ACME Approved/Offered Positions: 144-42-31-103</td>
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Rhode Island

Providence.

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan

Veterans Affairs Medical Center (Providence)

Mariana Hospital-Lifespan

Veterans Affairs Medical Center (Providence)

Veterans Affairs Medical Center (Providence)

Vanderbilt University Program

Sponsor: University of Alabama

Veterans Affairs Medical Center (Nashville)

Vanderbilt University Medical Center

Veterans Affairs Medical Center (Nashville)

Vanderbilt University Medical Center

Veterans Affairs Medical Center (Nashville)

Vanderbilt University Medical Center
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Bill F Palmer, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-2410 Fax: 214 648-2071
Length: 2 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 148-48-21-084

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AFTC)
Prgm Director: Robert T Kuman, MD
Medical/Nephrology — MSC 7882
7703 Floyd Curl Drive
San Antonio, TX 78239
Tel: 210 667-4700 Fax: 210 567-4712
Length: 2 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 148-49-21-007

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tejinder Ahuja, MD
391 University Blvd
4320 John Sealy Annex
Galveston, TX 77555
Tel: 409 772-1811 Fax: 409 772-5451
E-mail: tahuja@utmb.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 148-48-21-049

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke’s Episcopal Hospital
Prgm Director: Horacio J Ardouque, MD
Section of Nephrology
6520 Fannin Street, Suite #1273
Houston, TX 77030
Tel: 713 798-8300 Fax: 713 790-5053
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 148-48-21-079

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyonet B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Bruce C Kone, MD
Department of Medicine
6431 Fannin, Suite 1.150
Houston, TX 77030
Tel: 711 500-6500 Fax: 711 500-6497
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 148-48-31-015

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Prgm Director: Melvin E Laskey, MD
Department of Medicine
5911 4th Street
Lubbock, TX 79439
Tel: 806 743-3155 Fax: 806 743-3148
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-48-21-084

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Mark D Okusa, MD
Department of Internal Medicine
PO Box 90103
Charlottesville, VA 22908
Tel: 434 924-2187 Fax: 434 924-5848
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 148-51-21-016

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Susan B DeGiovanni, MD
PO Box 880160
Richmond, VA 23298
Tel: 804 828-9683 Fax: 804 828-7567
E-mail: edgiovanni@vcu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 148-51-21-017

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Stuart Shukrand, MD
Div of Nephrology, Box 355021
1501 NE Pacific St
Seattle, WA 98105
Tel: 206 543-3792 Fax: 206 656-8861
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 148-54-21-072

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Karen Mackay, MD
Robert C Byrd Health Science Ctr
Box 9165-HSC South Room 1250
Morgantown, WV 26506
Tel: 304 293-2551 Fax: 304 293-7373
E-mail: tryard@hsc.wvu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 148-55-11-105

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Bryan N Becker, MD
3064 Fisher Hospital Road
Suite B
Madison, WI 53713
Tel: 608 270-5671 Fax: 608 270-5677
Length: 3 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 148-56-21-106

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Eric P Cohen, MD
9300 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 406-8720 Fax: 414 406-8307
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-56-31-039
Neurodevelopmental Disabilities (Neurology)

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Prgrm Director: Charles Conlon, MD
Division of Neurodevelopmental Pediatrics
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202-737-8637
Fax: 202-682-6380
Length: 4 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 01-19-12-998

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgrm Director: Charles N Swisher, MD
730 North Broadway
Chicago, IL 60611
Tel: 312-826-4886
Fax: 312-826-4886
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 15-16-13-605

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Kennedy Krieger Institute
Prgrm Director: Bruce K Shapiro, MD
707 North Broadway
Baltimore, MD 21205
Tel: 410-955-2149
Fax: 410-955-2149
Length: 4 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 10-11-23-001

Massachusetts

Boston

Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Prgrm Director: Sandra L Friedman, MD, MPH
300 Longwood Avenue
Boston, MA 02115
Tel: 617-355-6519
Fax: 617-355-6519
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 10-11-23-002

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
University of Cincinnati College of Medicine
Prgrm Director: Mark B Schapiro, MD, EdD
3333 Burnet Avenue
Cincinnati, OH 45221
Tel: 513-636-2222
Fax: 513-636-1888
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 18-19-21-904

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgrm Director: Peter A Blasco, MD
707 SW Gaines Road
Portland, OR 97239
Tel: 503-444-2724
Fax: 503-444-6888
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 18-19-11-806

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic
Prgrm Director: Michael J Painter, MD
3706 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412-682-4107
Fax: 412-682-8797
Length: 4 Yrs
Program ID: 18-20-20-803

Texas

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Institute for Rehabilitation and Research
Texas Children's Hospital
Prgrm Director: Sherry Seller Vinson, MD, Med
Meyer Center for Developmental Pediatrics
601 Fannin Street, MC-CC-1350
Houston, TX 77030
Tel: 832-822-3423
Fax: 832-822-3399
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 18-44-33-003

Neurological Surgery

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)
Prgrm Director: Mark N Hadley, MD
Faculty Office Tower 1065
510 Twentieth Street South
Birmingham, AL 35294
Tel: 205-934-1499
Fax: 205-975-5791
Length: 5 Yrs
ACGME Approved/Offered Positions: 10
Program ID: 18-01-21-903

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Prgrm Director: Volker K H Sonntag, MD
Barrow Neurological Institute
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602-466-3196
Fax: 602-466-4104
E-mail: ddee@chw.edu
Length: 5 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 18-03-12-904

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Northwest Medical Center
Phoenix Children's Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgrm Director: Martin E Weinand, MD
Division of Neurosurgery, AHSC
PO Box 240597
Tucson, AZ 85724
Tel: 520-626-0704
Fax: 520-626-3113
E-mail: mweinand@u.arizona.edu
Length: 5 Yrs
ACGME Approved/Offered Positions: 5
Program ID: 18-03-11-112

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgrm Director: Osama Al-Mefty, MD
3401 West Markham, Slot 807
Little Rock, AR 72205
Tel: 501-686-8767
Fax: 501-686-8767
Length: 5 Yrs
ACGME Approved/Offered Positions: 5
Program ID: 18-04-21-905
California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Austin Colohan, MD
Box 2502 B
11334 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4117 Fax: 909 588-4835
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-05-11-008

Los Angeles
UCLA Medical Center Program
Sponsor: UCLA Health/UCLA Medical Center
Prgm Director: Neel A. Martin, MD
Box 857039
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-7852 Fax: 310 267-2277
E-mail: chruton@mednet.ucla.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-05-21-010

University of Southern California/LAC-USC Medical Center Program
Sponsor: Children’s Hospital Los Angeles/LAC-USC Medical Center
Prgm Director: Steven L. Giannotta, MD
1200 North State Street
Suite 5046
Los Angeles, CA 90033
Tel: 213 226-7421 Fax: 213 226-7838
E-mail: giannott@usc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-05-21-000

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Prgm Director: Jan Paul Miuslezak, MD, PhD
4800 Y Street, Suite #3740
Sacramento, CA 95817
Tel: 916 734-3065 Fax: 916 452-2580
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-05-11-006

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children’s Hospital and Health Center
Kaiser Foundation Hospital (San Diego)
Prgm Director: Lawrence F. Marshall, MD
200 West Arbor Drive #9803
San Diego, CA 92103
Tel: 619 453-5540 Fax: 619 453-2769
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-05-21-100

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Nicholas M Barbaro, MD
505 Parnassus Avenue, M779, Box 0112
San Francisco, CA 94143
Tel: 415 502-2245 Fax: 415 781-1722
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 160-05-21-011

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children’s Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Prgm Director: Griffin R. Hash, MD, MBA
300 Pasteur Drive
Edward Building, R391
Stanford, CA 94305
Tel: 650 725-5701 Fax: 650 498-4686
E-mail: gharsh@stanford.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-05-21-012

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Gary D. VanderArk, MD
4200 East 9th Avenue, C-397
Denver, CO 80262
Tel: 303 315-7677 Fax: 303 315-1331
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-05-21-102

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Charles C. Duncan, MD
333 Cedar Street
PO Box 208882
New Haven, CT 06503
Tel: 203 785-2858 Fax: 203 785-6016
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-08-21-015

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (UCH)
Inova Fairfax Hospital
Washington Hospital Center
Prgm Director: Anthony Caputo, MD
2150 Pennsylvania Avenue, NW Suite 7-410
Washington, DC 20037
Tel: 202 741-2735 Fax: 202 741-2741
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-10-21-017

Georgetown University Hospital Program
Sponsor: Georgetown University Children’s National Medical Center
Washington Hospital Center
Prgm Director: Kevin M. McGraw, MD
3800 Reservoir Road NW (1 PHC)
Washington, DC 20007
Tel: 202 444-7121 Fax: 202 444-7573
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-10-21-016

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Sponsor: Pensacola Hospital
University of Florida
Children’s Hospital at the University of Florida
Prgm Director: William A. Friedman, MD
Department of Neurological Surgery
PO Box 100055
Gainesville, FL 32610
Tel: 352 392-4391 Fax: 352 392-8413
E-mail: johnson@neurosurgery.ufl.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-11-21-018

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children’s Hospital
Veterans Affairs Medical Center (Miami)
Prgm Director: Roberto C. Heros, MD
1065 NW 14th Terrace
Lox Poppa LEF Center (14-6)
Miami, FL 33136
Tel: 305 243-5672 Fax: 305 243-3190
E-mail: immenezes@med.miami.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: SCI
Program ID: 160-11-21-019

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children’s Hospital
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Fernando L Vale, MD
4 Columbia Drive
Suite 730
Tampa, FL 33606
Tel: 813 259-0901 Fax: 813 259-0944
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-11-21-109
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Prgm Director: Timothy B Mapstone, MD
1355 B Clifton Road
Suite 6400, Room 6501
Atlanta, GA 30322
Tel: 404 778-3886  Fax: 404 778-4472
Length: 5 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 168-12-21-020

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Cargill L Selemyre, MD, PhD*
Department of Neurosurgery
1120 16th Street, B1-308
Augusta, GA 30912
Tel: 706 721-3071  Fax: 706 721-8904
E-mail: aclvisk@mail.mcog.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 168-12-21-021

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Brampton Hospital
Northwestern Memorial Hospital
Prgm Director: Stephen Ondra, MD
675 N. St. Clair, Suite 2210
Chicago, IL 60611
Tel: 312 696-6382  Fax: 312 696-0235
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 168-14-21-022

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Kevin A Van Zoeren, MD
Department of Neurosurgery
1725 W Harrison Street, Ste 1115
Chicago, IL 60612
Tel: 312 842-6528  Fax: 312 583-3358
E-mail: jolynne_ludenberg@rush.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 168-16-11-023

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Richard G Fessler, MD, PhD
5841 South Maryland Avenue MC 3055
Chicago, IL 60637
Tel: 773 702-2123  Fax: 773 702-3518
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 168-14-11-024

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Timothy B Mapstone, MD
912 South Wood Street (MC 1795)
Chicago, IL 60617
Tel: 312 966-4712  Fax: 312 966-9018
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 168-16-21-025

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
John H Stroger Hospital of Cook County
Prgm Director: Russ P Nechels, MD
Loyola University Medical Center
2100 South First Avenue
Maywood, IL 60153
Tel: 708 216-0005  Fax: 708 216-4948
Length: 5 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 168-14-21-026

Peoria

University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Methodist Medical Center of Illinois
OSF St Francis Medical Center
Prgm Director: William O Olvera, MD
530 N E Glen Oak Avenue, Room 3641
Peoria, IL 61655
Tel: 309 655-3642
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 168-16-21-099

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wisbaurd Memorial Hospital
Prgm Director: Paul H Nelson, MD
545 Barnhill Drive
Emerson Hall 139
Indianapolis, IN 46202
Tel: 317 274-5725
Length: 5 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 160-17-11-027

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Matthew A Howard, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 355-8468  Fax: 319 355-6606
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 168-18-11-028

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: John Grant, MD
3901 Rainbow Boulevard
Mail Stop: 5021
Kansas City, KS 66103
Tel: 913 588-6132  Fax: 913 588-7570
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 168-19-21-029

Kentucky

Lexington

University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Byron Young, MD
Division of Neurosurgery
800 Rose Street, Room MS-101
Lexington, KY 40536
Tel: 859 232-5304  Fax: 859 297-8001
Length: 5 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 160-20-21-030

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Prgm Director: Christopher B Shields, MD
210 East Gray Street, Suite 1100
Louisville, KY 40202
Tel: 502 628-5510  Fax: 502 628-5512
E-mail: cbshielb@puwpp louisville.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 160-20-31-081

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Prgm Director: David G Kline, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-6100  Fax: 504 568-6107
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 160-21-21-002

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Donald E Richardson, MD
Department of Neurosurgical Surgery SLA7
1510 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5505  Fax: 504 988-5703
E-mail: joomer@tulane.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 160-21-21-033

Graduate Medical Education Directory 2005-2006
Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Prgm Direcwr: Saundra D. Brown, MD
Length: 5 Yrs
Sponsor: Shreveport, LA 71130
Tel: 318 671-4644 Fnx: 318 671-4615
E-mail: jwirg@lsuhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-24-13-119

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Direcwr: Paul H. Chapman, MD
Length: 5 Yrs
Sponsor: 55 Fruit Street, GRB 502
Boston, MA 02114
Tel: 617 298-3857
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-24-31-097

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Direcwr: William A. Huestis, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-24-81-099

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Direcwr: Henry C. Eisenberg, MD
Length: 5 Yrs
Sponsor: 600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2252 Fnx: 410 955-5208
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 160-25-21-004

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Direcwr: Howard M. Eisenberg, MD
Department of Neurosurgery
22 South Greene Street, Suite 512D
Baltimore, MD 21201
Tel: 410 928-3514 Fnx: 410 928-1420
E-mail: rkonm101@umaryland.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-25-21-083

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Children's National Medical Center
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Direcwr: James M. Ecklund, MD
Length: 5 Yrs
Sponsor: 600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2252 Fnx: 410 955-5208
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Program ID: 160-16-21-118
US Armed Services Program

Massachusetts
Boston
Children's Hospital/Brigham and Women's Hospital Program
Sponsor: Children's Hospital
Brigham and Women's Hospital
Prgm Direcwr: Arthur L. Day, MD
Length: 5 Yrs
Sponsor: 75 Francis Street
Boston, MA 02115
Tel: 617 632-7777 Fnx: 617 734-8342
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-24-13-096

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Medical Center
Prgm Direcwr: Stephen J. Haines, MD
Length: 5 Yrs
Sponsor: 5429 Mayo Memorial Bldg, MMC 96
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-6666 Fnx: 612 624-0644
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-25-21-042

Accredited Programs in Neurological Surgery

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Sponsor: St Mary's Hospital of Rochester
Prgm Direcwr: Frederic E. Meyer, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-25-21-042

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Direcwr: Howard L. Kean, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-27-21-044

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Brooke Hospital Center
University Hospitals and Clinics
Prgm Direcwr: John J. Odo, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-25-21-099

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Direcwr: Richard B. Bucholz, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-28-21-047

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Direcwr: Ralph G. Dacre, MD
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 160-28-11-046
Nebraska

Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children’s Hospital
Nebraska Methodist Hospital
The Nebraska Medical Center
Program Director: Lyn L Leibrick, BA, MD
Tel: 402 559-9605 Fax: 402 559-7719
E-mail: lileibrck@ummc.edu
Length: 5 yrs ACGME Approved/Offered Positions: 5
Program ID: 160-59-21-111

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: David W Roberta, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8734 Fax: 603 650-7911
Length: 5 yrs ACGME Approved/Approved/Program Positions: 5
Program ID: 160-30-21-045

New Jersey

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ University Hospital
Program Director: Robert F Heary, MD*
90 Bergen Street, Suite 8105
Newark, NJ 07103
Tel: 973 972-2336 Fax: 973 972-2359
E-mail: caudle@umdnj.edu
Length: 5 yrs ACGME Approved/Approved/Program Positions: 8
Program ID: 160-38-21-198

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Lovelace Sandia Health
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Paul T Turner, MD*
MSC (0 5810)
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-3401 Fax: 505 272-9091
Length: 5 yrs ACGME Approved/Approved/Program Positions: 5
Program ID: 160-34-21-115

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Program Director: A John Popp, MD
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5686 Fax: 518 262-5602
Length: 5 yrs ACGME Approved/Approved/Program Positions: 5
Program ID: 160-35-21-049

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center-North Division
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Eugene S Flamm, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 997-7409 Fax: 718 515-8235
Length: 5 yrs ACGME Approved/Approved/Program Positions: 8
Program ID: 160-35-21-061

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children’s Hosp of Buffalo)
Roswell Park Cancer Institute
Program Director: Kerwin J Gibbons, MD
Millard Fillmore Hospital
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-5210 Fax: 716 887-4378
E-mail: residence@buffaus.org
Length: 5 yrs ACGME Approved/Approved/Program Positions: 8
Program ID: 160-38-21-060

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Joshua B Bederson, MD
One Gustave L Levy Place
Box 1136
New York, NY 10029
Tel: 212 444-3737 Fax: 212 444-9600
Length: 5 yrs ACGME Approved/Approved/Program Positions: 10
Program ID: 160-35-21-053

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Donald O Quest, MD
710 West 168th Street, Room 440
New York, NY 10032
Tel: 212 305-5582 Fax: 212 305-2026
Length: 5 yrs ACGME Approved/Approved/Program Positions: 12
Program ID: 160-35-11-055

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Philip Stieg, PhD, MD
555 East 68th Street
Box 98
New York, NY 10021
Tel: 212 746-5694 Fax: 212 746-6697
Length: 5 yrs ACGME Approved/Approved/Program Positions: 10
Program ID: 160-35-21-042

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellvue Hospital Center
Manhattan VA Health Care System
Program Director: Anthony K Pempong-Boudou, MD
555 First Avenue
New York, NY 10016
Tel: 212 263-6514 Fax: 212 263-9225
E-mail: Anthony.Pempong@med.nyu.edu
Length: 5 yrs ACGME Approved/Approved/Program Positions: 10
Program ID: 160-35-21-054

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Robert S Babos, MD
601 Elmwood Avenue, PO Box 070
Rochester, NY 14642
Tel: 585 275-8344 Fax: 585 765-5183
Length: 5 yrs ACGME Approved/Approved/Program Positions: 5
Program ID: 160-35-11-067

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crease Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Charles J Hodge, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5510 Fax: 315 464-8384
Length: 5 yrs ACGME Approved/Approved/Program Positions: 8
Program ID: 160-35-21-068

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Program Director: Eq Murrali, MD
Valhalla, NY 10595
Tel: 914 491-8510 Fax: 914 594-3941
Length: 5 yrs ACGME Approved/Approved/Program Positions: 10
Program ID: 160-35-21-108

North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Matthew G Ewdow, MD*
2100 Bioinformatics Blvd, CB 7060
Chapel Hill, NC 27599
Tel: 919 866-1374 Fax: 919 866-8627
Length: 5 yrs ACGME Approved/Approved/Program Positions: 5
Program ID: 160-36-11-000

Graduate Medical Education Directory 2005-2006
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Duke Regional Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Allan H Friedman, MD
PO Box 3807
Durham, NC 27710
Tel: 919 684-2371 Fax: 919 681-7973
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-38-21-060

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Charles L Branch, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4081 Fax: 336 716-9065
E-mail: mherring@wfubmc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-38-11-061

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Cincinnati Children’s Hospital Medical Center
Trillium Health Good Samaritan Hospital
Program Director: Raj K Narayan, MD
231 Bethesda Avenue
PO Box 570515
Cincinnati, OH 45207
Tel: 513 558-5387 Fax: 513 558-7702
E-mail: raj.narayan@uc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-38-21-064

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Program Director: Robert A Ratchen, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-9087 Fax: 216 844-8014
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-38-21-065

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Edward C Benzol, MD
9500 Euclid Avenue
SRT
Cleveland, OH 44106
Tel: 216 445-6767 Fax: 216 445-6801
E-mail: benzol@ccf.org
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-38-22-066

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Program Director: Carole A Miller, MD
N-1021 Dean Hall
410 Med 19th Avenue
Columbus, OH 43210
Tel: 614 293-4281 Fax: 614 293-4281
E-mail: miller-tj@ohiomedical.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-38-21-067

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center Children’s Hospital
Program Director: Christopher Nolff, MD
711 N Starion E Young Blvd, Suite 226
Oklahoma City, OK 73104
Tel: 405 271-3041 Fax: 405 271-3041
E-mail: rose-nolff@ouhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-38-21-068

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Kim J Burchiel, MD
3181 SW Sabin Jackson Park Rd
L-472
Portland, OR 97239
Tel: 503 494-6207 Fax: 503 494-7161
E-mail: mastrand@ohsu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-40-21-070

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Robert R Harbaugh, MD
500 University Drive, PO Box 850
BMR Bldg, Room C3830
Hershey, PA 17033
Tel: 717 531-4983 Fax: 717 531-3858
E-mail: rahl@hsmc.com
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-41-21-110

Philadelphia
Temple University Hospital Program
Sponsor: Temple University Hospital
Abington Memorial Hospital
Children’s Memorial Hospital
Temple University Children’s Medical Center
Program Director: Christopher M Loftus, MD*
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-6747 Fax: 215 707-3831
E-mail: david.goodman@temple.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-41-21-073

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Children’s Hospital of Philadelphia
Program Director: Robert H Rosenwasser, MD*
900 Walnut Street, 3rd Floor
Philadelphia, PA 19107
Tel: 215 503-7008 Fax: 215 503-3452
E-mail: robert.rosenwasser@jefferson.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-41-21-074

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Program Director: M Sean Grady, MD
3400 Spruce Street, 3rd Floor Silverstein Pav
Philadelphia, PA 19104
Tel: 215 349-8025 Fax: 215 349-5108
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-41-21-075

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: James S Wilberger, MD
420 East North Avenue, Suite 3392
Pittsburgh, PA 15212
Tel: 412 359-4764 Fax: 412 359-6161
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-41-21-116

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: I. Dade Lunsford, MD
200 Lothrop Street, Suite B-400
Pittsburgh, PA 15213
Tel: 412 647-8761 Fax: 412 647-6483
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 160-41-21-076

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Program Director: Ricardo H Brau, MD
Medical Sciences Campus / Section of Neurosurgery
PO Box 382067
San Juan, PR 00936
Tel: 787 765-8276
E-mail: cbrau@ucm.upr.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-42-21-078
## Rhode Island

**Providence**

**Brown University Program**

**Sponsor:** Rhode Island Hospital Lifespan  
**Program Director:** John A. Duncan, MD, PhD  
55 Claverick Street  
Suites 100–110  
Providence, RI 02903  
Tel: 401 442-1930  
Fax: 401 442-9687  
Length: 5 Years  
**Program ID:** 160-49-21-20

## South Carolina

**Charleston**

**Medical University of South Carolina Program**

**Sponsor:** Medical University of South Carolina College of Medicine  
**MUSC Medical Center**  
**Program Director:** Sunil J Patel, MD  
66 Jonathan Lucas Street, Suite 426  
Charleston, SC 29425  
Tel: 843 792-3332  
Fax: 843 792-6995  
Length: 5 Years  
**Program ID:** 160-49-11-079

## Tennessee

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine  
**Dolev Weinstein Children’s Medical Center**  
**Program Director:** Jon H. Robertson, MD  
163 Monroe Avenue Suite 427  
Memphis, TN 38163  
Tel: 901 449-6375  
Fax: 901 449-8466  
E-mail: rbeene@utmem.edu  
Length: 5 Years  
**Program ID:** 160-49-11-079

## Texas

**Dallas**

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School  
**Children’s Medical Center of Dallas**  
**Program Director:** John A. Duncan, MD, PhD  
3333 Harry Hines Blvd  
Dallas, TX 75390  
Tel: 214 468-0959  
Fax: 214 468-2555  
Length: 5 Years  
**Program ID:** 160-49-21-052

## Galveston

**University of Texas Medical Branch Hospitals Program**

**Sponsor:** University of Texas Medical Branch Hospitals  
**Memorial Hermann Hospital System**  
**Program Director:** John K. Varjos, MD  
511 University Boulevard  
Galveston, TX 77550  
Tel: 409 772-1500  
Fax: 409 772-3166  
E-mail: dgturney@utmb.edu  
Length: 5 Years  
**Program ID:** 160-49-21-083

## Houston

**Baylor College of Medicine Program**

**Sponsor:** Baylor College of Medicine  
**Harris County Hospital District-Ben Taub General Hospital**  
**Program Director:** Jon H. Robertson, MD  
8734 Fannin Street, Suite 427  
Memphis, TN 38163  
Tel: 901 449-6375  
Fax: 901 449-8466  
E-mail: rbeene@utmem.edu  
Length: 5 Years  
**Program ID:** 160-49-21-080

## Nashville

**Vanderbilt University Program**

**Sponsor:** Vanderbilt University Medical Center  
**St Thomas Hospital**  
**Program Director:** John A. Duncan, MD, PhD  
1633 Medical Center North  
Nashville, TN 37232  
Tel: 615 343-8426  
Fax: 615 343-8426  
Length: 5 Years  
**Program ID:** 160-49-21-081

## Utah

**Salt Lake City**

**University of Utah Program**

**Sponsor:** University of Utah Medical Center  
**Program Director:** John A. Duncan, MD, PhD  
1501 Circle Dr  
Salt Lake City, UT 84113  
Tel: 801 585-3400  
Fax: 801 585-3409  
E-mail: julie.service@hsc.utah.edu  
Length: 5 Years  
**Program ID:** 160-49-21-085

## Vermont

**Burlington**

**University of Vermont Program**

**Sponsor:** Fletcher Allen Health Care  
**Program Director:** Bruce I. Tranmer, MD  
Fletcher 5  
111 Colchester Ave  
Burlington, VT 05401  
Tel: 802 847-3072  
Fax: 802 847-0680  
Length: 5 Years  
**Program ID:** 160-50-21-101

## Virginia

**Charlottesville**

**University of Virginia Program**

**Sponsor:** University of Virginia Medical Center  
**Program Director:** John A. Duncan, MD, PhD  
PO Box 800212  
Charlottesville, VA 22988  
Tel: 434 924-3344  
Fax: 434 243-2954  
Length: 5 Years  
**Program ID:** 160-50-21-085

## Richmond

**Virginia Commonwealth University Health System Program**

**Sponsor:** Virginia Commonwealth University Health System  
**Program Director:** John A. Duncan, MD, PhD  
PO Box 800212  
Richmond, VA 23298  
Tel: 804 898-4480  
Fax: 804 898-0374  
Length: 5 Years  
**Program ID:** 160-50-21-085

## Washington

**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine  
**Children’s Hospital and Regional Medical Center**  
**Program Director:** John A. Duncan, MD, PhD  
3333 Medical Center North  
Seattle, WA 98104  
Tel: 206 616-7400  
Fax: 206 616-7400  
E-mail: rbeene@utmem.edu  
Length: 5 Years  
**Program ID:** 160-50-21-085
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<th>Program</th>
<th>Sponsor</th>
<th>Director</th>
<th>Length</th>
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<td>Morgantown</td>
<td>West Virginia University Program</td>
<td>Julian E Bulles, MD</td>
<td>5 yrs</td>
<td>180-05-11-09</td>
<td>304 293-5041</td>
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<td>University of Wisconsin Program</td>
<td>Robert J Dempsey, MD</td>
<td>5 yrs</td>
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<td>608 263-1728</td>
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<td>Medical College of Wisconsin Affiliated Hospitals Program</td>
<td>Thomas A Gennarelli, MD</td>
<td>5 yrs</td>
<td>180-05-21-09</td>
<td>414 810-5140</td>
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<td>St Joseph's Hospital and Medical Center Program</td>
<td>Steve Chung, MD</td>
<td>5 yrs</td>
<td>180-03-12-00</td>
<td>602 406-2671</td>
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<td>David Geffen School of Medicine</td>
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<td>Kaiser Permanente Southern California (Los Angeles) Program</td>
<td>Christian Wree, MD</td>
<td>5 yrs</td>
<td>180-05-12-10</td>
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Accredited Programs in Neurology

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
Prgm Director: Laura A Kalajian, MD
1200 North State Street
Los Angeles, CA 90033
Tel: 323-442-7884 Fax: 323-442-7688
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Subspecialties: CHN
Program ID: 180-05-21-011

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Gregory T Whitman, MD
101 The City Drive
Bldg 53-Boon 203
Orange, CA 92868
Tel: 714 456-776 Fax: 714 456-5805
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-05-21-009

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: David P Richman, MD
Department of Neurology
4000 Y Street, Suite 3790
Sacramento, CA 95817
Tel: 916 734-3514 Fax: 916 734-6625
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-05-12-008

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Mark Brichtersky, MD
Department of Neurology
200 West Arbor Drive (8465)
San Diego, CA 92103
Tel: 619 543-556 Fax: 619 543-5703
E-mail: jjhamer@ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-05-21-014

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: John W Engstrom, MD
500 Parnassus Ave, Room 768 M
San Francisco, CA 94143
Tel: 415 476-148 Fax: 415 476-3428
E-mail: tabkover@sfsu.acs.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CHN
Program ID: 180-05-21-016

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Perry K Richardson, MD
2150 Pennsylvania Ave, NW
Suite 7404
Washington, DC 20037
Tel: 202 714-271 Fax: 202 741-2721
E-mail: prichardson@mfa.gwu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Subspecialties: CHN, CN, NDN
Program ID: 180-10-21-023

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Carlo Tornatore, MD
Department of Neurology
9800 Reservoir Road, NW (1 Bld)
Washington, DC 20007
Tel: 202 444-2310 Fax: 202 444-2351
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CN
Program ID: 180-10-21-022

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Arnarpaul Jagen-Thath, MD
2041 Georgia Avenue, NW
Washington, DC 20009
Tel: 202 865-154 Fax: 202 865-1665
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 180-10-21-024

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Edward Valenstein, MD
Dept of Neurology, Suite LS-100
140 Newell Dr P O Box 100258
Gainesville, FL 32610
Tel: 352 392-3541 Fax: 352 392-6883
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-11-21-025

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: David J Caspanich, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0110 Fax: 904 953-0430
E-mail: mcj.neurology.residency@mayo.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-11-13-148

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Leslie J Wolfson, MD
Department of Neurology
60 Seymour Street
Hartford, CT 06102
Tel: 860 545-5802 Fax: 860 545-5083
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-05-21-019

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: George B Richerson, MD, PhD
15 York Street, LCI 712
PO Box 200618
New Haven, CT 06520
Tel: 203 785-6504 Fax: 203 785-6504
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CHN
Program ID: 180-05-21-021

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Youn T So, MD, PhD
Department of Neurology, Sn 3949
300 Pasteur Dr
Stanford, CA 94305
Tel: 650 725-5184 Fax: 650 725-7459
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN, CN, VN
Program ID: 180-05-21-017

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor UCLA Medical Center
Prgm Director: Hugh B McIntyre, MD, PhD
1000 West Carson Street, Box 492
Torrance, CA 90409
Tel: 310 222-9800 Fax: 310 523-5905
E-mail: nanaya@luxhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-05-11-018

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Prgm Director: Al Anderson, MD
Department of Neurology B183
4200 East 9th Avenue
Denver, CO 80202
Tel: 303 315-756 Fax: 303 315-5867
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-07-21-019

Florida
University of Florida Health Science Center/Jacksonville Program  
Sponsor: University of Florida College of Medicine at Jacksonville  
Shands Jacksonville Medical Center  
Pgm Director: Scott Silliman, MD  
580 West 8th Street, Tower 1, 8th Floor  
Jacksonville, FL 32206  
Tel: 904 344-9484  
Fax: 904 344-9484  
E-mail: scott.silliman@jax.ufl.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 180-11-12-104

Miami Jackson Memorial Hospital/Jackson Health System Program  
Sponsor: Jackson Memorial Hospital/Jackson Health System  
Veterans Affairs Medical Center (Miami)  
Pgm Director: Ashok Verma, MD  
Department of Neurology (M-712)  
1100 NW 14th Street #603  
Miami, FL 33136  
Tel: 305 243-6546  
Fax: 305 243-6546  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 32  
Subspecialties: CHN  
Program ID: 180-11-21-026

Tampa University of South Florida Program  
Sponsor: University of South Florida College of Medicine  
James A Haley Veterans Hospital  
Tampa General Hospital  
Pgm Director: Charles W Brock, MD  
12901 Bruce B Downs Blvd, MDC 55  
Tampa, FL 33612  
Tel: 813 972-7683  
Fax: 813 972-5996  
E-mail: charles.brock@med.va.gov  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 180-11-21-027

Weston Cleveland Clinic Health System Program  
Sponsor: Cleveland Clinic Florida  
Cleveland Clinic Foundation  
Cleveland Clinic Hospital  
Pgm Director: Virginio D Solanga, MD, MSc*  
2850 Cleveland Clinic Blvd  
Weston, FL 33331  
Tel: 866 669-6367  
Fax: 866 669-5365  
E-mail: neuropro@ccf.org  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 180-11-22-152

Georgia Atlanta Emory University Program  
Sponsor: Emory University School of Medicine  
Emory University Hospital  
Grady Health System  
Pgm Director: Jonathan D Glass, MD  
WMER 6098 c/o Pam Julian  
101 Woodruff Memorial Circle  
Atlanta, GA 30322  
Tel: 404 727-3501  
Fax: 404 727-3517  
E-mail: neuropro@emory.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 31  
Subspecialties: CHN, CN, VN  
Program ID: 180-12-21-928

Augusta Medical College of Georgia Program  
Sponsor: Medical College of Georgia  
University Hospital  
Veterans Affairs Medical Center (Augusta)  
Pgm Director: Jerry N Frieh, MD  
Department of Neurology  
18th Street  
Augusta, GA 30912  
Tel: 706 721-1880  
Fax: 706 721-1902  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Subspecialties: CHN, CN, VN  
Program ID: 180-12-21-029

Illinois Chicago McGaw Medical Center of Northwestern University Program  
Sponsor: McGaw Medical Center of Northwestern University  
Evanston Hospital  
Northwestern Memorial Hospital  
Veterans Affairs Chicago Health Care System  
Pgm Director: Turan Simandi, MD  
Department of Neurology  
110 North Lake Shore Drive, Abbott Hall, 11th Fl  
Chicago, IL 60611  
Tel: 312 503-2970  
Fax: 312 998-5073  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 18  
Subspecialties: CHN, CN, NDN  
Program ID: 180-16-21-492

Rush University Medical Center Program  
Sponsor: Rush University Medical Center  
John H Stroger Hospital of Cook County  
Pgm Director: Steven L Lewis, MD  
Department of Neurological Sciences  
1725 W Harrison St, Ste 1106  
Chicago, IL 60612  
Tel: 312 942-2450  
Fax: 312 942-2386  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Subspecialties: CN  
Program ID: 180-16-11-488

University of Chicago Program  
Sponsor: University of Chicago Hospitals  
Pgm Director: Arif Davty, MD, MBA  
Department of Neurology  
5841 South Maryland Avenue, MC 2030  
Chicago, IL 60637  
Tel: 773 702-0151  
Fax: 773 702-0076  
E-mail: arifdavty@neurology.bsd.uchicago.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Subspecialties: CHN, CN  
Program ID: 180-16-21-694

University of Illinois College of Medicine at Chicago Program  
Sponsor: University of Illinois College of Medicine at Chicago  
Advocate Christ Medical Center  
University of Illinois Hospital and Clinics  
Pgm Director: Steven U Britz, MD  
Department of Neurology (MC 796)  
912 South Wood Street  
Chicago, IL 60617  
Tel: 312 996-6060  
Fax: 312 996-4169  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: CHN, CN  
Program ID: 180-16-21-835

Maywood Loyola University Program  
Sponsor: Loyola University Medical Center  
Edward Hines Jr Veterans Affairs Hospital  
Pgm Director: Scott Schlesinger, MD  
Department of Neurology  
2160 South First Avenue  
Maywood, IL 60153  
Tel: 708 216-5332  
Fax: 708 216-5617  
E-mail: NeurologyResource@lumc.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: CHN, CN  
Program ID: 180-16-21-036

Peoria University of Illinois College of Medicine at Peoria Program  
Sponsor: University of Illinois College of Medicine at Peoria  
Methodist Medical Center of Illinois  
OSF St Francis Medical Center  
Pgm Director: Jorge U Kattah, MD  
2301 Elliott Drive, Box 1649  
Peoria, IL 61656  
Tel: 309 655-2702  
Fax: 309 655-3060  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Subspecialties: CHN, CN  
Program ID: 180-16-21-147

Springfield Southern Illinois University Program  
Sponsor: Southern Illinois University School of Medicine  
Memorial Medical Center  
St John's Hospital  
Pgm Director: Rodgers J Kidibe, MD, PhD  
Department of Neurology  
PO Box 19643  
Springfield, IL 62794  
Tel: 217 545-4168  
Fax: 217 545-8039  
E-mail: rebble@siuemed.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Subspecialties: CHN, CN  
Program ID: 180-16-21-134

Indiana Indianapolis Indiana University School of Medicine Program  
Sponsor: Indiana University School of Medicine  
Clarian Indiana University Hospital  
Clarian Riley Hospital for Children  
Richard L Roudebush Veterans Affairs Medical Center  
William N W/isard Memorial Hospital  
Pgm Director: Robert M Pascuzzi, MD  
Department of Neurology  
545 Barnhill Drive - RH 125  
Indianapolis, IN 46202  
Tel: 317 274-4555  
Fax: 317 278-4916  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 13  
Subspecialties: CHN, CN, VN  
Program ID: 180-17-21-038
Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Robert Rodziewicz, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-8754  Fax: 319-356-4505
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: CHN, CN
Program ID: 180-19-21-080

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Veterans Affairs Medical Center (Kansas City)
Prgm Director: April L McCoy, MD
Department of Neurology
901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913-588-6070  Fax: 913-588-6066
Length: 3 Yrs  ACGME Approved/Offered Positions: 11
Subspecialties: CHN, CN
Program ID: 180-19-22-040

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Arman Sabit, MD
Department of Neurology
740 South Limestone, lm L445
Lexington, KY 40536
Tel: 859-323-6702  Fax: 859-323-5943
E-mail: jkmep@pop.uky.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-20-21-041

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Michael Gusenbahl, MD, PhD
500 S Preston Street
Louisville, KY 40202
Tel: 502-852-7881  Fax: 502-852-6344
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Veterans Affairs Medical Center at New Orleans
Prgm Director: Amando Gutierrez, MD
Department of Neurology
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-586-4881  Fax: 504-586-7139
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-043

Tulane University Program
Sponsor: Tulane University School of Medicine
Veterans Affairs Medical Center at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Antoniou Fountasias, MD
Department of Neurology
1440 Canal Street, Box TB-52
New Orleans, LA 70112
Tel: 504-888-2941  Fax: 504-888-3695
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-044

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
E A Conway Medical Center
Prgm Director: Roger E Kelsey, MD*
1501 Kings Highway
Department of Neurology
Shreveport, LA 71103
Tel: 318-675-5682  Fax: 318-675-6382
E-mail: bskelly@lsuhsc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-21-21-153

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Justin C McArthur, MD, MPH
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410-695-3780  Fax: 410-695-6672
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN, CN, NDN, VN
Program ID: 180-23-21-045

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Barry J Stern, MD*
Department of Neurology
22 S Greene Street, NW446
Baltimore, MD 21201
Tel: 410-236-3372  Fax: 410-238-5589
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CN
Program ID: 180-23-31-046

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Department of Neurology
1801 Georgia Ave
Washington, DC 20007
Tel: 202-783-8864  Fax: 202-783-2255
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN, CN
Program ID: 180-10-21-144

US Armed Services Program

Massachusetts

Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center (Boston)
Prgm Director: Frank W Drikslame, MD
370 Brookline Avenue
Boston, MA 02215
Tel: 617-667-2268  Fax: 617-667-2887
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CHN, CN, ND
Program ID: 180-24-21-049

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: James AD Ola, MD
504 Whitehall Avenue
Boston, MA 02118
Tel: 617-638-5530  Fax: 617-638-5534
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: VN
Program ID: 180-24-21-145

Massachusetts General Hospital/Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Prgm Director: Steven Fein, MD
1473 Cambridge Street
Boston, MA 02115
Tel: 617-726-7223  Fax: 617-726-3253
Length: 3 Yrs  ACGME Approved/Offered Positions: 42
Subspecialties: CHN, CN, VN
Program ID: 180-24-31-060

New England Medical Center Hospitals/Tufts University Program
Sponsor: Tufts-New England Medical Center
Caiitas St Elisabeth's Medical Center of Boston
Lahey Clinic
Prgm Director: Thomas D Sabin, MD
Department of Neurology
780 Cambridge Street
Boston, MA 02115
Tel: 617-636-7417  Fax: 617-636-8189
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN, CN
Program ID: 180-24-21-051
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St. Vincent Hospital
UMass Memorial Health Care (University Campus)
Program Director: Ann Mitchell, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-3282
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-24-21-121

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Jonathan C Edwards, MD*
18300 University Hospital/0036
1500 E Medical Ctr Dr
Ann Arbor, MI 48109
Tel: 734 936-0601 Fax: 734 936-2830
E-mail: bwy@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 17
Subspecialties: CN, CHN
Program ID: 180-25-31-052

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Lori Schach, MD
2399 W Grand Blvd
Department of Neurology K-11
Detroit, MI 48202
Tel: 313 916-7262 Fax: 313 916-4474
E-mail: btwg@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CN
Program ID: 180-25-21-129

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Heart Hospital
Program Director: Robert P Lisak, MD
80 University Health Center
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-1245 Fax: 313 745-4216
E-mail: btwg@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CN, CHN
Program ID: 180-25-31-064

Lansing
Sparrow Health System Program
Sponsor: Sparrow Hospital
Michigan State University Clinical Center
Program Director: David J Kaufman, DO
3651 Clinical Center A 317
138 Service Road
East Lansing, MI 48824
Tel: 517 432-9277 Fax: 517 432-9414
E-mail: david.kaufman@hl.msu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 180-25-21-149

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: William S. David, MD, PhD
Department of Neurology
420 Delaware St SE, MMC 295
Minneapolis, MN 55455
Tel: 612 625-4565 Fax: 612 625-7560
E-mail: david019@umn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: CN, CHN
Program ID: 180-26-21-065

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
Rochester (Rochester)
St Mary's Hospital of Rochester
Program Director: Robert D Brown, MD
Department of Neurology
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-4205 Fax: 507 284-6178
E-mail: b-ed.cmie@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: CN, CHN
Program ID: 180-26-21-067

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: James J Corbett, MD
Department of Neurology
2000 North State Street
Jackson, MS 39216
Tel: 601 694-5500 Fax: 601 694-5503
E-mail: kcorbett@md2000.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN, CHN
Program ID: 180-27-21-058

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Pradep K Sabota, MD
Department of Neurology
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-3133 Fax: 573 884-4249
E-mail: munevan@health.missouri.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 180-26-21-060

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
ForePark Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: John B Belknap, MD
2655 Vista at Grand
Department of Neurology
St. Louis, MO 63110
Tel: 314 362-3824 Fax: 314 362-2826
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: CN, CHN
Program ID: 180-28-21-060

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
E Barnes-Jewish Hospital
St Louis ConnectCare
Program Director: Abdullah Nassief, MD*
Department of Neurology
One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314 362-2296 Fax: 314 362-2826
Length: 4 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: CN, CHN
Program ID: 180-28-21-061

Nebraska
Omaha
University of Nebraska Medical Center/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Temet - SJH)
The Nebraska Medical Center
Program Director: Pierre Fayad, MD
982045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6802 Fax: 402 559-3241
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 180-30-21-062

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Morris Levin, MD
Section of Neurology
One Medical Center
Lebanon, NH 03756
Tel: 603 660-1989 Fax: 603 660-7817
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CN
Program ID: 180-32-21-063
Accredited Programs in Neurology

New Jersey

Edison
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
Pgm Director: Philip A Hanna, MD
PO Box 9006
Edison, NJ 08818
Tel: 732 633-1666 Fax: 732 633-1564
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-35-21-142

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Robert Wood Johnson University Hospital
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Stephen S Kainin, MD
Dept of Neurology
185 South Orange Ave, MSB H-506
Newark, NJ 07103
Tel: 973 972-6200 Fax: 973 972-6690
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: CN
Program ID: 180-35-21-064

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: John Chaplin, MD
MSC10 5200
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 277-3842 Fax: 505 277-6692
E-mail: jchaplin@salud.unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CN
Program ID: 180-34-21-065

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Pgm Director: Mark P Dentinger, MD
Department of Neurology
47 New Scotland Ave
Albany, NY 12208
Tel: 518 263-6488 Fax: 518 263-6101
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 180-35-21-066

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Sheryl Haupt, MD
Department of Neurology
130-16 Hblick Avenue
Bronx, NY 10461
Tel: 718 934-6888 Fax: 718 932-0016
E-mail: sarchill@aeom.yu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: CN
Program ID: 180-35-21-070

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Pgm Director: Helen A Valsamis, MD
450 Clarkson Avenue, Box 1211
Department of Neurology
Brooklyn, NY 11203
Tel: 718 270-4222 Fax: 718 270-3840
E-mail: maureen.maxwell@downstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CN
Program ID: 180-35-21-079

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Pgm Director: Sandra A Block, MD
Dept of Neurology, Jacobs Neurological Inst, BGH
109 High Street
Buffalo, NY 14222
Tel: 716 858-9486 Fax: 716 858-1676
E-mail: sklamoglo@acsu.buffalo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Subspecialties: CN
Program ID: 180-35-21-067

Manhasset
North Shore University Hospital/NU/ Nassau University Medical Center Program
Sponsor: North Shore University Hospital
Pgm Director: Ronald Kanner, MD
Department of Neurology
300 Community Drive
Manhasset, NY 11030
Tel: 516 568-4301 Fax: 516 562-2635
E-mail: rkanner@vanguardhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 180-35-21-073

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Ronald M Kanner, MD
Department of Neurology
270-45 75th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7311 Fax: 718 347-9016
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-35-21-074

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Seymour Gendelman, MD
Department of Neurology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 645-6172 Fax: 212 645-6182
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: CN, VN
Program ID: 180-35-21-075

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Pgm Director: Paul Mullin, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-7799 Fax: 212 604-3213
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 180-35-11-078

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Blair Ford, MD
710 W 168th St
Neurological Institute
New York, NY 10032
Tel: 212 305-1036 Fax: 212 305-6978
E-mail: neuroresidency@neuro.columbia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: CN, VN
Program ID: 180-35-31-071

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Erik J Kebabian, MD, PhD
525 E 68th Street, Room P610
New York, NY 10021
Tel: 212 746-2010 Fax: 212 746-8814
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CN
Program ID: 180-35-21-072

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Pgm Director: Robert Staedinger, MD
Department of Neurology
550 First Avenue
New York, NY 10016
Tel: 212 263-2223 Fax: 212 263-8238
E-mail: robert.staedinger@med.nyu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 23
Subspecialties: CN
Program ID: 180-35-21-077
Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Ralph P. Jozefowicz, MD
Department of Neurology
601 Elmwood Avenue, PO Box 673
Rochester, NY 14642
Tel: 585 275-2545 Fax: 585 244-2539
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: CHN, CN, VN
Program ID: 190-35-31-092

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Program Director: Joanna Smiruldo, MD
Department of Neurology
Veterans Affairs Medical Center (Northport)
Sponsor: New York Medical College
Program Director: Veena Ramani, MD
Department of Neurology
1142 New Hyde Park Road
Valhalla, NY 10595
Tel: 914 594-4293 Fax: 914 594-4295
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 190-35-21-083

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University Crease Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Burk Jobelt, MD
Department of Neurology
1221 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4627 Fax: 315 464-5955
E-mail: wgrecc@sunu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN, CN, VN
Program ID: 190-35-21-081

University at Buffalo
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Metropolitan Hospital Center/ Westchester Medical Center
Program Director: Venkat Ramani, MD
Department of Neurology
3814-15 New Hyde Park Road
Valhalla, NY 10595
Tel: 914 594-4293 Fax: 914 594-4295
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 190-35-21-076

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Albert R Hinn, MD
3114 Bioinformatics Building CB 76053
UNC
Chapel Hill, NC 27599
Tel: 919 966-5354 Fax: 919 966-2922
E-mail: b ministers@med.unc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 190-36-11-084

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Joel C Morgenlander, MD
Department of Neurology
Box 2605
Durham, NC 27710
Tel: 919 964-0570 Fax: 919 964-0131
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN, CN, VN
Program ID: 190-38-21-085

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Matthew S Reynolds, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-2317 Fax: 336 716-9489
E-mail: mcromer@wfuhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: CHN, CN
Program ID: 190-36-21-086

Ohio
Cincinnati
University of Cincinnati College of Medicine Program
Sponsor: University of Cincinnati
Veterans Affairs Medical Center (Cincinnati)
Program Director: Brett Kissela, MD
Department of Neurology
201 Albert Subin Way, Room 1812
Cincinnati, OH 45267
Tel: 513 558-2368 Fax: 513 558-4305
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Subspecialties: CHN, CN, VN
Program ID: 190-36-21-088

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Program Director: Stephen L. Sagner, MD
Department of Neurology – HH5040
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5550 Fax: 216 844-5006
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CHN, CN, VN
Program ID: 190-36-21-089

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Terry R Levin, MD
Department of Neurology
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-8270 Fax: 216 444-2030
E-mail: tlevin@ccf.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CHN, CN, FMN
Program ID: 190-36-11-090

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Kristen M Nau, MD
1654 Upham Drive
Room 428 Mansfield Hall
Columbus, OH 43210
Tel: 614 293-6893 Fax: 614 283-6888
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Subspecialties: CHN, CN
Program ID: 180-38-21-092

Tallahassee
St. John's Mercy Medical Center Program
Sponsor: St. John's Mercy Medical Center
Program Director: Joseph S Reynolds, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-2317 Fax: 336 716-9489
E-mail: mcromer@wfuhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: CHN, CN
Program ID: 190-36-21-086

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program Director: John M Van Buskirk, MD, PhD
1515 NW 11th Street, Suite 215
Oklahoma City, OK 73106
Tel: 405 271-1413 Fax: 405 271-5728
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: CHN
Program ID: 190-39-21-141

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Program Director: Ruth M Whitlam, MD
500 Naito Freeway, Suite 400
Portland, OR 97239
Tel: 503 494-5753 Fax: 503 494-7242
E-mail: manncacey@ohsu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN, CN, VN
Program ID: 190-40-31-095

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Milind J Kothari, MD
500 University Drive
Hershey, PA 17033
Tel: 717 531-1804 Fax: 717 531-4694
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Subspecialties: CHN
Program ID: 180-41-11-096
Accredited Programs in Neurology

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCPI Hahnemann)
Hahnemann University Hospital (Temescal Health System)
Program Director: Carol P. Thomas, MD
Broad and Vine Streets, MS-423
Philadelphia, PA 19102
Tel: 215 762-1274 Fax: 215 762-3101
Length: 3 Yrs AGCME Approved/Offered Positions: 21 Subspecialties: CN, CN
Program ID: 180-41-21-97

Temple University Hospital Program
Sponsor: Temple University Hospital Albert Einstein Medical Center
Program Director: Austin Azizi, MD, PhD
Suite 658 Parkinson Pavilion
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 709-5983 Fax: 215 709-8335
Length: 3 Yrs AGCME Approved/Offered Positions: 12 Subspecialties: CBN, CN
Program ID: 180-41-21-100

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital Christiana Care Health Services Inc
Program Director: Rodney Bell, MD
900 Walnut Street Suite 300
Philadelphia, PA 19107
Tel: 215 955-0425 Fax: 215 503-3481
E-mail: rodneybell@jefferson.edu
Length: 3 Yrs AGCME Approved/Offered Positions: 18 Subspecialties: CN
Program ID: 180-41-21-101

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Program Director: Steven L. Galetta, MD
3 West Gates Building
9400 Spruce Street
Philadelphia, PA 19107
Tel: 215 552-3391 Fax: 215 682-3362
Length: 3 Yrs AGCME Approved/Offered Positions: 21 Subspecialties: CBN, CN
Program ID: 180-41-21-102

Pittsburgh

Allegeny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Thomas F. Scott, MD
290 East North Avenue
7th Fl South Tower
Pittsburgh, PA 15212
Tel: 412 359-9850 Fax: 412 359-8878
Length: 3 Yrs AGCME Approved/Offered Positions: 9 Subspecialties: CN
Program ID: 180-41-21-149

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veteran Affairs Medical Center (Pittsburgh)
Program Director: Mark L. Scheuer, MD
3475 Fifth Avenue, Suite 811
Pittsburgh, PA 15213
Tel: 412 692-4623 Fax: 412 692-4636
Length: 4 Yrs AGCME Approved/Offered Positions: 20 Subspecialties: CBN, CN, CNI, VN
Program ID: 180-41-21-103

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veteran Affairs Medical Center (San Juan)
Program Director: Jesus R. Velez-Borras, MD, BS
Section of Neurology
GPO Box 305097
San Juan, PR 00936
Tel: 787 754-0101 Fax: 787 751-3011
E-mail: jrovede@upr.edu
Length: 4 Yrs AGCME Approved/Offered Positions: 12 Subspecialties: CBN, CN
Program ID: 180-42-21-104

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital Lifespan
Program Director: Janet L. Widerick, MD
Physicians Office Building, Ste 324
Providence, RI 02903
Tel: 401 444-9786 Fax: 401 444-9781
Length: 3 Yrs AGCME Approved/Offered Positions: 12 Subspecialties: CN
Program ID: 180-41-21-151

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnston VA Medical Center (Charleston)
Program Director: Paul B. Fritchard, MD
96 Jonathan Lucas St, Suite 309
PO Box 299668
Charleston, SC 29425
Tel: 843 792-3221 Fax: 843 792-8636
Length: 4 Yrs AGCME Approved/Offered Positions: 14 Subspecialties: CN
Program ID: 180-45-21-105

Tennessee

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
University of Tennessee Medical Center
Veteran Affairs Medical Center (Memphis)
Program Director: Michael J. Jacoways, MD
Department of Neurology
855 Monroe Avenue, Room 415
Memphis, TN 38163
Tel: 901 448-6661 Fax: 901 448-7440
Length: 3 Yrs AGCME Approved/Offered Positions: 9 Subspecialties: CBN
Program ID: 180-47-21-106

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veteran Affairs Medical Center (Nashville)
Program Director: P. David Charles, MD
2100 Pierce Ave
Nashville, TN 37212
Tel: 615 936-0235 Fax: 615 936-0223
E-mail: alyce.dobyns-ladd@vanderbilt.edu
Length: 3 Yrs AGCME Approved/Offered Positions: 12 Subspecialties: CBN, CN
Program ID: 180-47-21-107

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: Padraig O'Suilleabhain, MBChB
2525 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-4775 Fax: 214 648-5080
Length: 3 Yrs AGCME Approved/Offered Positions: 16 Subspecialties: CBN, CN, VN
Program ID: 180-48-21-108

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Jeffrey P. Nelson, MD
Department of Neurology
201 University Boulevard, John Sealy Annex, Room 9-128
Galveston, TX 77555
Tel: 409 772-2646 Fax: 409 772-6949
Length: 3 Yrs AGCME Approved/Offered Positions: 9
Program ID: 180-48-11-109

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E. DeSalvia VA Medical Center - Houston
Program Director: Paul F. Schulte, MD
Department of Neurology
6501 Fannin Street, Suite NB306
Houston, TX 77054
Tel: 713 798-0154 Fax: 713 798-8590
Length: 3 Yrs AGCME Approved/Offered Positions: 18 Subspecialties: CBN, CN, DND
Program ID: 180-48-21-110

University of Texas at Houston Program
Sponsor: University of Texas at Houston School at Houston Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Program Director: Mya C. Schloss, MD
Department of Neurology 7.044/MSB
6431 Fannin Street
Houston, TX 77030
Tel: 713 798-7000 Fax: 713 798-7019
E-mail: Mary.J.Haas@uth.tmc.edu
Length: 3 Yrs AGCME Approved/Offered Positions: 15 Subspecialties: CBN, CN, VN
Program ID: 180-48-31-111

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Graduate Medical Education Directory 2005-2006
Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Program Director: (La Co) Michael S Jaffe, MD*
59th Med Ops Sq/MMCN
2200 Bergquist Drive, Ste 1
Lackland AFB, TX 78236
Tel: 210 242-4102  Fax: 210 242-4853
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-48-21-112
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphk Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Merrill K Carolin, MD
Mail Code 7853
7705 Floyd Curl Drive
San Antonio, TX 78223
Tel: 210 101-5101  Fax: 210 567-4858
Length: 3 Yrs  ACGME Approved/Offered Positions: 8
Subspecialties:
Program ID: 180-48-21-112

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Centers (Salt Lake City)
Program Director: David R Renner, MD*
Department of Neurology, JMR10-505M
30 North 1000 East
Salt Lake City, UT 84132
Tel: 801 585-5495  Fax: 801 585-4192
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties:
Program ID: 180-49-21-113

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Hugh P Atarian, MD*
Department of Neurology
99 Beaumont Drive, Given G225
Burlington, VT 05405
Tel: 802 865-4590  Fax: 802 865-5578
E-mail: hrutian@vtmednet.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Subspecialties:
Program ID: 180-50-11-114

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Todd Burns, MD*
P.O. Box 806554
Charlottesville, VA 22908
Tel: 434 982-5618  Fax: 434 982-1736
Length: 3 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties:
Program ID: 180-51-11-115

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: David J Lescayaysyn, MD, PhD*
P.O. Box 196559
110 East Marshall Street, Room 6-005
Richmond, VA 23228
Tel: 804 828-5681  Fax: 804 828-2373
E-mail: neurology@vcu.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties:
Program ID: 180-51-21-116

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Program Director: Phillip D Swanson, MD, PhD
Department of Neurology
Box 356465
206-685-8100
Seattle, WA 98195
Tel: 206 543-2400  Fax: 206 685-8100
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties:
Program ID: 180-54-21-117

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington/Harborview Medical Centers
Program Director: Frederick O Flynn, DO, MS
Neurology Service
Tacoma, WA 98431
Tel: 253 986-1369  Fax: 253 986-0443
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 180-64-21-138
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Program Director: Laurie Gutmann, MD
Department of Neurology
P.O. Box 9180
Morgantown, WV 26506
Tel: 304 293-3527  Fax: 304 293-3309
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties:
Program ID: 180-65-11-118

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Program Director: George C Newman, MD, PhD
Department of Neurology
650 Highland Ave, Room H6/574-5138 CSC
Madison, WI 53792
Tel: 608 283-5580  Fax: 608 283-0386
E-mail: sherman@neurology.wisc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties:
Program ID: 180-55-21-119

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Program Director: Wendy L Pelletier, MD
5025 W Wisconsin Avenue
Department of Neurology
Milwaukee, WI 53226
Tel: 414 654-2524  Fax: 414 259-0459
E-mail: krahms@neuroscience.mmc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties:
Program ID: 180-56-21-120
Neuropathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Veteran Affairs Medical Center (Birmingham)
Prgm Director: Cheryl A Palmer, MD
619 19th Street South
135A Suite 175
Birmingham, AL 35204
Tel: 205 934-3142 Fax: 205 975-7548
E-mail: palmer@path.uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 316-91-24-961

California

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Harry V Vinters, MD
10838 Le Conte Avenue, Rm 1170 CHS
Los Angeles, CA 90095
Tel: 310 825-6191 Fax: 310 825-8590
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-05-21-008

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Carol A Miller, MD
1200 North State Street
Los Angeles, CA 90033
Tel: 213 553-7113 Fax: 213 320-7417
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-05-11-006

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) School of Medicine
Veteran Affairs Medical Center (San Diego)
Prgm Director: Henry C Powell, MD, PhD
200 W Arbor Drive, Mail Code 8380
San Diego, CA 92103
Tel: 619 534-7202
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-05-24-005

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Andrew W Boloten, MD
531 Parnassus Avenue 3SW408
San Francisco, CA 94143
Tel: 415 478-5236 Fax: 415 478-7863
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-05-21-006

Stanford

Stanford University Program
Sponsor: Stanford University Hospital Veteran Affairs Palo Alto Health Care System
Prgm Director: Hannek Vogel, MD
Department of Pathology, Room E2-341
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-6041 Fax: 650 498-5344
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-05-21-007

District of Columbia

Washington

Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
Prgm Director: Elizabeth J Rushing, MD
1755 18th Street NW
Washington, DC 20006
Tel: 202 789-1620 Fax: 202 789-4029
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 315-10-12-001

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Sarasota Hospital at the University of Florida
Prgm Director: Thomas A Eskin, MD
1000 SW Archer Road
Box 100275
Gainesville, FL 32610
Tel: 352 265-4328 Fax: 352 265-6447
Length: 2 Yrs ACGME Approved/Offered Positions: 1 Program ID: 315-11-21-010

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Prgm Director: Daniel J Brat, MD, PhD* Department of Pathology
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-2878 Fax: 404 727-0519
E-mail: dbrat@emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-12-21-012

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Sanja Elgovan, MD
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 583-7183
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-16-21-074

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
ReganIndiana University Hospital
ReganMethodist Hospital of Indiana
Prgm Director: Biagio Azzarelli, MD
550 N University Blvd
Indianapolis, IN 46202
Tel: 317 274-7650
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 315-17-31-092

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Juan C Troncoso, MD
720 Rutland Avenue
558 RossResearch Building
Baltimore, MD 21205
Tel: 410 955-5643
E-mail: kiernanml@jhmi.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 315-12-21-034

Massachusetts

Boston

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Prgm Director: Umberto DeGirolami, MD
70 Francis Street
Boston, MA 02115
Tel: 617 736-7532 Fax: 617 797-0944
E-mail: udegir55@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 315-14-12-024

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Director: Il Tessa Hedley-Whyte, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 724-5154 Fax: 617 724-1513
Length: 2 Yrs ACGME Approved/Offered Positions: 3 Program ID: 315-24-21-062
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<td>Michigan</td>
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<td>Wayne State University/Detroit Medical Center</td>
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<td>William Kapsky, MD</td>
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<td>SUNY Health Science Center at Brooklyn Program</td>
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<td>Daniel P Perl, MD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>315-35-21-093</td>
<td>Approved/Offered Positions: 1</td>
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<td>University of Oklahoma Health Sciences</td>
<td>Kar-Ming A Fung, MD, PhD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>405-271-3328</td>
<td>Approved/Offered Positions: 2</td>
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<td>John Carl Oberholzer, MD, PhD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>215-673-5772</td>
<td>Approved/Offered Positions: 3</td>
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<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>Clayton A Wiley, MD, PhD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>412-677-7778</td>
<td>Approved/Offered Positions: 2</td>
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<td>Rhode Island</td>
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<td>Brown University Program</td>
<td>Brown University</td>
<td>Edward G Stepa, MD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>401-644-8514</td>
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<td>Karen Weidenheim, MD</td>
<td>2 yrs</td>
<td>AGGME</td>
<td>315-45-21-042</td>
<td>Approved/Offered Positions: 2</td>
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Accredited Programs in Neuropathology (Pathology)
Tennessee

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)

Program Director: Mahlon E Johnson, MD, PhD

Dept of Pathology, C-3314 MNC
21st Avenue, South
Nashville, TN 37232

Tel: 615 322-3998 Fax: 615 343-7023

Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-47-21-073

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center

Program Director: Thomas J Montine, MD, PhD

Neuropathology, Box 359791
355 Ninth Avenue
Seattle, WA 98165

Tel: 206 581-3145 Fax: 206 581-3240

E-mail: residency@pathology.washington.edu

Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-54-11-492

Neuroradiology
(Radiology-Diagnostic)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital

Program Director: Glenn F Roberson, MD

UAB Department of Radiology
618 South 19th Street
Birmingham, AL 35249

Tel: 205 834-3829 Fax: 205 975-9263

Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-01-21-091

Arizona

Phoenix

St Joseph’s Hospital and Medical Center Program
Sponsor: St Joseph’s Hospital and Medical Center

Bilmore Advanced Imaging Center

Program Director: Roger Bird, MD

St Joseph’s Hospital & Medical Center
2141 E Camelback Rd, Suite 230
Phoenix, AZ 85016

Tel: 602 438-7335 Fax: 602 496-2408

Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 423-03-21-092

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine

University Medical Center

Program Director: Joachim F Seeger, MD

PO Box 34 5997
1501 N Campbell Avenue
Tucson, AZ 85724

Tel: 520 882-7808 Fax: 520 626-1945

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-02-21-023

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine

Arkansas Children’s Hospital

University Hospital of Arkansas

Program Director: Edgardio J Anguiano, MD

4301 W Markham, Slot 556
Little Rock, AR 72205

Tel: 501 686-6832 Fax: 501 686-8502

E-mail: anguianoedgardio@uams.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-04-21-043

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital

Zale-Lipshy University Hospital

Program Director: Charles L White, MD

5323 Harry Hines Boulevard
Dallas, TX 75390

Tel: 214 648-2148 Fax: 214 648-6325

E-mail: charles.white@utsouthwestern.edu

Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 315-48-21-083

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General Hospital

Methodist Hospital

Michael E DeBakey VA Medical Center - Houston

Texas Children’s Hospital

Program Director: Adesina M Adesina, MD, PhD*

One Baylor Plaza
Houston, TX 77030

Tel: 713 786-4000 Fax: 713 798-3666

Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-48-21-047

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center

Program Director: M Beatriz S Lopes, MD*

Old Medical School, Room 4898
PO Box 800214
Charlottesville, VA 22908

Tel: 434 924-9175 Fax: 434 924-9177

Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-51-21-063

Richmond

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System

Medical College of Virginia Hospitals

Program Director: Nitin D Ghatia, MD

PO Box 880117
Richmond, VA 23298

Tel: 804 828-9786

Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 315-51-11-051
Accredited Programs in Neuroradiology (Radiology-Diagnostic)

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: George Y. Luh, MD
Neuroradiology: B-623
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4194  Fax: 909 558-4149
E-mail: phomas@sah.llumc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 423-05-21-085

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Franklin G. Mower, MD
Imaging Housestaff Office
5161 W. Washington Blvd, Suite 1200, 7th Floor
Los Angeles, CA 90048
Tel: 310 423-4454  Fax: 310 423-3037
E-mail: imaging.housestaff@cehs.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 423-05-21-095

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: J. Pablo Villablanca, MD
B3-116 DHS
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-1004  Fax: 310 266-5968
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 423-05-21-091

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
LAC+USC Medical Center
USC University Hospital
Prgm Director: Chi-Shing Zee, MD
1200 N State Street
Room 3740A
Los Angeles, CA 90033
Tel: 213 223-7425  Fax: 213 223-4069
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 423-06-21-024

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Richard E. Latchaw, MD
Department of Radiology
4800 Y Street — Suite 9100
Sacramento, CA 95817
Tel: 916 734-5730  Fax: 916 734-6548
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 423-06-18-104

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Centers
Prgm Director: John R Bessellink, MD
220 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-8565  Fax: 619 543-3736
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 423-06-21-074

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: William F. Balder, MD
555 Farnam Avenue, Suite 1-658
San Francisco, CA 94113
Tel: 415 353-1668  Fax: 415 353-8593
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 423-05-21-044

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (UCHS)
Prgm Director: Lucile X. Levy, MD, PhD
Department of Radiology
900 23rd Street, NW
Washington, DC 20037
Tel: 202 715-5193  Fax: 202 715-5164
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 423-10-21-045

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Children’s National Medical Center
Clinical Center at the National Institutes of Health
Prgm Director: Dan T. Nguyen, MD
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-5502  Fax: 202 444-1906
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 423-10-21-026

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Ronald G. Quisling, MD
Box 10374
Gainesville, FL 32610
Tel: 352 265-0291  Fax: 352 265-0270
E-mail: evascn@radiology.ufl.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 423-11-21-046

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: M. Judith Ironman Post, MD
1611 NW 12th Avenue, W507
Department of Radiology
Miami, FL 33136
Tel: 305 585-8162  Fax: 305 585-7428
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 423-11-21-076

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Health System
Prgm Director: Patricia A Hardgros, MD
Department of Radiology/B-115
1384 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 715-4853  Fax: 404 712-7957
Length: 1 Yr  ACGME Approved/Offered Positions: 7
Program ID: 423-12-21-005
Accredited Programs in Neuroradiology (Radiology-Diagnostic)

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Ramon E Fighervia, MD
1120 15th Street, BA 1411
Augusta, GA 30912
Tel: 706 721-0214 Fax: 706 721-5210
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 428-12-21-006

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Program Director: Eric J Russell, MD
Department of Radiology
676 N S Clair, Suite 800
Chicago, IL 60611
Tel: 312 695-1200 Fax: 312 695-4108
Length: 1 Yr AGGME Approved/Offered Positions: 5
Program ID: 428-16-21-072

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Sharon E Byrd, MD*
1600 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6781 Fax: 312 942-7244
Length: 1 Yr AGGME Approved/Offered Positions: 3
Program ID: 428-16-21-008

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Dianna M Bauer, MD*
Department of Radiology
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-6004 Fax: 773 702-2523
E-mail: dbauer@radiology.bsd.uchicago.edu
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 428-16-21-009

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Program Director: Michael T Zagardo, MD
530 NE Glen Oak Avenue
Peoria, IL 61637
Tel: 309 655-7708 Fax: 309 655-7365
Length: 1 Yr AGGME Approved/Offered Positions: 1
Program ID: 428-10-21-095

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wiscdot Memorial Hospital
Program Director: Annette Douglas-Akinwande, MD*
Department of Radiology-UI 0279
559 North University Boulevard
Indianapolis, IN 46202
Tel: 317 274-8832 Fax: 317 274-1848
E-mail: knpoders@iuus.edu
Length: 1 Yr AGGME Approved/Offered Positions: 4
Program ID: 428-17-21-026

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Wendy S Smoker, MD, PhD
3931 JP 200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1798 Fax: 319 353-8275
E-mail: nwnc120@uiowa.edu
Length: 1 Yr AGGME Approved/Offered Positions: 3
Program ID: 428-18-21-011

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Hugh J Robertson, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 566-4646 Fax: 504 566-6536
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 428-21-21-077

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: David M Yousem, MD, MBA
Flirlo Basenent B-112
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2858 Fax: 410 955-0962
E-mail: mmmyoum@jhmi.edu
Length: 1 Yr AGGME Approved/Offered Positions: 1
Program ID: 428-39-21-078

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Gregg H Zarneski, MD
Diagnostic Radiology Department
22 S Greene Street
Baltimore, MD 21201
Tel: 410 356-5112 Fax: 410 356-2316
Length: 1 Yr AGGME Approved/Offered Positions: 2
Program ID: 428-23-21-029

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Program Director: Glen Bares, MD
Department of Radiology
88 East Newton Street
Boston, MA 02118
Tel: 617 638-6610 Fax: 617 638-6616
Length: 1 Yr AGCME Approved/Offered Positions: 1
Program ID: 428-24-21-091

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Program Director: Liangge Hsu, MD*
75 Francis Street
ASBI, LI, Room 615
Boston, MA 02115
Tel: 617 733-7290 Fax: 617 264-5151
Length: 1 Yr AGCME Approved/Offered Positions: 3
Program ID: 428-24-21-065

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Program Director: Pamela W Schafer, MD
Gracy 2 - B 285
507 Vout Street
Boston, MA 02114
Tel: 617 734-8250 Fax: 617 734-3335
Length: 1 Yr AGCME Approved/Offered Positions: 8
Program ID: 428-24-21-047

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Rafaelhano Budella, MD
750 Washington Street
Boston, MA 02111
Tel: 617 636-0047 Fax: 617 636-0041
Length: 1 Yr AGCME Approved/Offered Positions: 3
Program ID: 428-24-21-073

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Eugene L Soran, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 856-2246 Fax: 508 856-4669
E-mail: radresidency@umassmed.edu
Length: 1 Yr AGCME Approved/Offered Positions: 2
Program ID: 428-24-21-048

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Ellen Hoefner, MD*
Dept of Radiology/Rm B10550
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-8314 Fax: 734 764-2413
Length: 1 Yr AGCME Approved/Offered Positions: 4
Program ID: 428-28-21-012
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<td>Detroit</td>
<td>Wayne State University/Detroit Medical Center Program</td>
<td>Wayne State University/Detroit Medical Center</td>
<td>3980 John R Street</td>
<td>313·745·3433</td>
<td>313·745·8918</td>
<td>1 Yr</td>
<td>423·23·21·067</td>
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<td></td>
<td>Royal Oak</td>
<td>William Beaumont Hospital Program</td>
<td>3091 W 13 Mile Road</td>
<td>248·651·1006</td>
<td>248·696·5480</td>
<td>1 Yr</td>
<td>423·35·21·096</td>
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<td>Harper-Rutz Hospital</td>
<td>3601 W 13 Mile Road</td>
<td>248·651·1006</td>
<td>248·696·5480</td>
<td>1 Yr</td>
<td>423·35·21·096</td>
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**Mississippi**

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<tr>
<td>Mississippi</td>
<td>University of Mississippi Medical Center Program</td>
<td>University of Mississippi Medical School</td>
<td>2500 North State Street</td>
<td>601·894·2551</td>
<td>601·815·3605</td>
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**Missouri**

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<td>Missouri</td>
<td>St Louis University School of Medicine Program</td>
<td>St Louis University</td>
<td>1035 Vista St Grand</td>
<td>314·286·7587</td>
<td>314·286·5116</td>
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**New York**

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<tr>
<td>New York</td>
<td>Albert Einstein College of Medicine Program</td>
<td>Albert Einstein College of Medicine</td>
<td>111 E 210th Street</td>
<td>718·850·4030</td>
<td>718·930·4854</td>
<td>1 Yr</td>
<td>423·35·21·051</td>
</tr>
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</table>
Accredited Programs in Neuroradiology (Radiology-Diagnostic)

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Prgm Director: Thomas P. Naidich, MD
1 Gustave L. Levy Place Box 1234
New York, NY 10029
Tel: 212 341-3424 Fax: 212 341-4234
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-35-21-384

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Robert L. DeAtley, MD
MHD 111 Neuro
177 W Washington Avenue
New York, NY 10030
Tel: 212 305-8600 Fax: 212 305-9785
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-366

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Memorial Sloan Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Pina C. Danelli, MD
Box 141
535 E 68th Street
New York, NY 10021
Tel: 212 746-2577 Fax: 212 746-6597
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-362

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Manhattan VA Health Care System
Prgm Director: Edmund A. Knopp, MD
MIR Department
530 First Avenue
New York, NY 10016
Tel: 212 293-5319 Fax: 212 263-8186
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 423-35-21-016

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Paul J. Westesson, MD, PhD
University of Rochester Medical Ctr
601 Elmwood Avenue, Box 468
Rochester, NY 14642
Tel: 585 275-1839 Fax: 585 473-4361
E-mail: radi.resident@urmc.rochester.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-081

SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Clemente T. Roque, MD
Health Science Center
Level 6, Room 120
Stony Brook, NY 11794
Tel: 631 444-2484 Fax: 631 444-7538
E-mail: croguez@notes.cc.sunysb.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-35-21-098

Syracuse University Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veteran Affairs Medical Center (Syracuse)
Prgm Director: Amar S. Swarnkar, MD
760 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7434 Fax: 315 464-2570
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 423-35-21-092

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Mauricio Castillo, MD
Department of Radiology
3358 Old Infirmary Rd, CB7510
Chapel Hill, NC 27599
Tel: 919 966-3087 Fax: 919 966-1994
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-098

Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: James D Eastwood, MD*
Box 3808
Durham, NC 27710
Tel: 919 684-7466 Fax: 919 684-7107
E-mail: eastwo04@mc.duke.edu
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 423-35-21-076

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Daniel W. Williams, MD
Department of Radiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-7235 Fax: 336 716-2029
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-35-21-080

Ohio Program
Sponsor: University Hospital/University of Cincinnati College of Medicine Program
Prgm Director: Thomas A. Tomlick, MD
PO Box 670762
234 Goodman Street
Cincinnati, OH 45267
Tel: 513 684-7044 Fax: 513 684-9100
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-092

Cleveland Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Jeffrey L. Sunshine, MD*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 944-3116
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-38-21-017

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Paul M. Ruggieri, MD
Department of Radiology
6000 Euclid Avenue E-10
Cleveland, OH 44106
Tel: 216 444-3085
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-35-21-064

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Eric C. Bontrakos, MD
Department of Radiology
623 Mans Hall I 1654 Upham Dr
Columbus, OH 43210
Tel: 614 293-6516 Fax: 614 293-6935
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-35-21-016

Oregon Portland Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Edward A. Knopp, MD
Division of Neuroradiology, CR155
318 SW Jackson Park Road
Portland, OR 97239
Tel: 503 494-7126 Fax: 503 494-7127
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-35-21-090

Pennsylvania Hershey Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Kevin P McNamara, MD
PO Box 850
500 University Drive
Hershey, PA 17033
Tel: 717 531-4682 Fax: 717 531-6932
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 423-41-21-097
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<td><strong>Philadelphia</strong>&lt;br&gt;Drexel University College of Medicine/Hahnemann University Hospital Program&lt;br&gt;Sponsor: Drexel University College of Medicine (MCP Hahnemann)&lt;br&gt;E-mail: <a href="mailto:koenigisberg@drexel.edu">koenigisberg@drexel.edu</a></td>
<td>Philadelphia, PA 19102&lt;br&gt;Tel: 215 762-9064 Fax: 215 762-4992</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 2</td>
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<td><strong>Temple University Hospital Program</strong>&lt;br&gt;Sponsor: Temple University Hospital&lt;br&gt;Prgm Director: Jeffrey P Kochan, MD*&lt;br&gt;E-mail: <a href="mailto:KochanJr@temple.edu">KochanJr@temple.edu</a></td>
<td>Philadelphia, PA 19140&lt;br&gt;Tel: 215 707-2540 Fax: 215 707-5651</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 3</td>
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<td><strong>Thomas Jefferson University Program</strong>&lt;br&gt;Sponsor: Thomas Jefferson University Hospital&lt;br&gt;Prgm Director: David P Friedman, MD&lt;br&gt;111 S 11th Street</td>
<td>Philadelphia, PA 19107&lt;br&gt;Tel: 215 885-2714 Fax: 215 885-5329</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 4</td>
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<td><strong>University of Pennsylvania Program</strong>&lt;br&gt;Sponsor: University of Pennsylvania Health System&lt;br&gt;Children's Hospital of Philadelphia&lt;br&gt;Veterans Affairs Medical Center (Philadelphia)&lt;br&gt;Prgm Director: Lorrin S Hargreaves, MD*&lt;br&gt;3400 Spruce Street</td>
<td>Philadelphia, PA 19104&lt;br&gt;Tel: 215 662-0985 Fax: 215 662-3203</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 5</td>
<td>Program ID: 423-41-21-037</td>
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<td><strong>Baylor College of Medicine Program</strong>&lt;br&gt;Sponsor: Baylor College of Medicine&lt;br&gt;Methodist Hospital&lt;br&gt;Texas Children's Hospital&lt;br&gt;University of Texas M D Anderson Cancer Center&lt;br&gt;Prgm Director: David A Catter, MD&lt;br&gt;Department of Radiology</td>
<td>Houston, TX 77030&lt;br&gt;Tel: 713 790-4688 Fax: 713 790-4688</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 3</td>
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<td>Houston, TX 77030&lt;br&gt;Tel: 713 790-4688 Fax: 713 790-4688</td>
<td>Length: 1 Yr ACGME Approved/Offered Positions: 3</td>
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Accredited Programs in Neuroradiology (Radiology-Diagnostic)

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Yoshimi Anzai, MD*
Department of Radiology
Box 357115
Seattle, WA 98195
Tel: 206 543-3320 Fax: 206 543-6317
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 423-54-21-038

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Jeffrey J Hogg, MD
PO Box 9235
Morgantown, WV 26506
Tel: 304 293-3802 Fax: 304 293-3860
E-mail: jhogg@hsu.wvu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 423-53-21-094

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Howard A Rowley, MD
593/511 Clinical Science Center
600 Highland Avenue
Madison, WI 53705
Tel: 608 255-1070 Fax: 608 255-4152
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-50-21-022

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Providence Memorial Lutheran Hospital
Prgm Director: David J Darielis, MD
Providence Memorial Lutheran Hospital
12400 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 809-3122 Fax: 414 259-0236
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-56-21-039

Neurology
(Otolaryngology)

California
Los Angeles
University of Southern California Program
Sponsor: House Ear Clinic, Inc
LAC+USC Medical Center
St. Vincent Medical Center
Prgm Director: William H Slawson, MD
2100 West Third Street, Suite 111
Los Angeles, CA 90057
Tel: 213 483-6900 Fax: 213 484-6900
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 294-65-21-098

Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
Prgm Director: Thomas F Balkany, MD
PO Box GLS962 (DAE)
Miami, FL 33101
Tel: 305-585-7127 Fax: 305-326-7610
E-mail: anzai@med.miami.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 296-11-13-009

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Braverman Hospital
Hinesdale Hospital
Prgm Director: Richard J Wiet, MD
Suite 701
Chicago, IL 60611
Tel: 630 789-3110 Fax: 630 789-3137
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 296-16-21-101

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Bruce J Gantz, MD
200 Hawkins Drive 21201 PFP
Iowa City, IA 52242
Tel: 319 356-3173 Fax: 319 356-2967
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 298-18-21-003

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Lloyd B Mans, MD
Department of Otolaryngology-Head and Neck Surgery
501 W Caroline Street, Room 6555
Baltimore, MD 21287
Tel: 410 696-3403 Fax: 410 696-0035
E-mail: csanboli@jhmi.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 298-23-21-012

Massachusetts
Boston
Massachusetts Eye and Ear Infirmary/ Harvard Medical School Program
Sponsor: Massachusetts Eye and Ear Infirmary;
Prgm Director: Michael J McKenna, MD
243 Charles Street
Boston, MA 02114
Tel: 617 537-3054 Fax: 617 537-3039
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 286-24-11-007

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Steven A Tolian, MD
1500 Eart Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-8006 Fax: 734 936-6825
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-23-21-001

Southfield
Providence Hospital/Michigan Ear Institute/Wayne State University/Detroit Medical Center Program
Sponsor: Providence Hospital and Medical Centers
Wayne State University/Detroit Medical Center
William Beaumont Hospital
Prgm Director: Michael J J LaRouere, MD
30055 Northwestern Highway, #101
Farmington Hills, MI 48334
Tel: 248 866-4444 Fax: 248 865-6161
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 286-25-31-006

New York
New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: J Thomas Roland, MD
Department of Otolaryngology
500 First Avenue
New York, NY 10016
Tel: 212 263-4344 Fax: 212 263-4257
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 286-35-21-004
Ohio
Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Tremont Memorial Hospital
Prgm Director: D Bradley Welling, MD, PhD
4106 University Hospitals Clinic
65 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8706 Fax: 614 293-3193
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-39-21-002

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: George Hashisaki, MD
PO Box 800713
Charlottesville, VA 22908
Tel: 434 924-2040 Fax: 434 924-3866
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-31-21-000

Nuclear Medicine

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: Janis P O'Malley, MD
619 19th Street, South
Jefferson Towers, Room 2350
Birmingham, AL 35249
Tel: 205 934-1388 Fax: 205 934-5589
Length: 2 Yrs
Program ID: 200-01-21-007

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas VA Health Care System
University Hospital of Arkansas
Prgm Director: Ronald C Walker, MD*
4301 West Markham
Little Rock, AR 72205
Tel: 501 526-6526 Fax: 501 986-6900
E-mail: Walker.Ronald@UAMS.edu
Length: 2 Yrs
Program ID: 200-04-21-009

California
Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Alan D Waxman, MD
Imaging Housestaff Office
8700 Beverly Blvd, Taper Bldg, M335
Los Angeles, CA 90048
Tel: 310 423-4654 Fax: 310 423-8335
E-mail: imaging.housestaff@csms.org
Length: 2 Yrs
Program ID: 200-05-21-089

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Johannes G Coenra, MD
CHS AR 105
10835 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-9206 Fax: 310 206-4859
Length: 2 Yrs
Program ID: 200-05-11-013

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Patrick M Colletti, MD, BS*
1300 North State Street, Suite 5250
Los Angeles, CA 90033
Tel: 323 220-7858 Fax: 323 220-5894
E-mail: smrdirector@usc.edu
Length: 2 Yrs
Program ID: 200-05-21-105

VA Greater Los Angeles Healthcare System Program
Sponsor: VA Greater Los Angeles Healthcare System
Prgm Director: William H Blalock, MD
11301 Wilshtire Blvd
Los Angeles, CA 90073
Tel: 310 298-3877 Fax: 310 298-4916
Length: 2 Yrs
Program ID: 200-05-31-014

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: David K Sheltton, MD
Div of Nuclear Medicine
4860 Y Street - Suite 3100
Sacramento, CA 95817
Tel: 916 709-2273 Fax: 916 709-2274
Length: 2 Yrs
Program ID: 200-06-21-010

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Carl K Hoh, MD
500 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-1986 Fax: 619 543-1975
Length: 2 Yrs
Program ID: 200-05-31-015

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Robert J Lull, MD
701 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 206-6356 Fax: 415 206-6929
Length: 2 Yrs
Program ID: 200-05-21-016

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Ian R McDougall, MBChB, PhD
Room 10101
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-4711 Fax: 650 498-5047
E-mail: ross.mcdoig@stanford.edu
Length: 2 Yrs
Program ID: 200-05-21-018
Accredited Programs in Nuclear Medicine

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: Robert A Quinif, MD
4200 E 9th Avenue
Box: A004
Denver, CO 80262
Tel: 303 724-2927 Fax: 303 724-7263
Length: 2 Yrs
Program ID: 200-07-21-106

Connecticut
Danbury
University of Connecticut (Danbury) Program
Sponsor: University of Connecticut School of Medicine
Danbury Hospital
Prgm Director: Shiv M Gupta, MD
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7223 Fax: 203 730-6473
Length: 2 Yrs
Program ID: 200-08-21-103

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Bartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Richard F Spencer, MD, PhD
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4022 Fax: 860 679-2164
Length: 2 Yrs
Program ID: 200-08-21-020

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Prgm Director: David W Cheng, MD, PhD
PO Box 208042
333 Cedar Street
New Haven, CT 06520
Tel: 203 785-7427 Fax: 203 785-5092
E-mail: david.w.cheng@yale.edu
Length: 2 Yrs
Program ID: 200-08-11-021

District of Columbia
Washington
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: David A Bart-Gradl, MD
Division of Nuclear Medicine
3850 Reservoir Road, NW, #3005
Washington, DC 20007
Tel: 202 444-3560 Fax: 202 444-4687
Length: 2 Yrs
Program ID: 200-10-21-023

Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: George N Stifflarzaki, MD
PO Box 016660
1611 NW 13th Ave, 1-57
Miami, FL 33135
Tel: 305 555-7965 Fax: 305 547-2232
E-mail: gaskets@med.miami.edu
Length: 2 Yrs
Program ID: 200-11-21-087

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Scott C Bartley, MD*
1394 Clifton Road, NW
Atlanta, GA 30322
Tel: 404 712-4843 Fax: 404 712-7435
E-mail: scbartl@emory.edu
Length: 2 Yrs
Program ID: 200-12-21-083

Illinois
Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Ajmal Ali, MD
1553 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-5761 Fax: 312 942-5353
E-mail: nali@rush.edu
Length: 2 Yrs
Program ID: 200-16-11-027

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Richard L Wahl, MD
Room 323
601 N Caroline Street
Baltimore, MD 21205
Tel: 410 614-5764 Fax: 410 278-2903
Length: 2 Yrs
Program ID: 200-23-11-035

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Bruce R Line, MD
23 S Greene Street
Baltimore, MD 21201
Tel: 410 328-6950 Fax: 410 228-1600
Length: 2 Yrs
Program ID: 200-16-21-030

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Bruce R Line, MD
23 S Greene Street
Baltimore, MD 21201
Tel: 410 328-6950 Fax: 410 228-1600
Length: 2 Yrs
Program ID: 200-16-21-030

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Bruce R Line, MD
23 S Greene Street
Baltimore, MD 21201
Tel: 410 328-6950 Fax: 410 228-1600
Length: 2 Yrs
Program ID: 200-16-21-030

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Aaron L Stack, MD*
Department of the Army - Nuclear Medicine
8900 Georgia Avenue NW
Washington, DC 20027
Tel: 202 782-0169 Fax: 202 782-9661
E-mail: alstack@pol.net
Length: 2 Yrs
Program ID: 200-10-12-002
US Armed Services Program

Graduate Medical Education Directory 2005-2006
Massachusetts

Boston
Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Stoughton-West Roxbury)
Children's Hospital
Dana-Farber Cancer Institute
Massachusetts General Hospital
Pgm Director: S Ted Treves, MD
Division of Nuclear Medicine
330 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7935 Fax: 617 730-0620
Length: 2 Yrs
Program ID: 200-24-1-038

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Pgm Director: Kirk A Frey, MD, PhD
1500 E Medical Center Drive
UH B1 0060/0086
Ann Arbor, MI 48109
Tel: 734 836-6388 Fax: 734 836-1056
E-mail: kfrey@umich.edu
Length: 2 Yrs
Program ID: 200-25-11-009

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Pgm Director: Howard J Dworetz, MD
3901 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 896-4126 Fax: 248 896-0407
Length: 2 Yrs
Program ID: 200-25-11-040

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Pgm Director: Amitabh Singh, MD
Radiology Department, DC609.10
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-7885 Fax: 573 884-4729
Length: 2 Yrs
Program ID: 200-28-21-094

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Pgm Director: A Cahid Civelek, MD
2655 Vista Ave at Grand Blvd
P O Box 15250
St Louis, MO 63110
Tel: 314 577-8947 Fax: 314 268-5144
E-mail: civelek@slu.edu
Length: 2 Yrs
Program ID: 200-28-21-042

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barney-Jewish Hospital
St Louis Children's Hospital
Pgm Director: Tom R Miller, MD, PhD
510 South Kingshighway Blvd
University Box 8225
St Louis, MO 63110
Tel: 314 362-2309 Fax: 314 362-2806
Length: 2 Yrs
Program ID: 200-26-11-043

Nebraska

Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Pgm Director: Jordan Bankins, MD
Department of Radiology
881045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-1018 Fax: 402 559-1011
Length: 2 Yrs
Program ID: 200-30-11-044

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: David M Milstein, MD
2310 Eastchester Road
Bronx, NY 10461
Tel: 718 847-8458 Fax: 718 904-2354
Length: 2 Yrs
Program ID: 200-35-21-047

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Mercy Hospital of Buffalo
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Pgm Director: Rani H Abdel Nabi, MD, PhD
1856 Eastchester Road
Buffalo, NY 14214
Tel: 716 885-6999 Fax: 716 567-1150
Length: 2 Yrs
Program ID: 200-35-21-048

Great Neck
North Shore-Long Island Jewish Health System Program
Sponsor: North Shore-Long Island Jewish Health System
North Shore Jewish Medical Center
North Shore University Hospital
Pgm Director: Christopher J Palestro, MD
270-05 74th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7081 Fax: 718 831-1147
Length: 2 Yrs
Program ID: 200-35-11-049

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Donald Margolese, MD
360 Community Drive
Manhasset, NY 11030
Tel: 516 662-4400 Fax: 516 662-1698
Length: 2 Yrs
Program ID: 200-35-21-102

New York

Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Pgm Director: H William Strauss, MD
1275 York Avenue
New York, NY 10021
Tel: 212 699-2383 Fax: 212 717-3269
E-mail: strauswh@mskcc.org
Length: 2 Yrs
Program ID: 200-35-11-060

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Pgm Director: Joseph Machac, MD
Box 1141
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-7888 Fax: 212 831-3851
Length: 2 Yrs
Program ID: 200-35-21-051

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Pgm Director: Hassane M Abdel-Dayem, MD
Department of Nuclear Medicine
153 W 11th Street
New York, NY 10011
Tel: 212 604-8783 Fax: 212 604-3110
Length: 2 Yrs
Program ID: 200-35-12-054

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Ronald L Van Heerdt, MD
168 Fort Washington Avenue
HP 3 521 Dept of Radiology
New York, NY 10032
Tel: 212 306-7300 Fax: 212 305-2544
Length: 2 Yrs
Program ID: 200-35-21-069

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Stanley J Goldsmith, MD
525 E 68th St: STARR 221
New York, NY 10021
Tel: 212 746-4958 Fax: 212 746-9100
Length: 2 Yrs
Program ID: 200-35-11-052

Accredited Programs in Nuclear Medicine
## Accredited Programs in Nuclear Medicine

### North Carolina

#### Chapel Hill

**University of North Carolina Hospitals Program**

- **Sponsor:** University of North Carolina Hospitals
- **Pgm Director:** William H McCartney, MD
- **Room:** 2041, Old Clinic Bldg
- **Box:** 5218, Medical Division
- **Chapel Hill, NC 27514**
- **Phone:** 919-966-4384, 919-843-8740
- **Length:** 2 Yrs
- **Program ID:** 200-35-11-087

#### Durham

**Duke University Hospital Program**

- **Sponsor:** Duke University Hospital
- **Pgm Director:** R. Edward Coleman, MD, BA
- **Box:** 3948, Erwin Road
- **Durham, NC 27710**
- **Phone:** 919-664-7245, 919-664-7135
- **Length:** 2 Yrs
- **Program ID:** 200-36-21-114

### Oregon

#### Portland

**Oregon Health & Science University Program**

- **Sponsor:** Oregon Health & Science University Hospital
- **Pgm Director:** Jeffrey S Stevens, MD
- **Box:** 3131 SW Sam Jackson Park Rd
- **Portland, OR 97239**
- **Phone:** 503-494-2879, 503-494-3685
- **E-mail:** stevensj@ohsu.edu
- **Length:** 2 Yrs
- **Program ID:** 200-40-21-065

### Oklahoma

#### Oklahoma City

**University of Oklahoma Health Sciences Center Program**

- **Sponsor:** University of Oklahoma College of Medicine
- **Pgm Director:** Alan H Maurer, MD
- **Box:** 3101-040
- **University of Oklahoma Medical Center
- **Tulsa, OK 74127**
- **Phone:** 918-663-7272, 918-663-7200
- **E-mail:** amaurer@ouhsc.edu
- **Length:** 2 Yrs
- **Program ID:** 200-41-11-088

#### Thomas Jefferson University Program**

- **Sponsor:** Thomas Jefferson University Hospital
- **Pgm Director:** Charles M Intonzo, MD
- **Box:** 3124, 215-696-3281
- **Philadelphia, PA 19107**
- **Phone:** 215-696-3280, 215-696-3286
- **E-mail:** amaurer@temple.edu
- **Length:** 2 Yrs
- **Program ID:** 200-41-11-088

### Pennsylvania

#### Philadelphia

**Temple University Hospital Program**

- **Sponsor:** Temple University Hospital
- **Pgm Director:** Alan H Maurer, MD
- **Box:** 3101-040
- **University of Oklahoma Medical Center
- **Tulsa, OK 74127**
- **Phone:** 918-663-7272, 918-663-7200
- **E-mail:** amaurer@ouhsc.edu
- **Length:** 2 Yrs
- **Program ID:** 200-41-11-088

#### University of Pennsylvania Program**

- **Sponsor:** University of Pennsylvania Health System Children's Hospital of Philadelphia
- **Pgm Director:** Abas Alavi, MD
- **3400 Spruce St
- **110 Donner
- **Philadelphia, PA 19104**
- **Phone:** 215-696-3209, 215-696-3241
- **E-mail:** abas.alavi@uphs.upenn.edu
- **Length:** 2 Yrs
- **Program ID:** 200-41-21-067

### Puerto Rico

#### San Juan

**University of Puerto Rico Program**

- **Sponsor:** University of Puerto Rico School of Medicine
- **Pgm Director:** Frieda Silva de Boldan, MD
- **GPO Box 5067
- **San Juan, PR 00906**
- **Phone:** 787-758-2525, 787-767-0382
- **Length:** 2 Yrs
- **Program ID:** 200-42-21-069

### South Carolina

#### Charleston

**Medical University of South Carolina Program**

- **Sponsor:** Medical University of South Carolina College of Medicine
- **Pgm Director:** Kenneth M Spicer, MD, PhD
- **Department of Radiology
- **169 Ashley Avenue, PO Box 250322
- **Charleston, SC 29425**
- **Phone:** 843-792-2420, 843-792-3119
- **Length:** 2 Yrs
- **Program ID:** 200-45-21-070

### Tennessee

#### Knoxville

**University of Tennessee Medical Center at Knoxville Program**

- **Sponsor:** University of Tennessee Graduate School of Medicine
- **Pgm Director:** Gary T Smith, MD
- **1024 Alcoa Highway
- **Knoxville, TN 37920**
- **Phone:** 865-544-9919, 865-544-8152
- **Length:** 2 Yrs
- **Program ID:** 200-47-21-109

#### Nashville

**Vanderbilt University Program**

- **Sponsor:** Vanderbilt University Medical Center
- **Pgm Director:** William H Martin, MD
- **Department of Radiology & Radiological Sciences
- **21st Avenue S and Garland Rd, MCN
- **Nashville, TN 37232**
- **Phone:** 615-322-3760, 615-322-3764
- **Length:** 2 Yrs
- **Program ID:** 200-47-21-072
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: William A Erdman, MD
3322 Harry Hines Blvd
Dallas, TX 75390
Tel: 214-590-7130 Fax: 214-590-2720
Length: 2 Yrs ACGME Approved/Offered Positions: 0
Program ID: 209-48-21-073

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke's Episcopal Hospital
Texas Children's Hospital
Program Director: Juliet Wendt, MD
Department of Radiology
One Baylor Plaza - BCM 360
Houston, TX 77030
Tel: 713-798-6892 Fax: 713-798-8399
E-mail: jwendt@bcm.tmc.edu
Length: 2 Yrs
Program ID: 209-48-21-075

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Brooke Army Medical Center
Wilford Hall Medical Center (AFTC)
Program Director: Darlene Metter, MD
7700 Floyd Curl Drive, Mall Stop 7860
San Antonio, TX 78229
Tel: 210-567-6690 Fax: 210-567-6418
Length: 2 Yrs
Program ID: 209-48-21-085

Virginia

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Paul R Jolles, MD
1500 East Marshall Street - North 7
PO Box 80400
Richmond, VA 23298
Tel: 804-828-7975 Fax: 804-828-4181
Length: 2 Yrs
Program ID: 209-51-21-077

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Va Puget Sound Health Care System
Program Director: Janet F Bayly, MD
Box 355113, Room NN203
1600 N E Pacific
Seattle, WA 98109
Tel: 206-548-4340 Fax: 206-548-4496
Length: 2 Yrs
Program ID: 209-54-21-078

Wisconsin

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Michael A Wilson, MD
900 Highland Avenue, E3/311 CSC
Madison, WI 53792
Tel: 608-263-5385 Fax: 608-265-7380
Length: 2 Yrs
Program ID: 209-56-21-079

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.
Clayton J Zablocki Veterans Affairs Medical Center
Procedent Memorial Lutheran Hospital
Program Director: Arthur E Krausow, MD
5230 West Wisconsin Avenue
Department of Radiology
Milwaukee, WI 53226
Tel: 414-885-3714 Fax: 414-771-3460
Length: 2 Yrs
Program ID: 205-56-21-080

Nuclear Radiology (Radiology-Diagnostic)

California

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Fred Mishkin, MD
1000 W Carson Street, Box 23
Torrance, CA 90609
Tel: 310-222-3542 Fax: 310-338-7288
E-mail: mishkin@humc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 425-01-31-065

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: David W Cheng, MD, PhD
333 Cedar St
PO Box 208542
New Haven, CT 06520
Tel: 203-785-7377 Fax: 203-785-5002
E-mail: david.w.cheng@yale.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 425-08-11-002

Georgia

Atlanta
Emory University School of Medicine Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Scott C Bartley, MD*
Room E146
1384 Clifton Road, NE
Atlanta, GA 30322
Tel: 404-712-4843 Fax: 404-712-4835
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 425-12-21-056

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Martin McCarthy, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-568-4686 Fax: 504-568-8565
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 425-21-31-067
Maryland

Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Direct.: Bruce R Line, MD
22 S Greene Street
Baltimore, MD 21201
Tel: 410 226-9680  Fax: 410 226-1600
E-mail: bline@umm.edu
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-33-21-061

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Direct.: Thomas C Hill, MD
One Deaconess Road
Boston, MA 02215
Tel: 617 754-2510  Fax: 617 754-2545
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-24-21-045

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
NYU Hospitals Center
Prgm Direct.: Elissa L Kramer, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-7419  Fax: 212 263-2039
E-mail: elissa.kramer@mayohealth.org
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-35-21-007

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgm Direct.: David Feiglin, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-7021  Fax: 315 464-7068
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-35-21-008

North Carolina

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Direct.: R Edward Coleman, MD
Box 3049, Department of Radiology
Erwin Road
Durham, NC 27710
Tel: 919 684-7245  Fax: 919 684-7135
Length: 1 yr  ACGME Approved/Offered Positions: 3
Program ID: 425-36-21-024

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Direct.: Paige B Clarke, MD
Medical Center Blvd
Department of Radiology
Winston-Salem, NC 27157
Tel: 336 716-6934  Fax: 336 713-3209
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-36-21-926

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Direct.: Marbarr Fernandez-Ulloa, MD
234 Goodman Street
Cincinnati, OH 45219
Tel: 513 584-9024  Fax: 513 584-7680
E-mail: fernarrn@healthnet.com
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-38-13-064

Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Direct.: Donald B Neumann, MD, PhD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2193  Fax: 216 444-3493
Length: 1 yr  ACGME Approved/Offered Positions: 2
Program ID: 425-38-21-362

Pennsylvania

Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Direct.: Abass Alavi, MD
3400 Spruce Street, 110 Donner Division of Nuclear Medicine
Philadelphia, PA 19104
Tel: 215 662-9069  Fax: 215 349-5843
E-mail: abas.alavi@uphs.upenn.edu
Length: 1 yr  ACGME Approved/Offered Positions: 5
Program ID: 425-41-21-948

Texas

Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
North Texas Clinical PET Institute
Prgm Direct.: Hamid R Latifi, MD
3500 Gaston Avenue
Department of Radiology
Dallas, TX 75246
Tel: 214 820-3766  Fax: 214 380-7077
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-45-23-066

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Direct.: William A Erdman, MD
3535 Harry Hines Boulevard
Dallas, TX 75230
Tel: 214 599-5120  Fax: 214 590-2720
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-48-21-027

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Direct.: Patrick K Rehm, MD
PO Box 801790
Charlottesville, VA 22908
Tel: 434 924-9918  Fax: 434 982-1618
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 425-51-11-028
Graduate Medical Education Directory 2005-2006

Accredited Programs in Obstetrics and Gynecology

West Virginia

Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Gary D Marano, MD
721 Health Sciences South, Wvu P&T Center
PO Box 9238
Morgantown, WV 26506
Tel: 304 293-1876    Fax: 304 293-3886
Length: 1 Yr    ACGME Approved/Offered Positions: 1
Program ID: 436-05-21-043

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm Director: Paul J Wender, MD
Department of Obstetrics-Gynecology
4301 West Markham, Slot #518
Little Rock, AR 72205
Tel: 501 328-7660    Fax: 501 686-8045
E-mail: rupleking@uams.edu
Length: 4 Yrs    ACGME Approved/Offered Positions: 16
Program ID: 220-04-11-026

California

Bakersfield

Kern Medical Center Program
Sponsor: Kern Medical Center
Prgm Director: Antonio L Garcia, MD
Department of Obstetrics-Gynecology
1830 Flower Street
Bakersfield, CA 93301
Tel: 661 326-2236    Fax: 661 226-2235
Length: 4 Yrs    ACGME Approved/Offered Positions: 12
Program ID: 220-05-01-827

Fresno

University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: Juan Reyes, MD
Community Medical Centers - Fresno
2823 Fresno 4th Room 4H1
Fresno, CA 93721
Tel: 559 459-2383    Fax: 559 459-2380
Length: 4 Yrs    ACGME Approved/Offered Positions: 12
Program ID: 220-03-31-029

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Kaiser Foundation Hospital (Fontana)
Prgm Director: Robert J Wagner, MD
Dept of Obstetrics/Gynecology
11214 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4703    Fax: 909 558-4838
Length: 4 Yrs    ACGME Approved/Offered Positions: 24
Program ID: 220-05-21-329

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Ricardo Ariztia, MD, MPH
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-7413    Fax: 310 423-3470
E-mail: Ariztia@cshs.org
Length: 4 Yrs    ACGME Approved/Offered Positions: 20
Program ID: 320-05-51-034

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-KingsDrew Medical Center
Prgm Director: Rosetta Hassan, MD
Department of Obstetrics-Gynecology
12021 South Wilmingtom Avenue
Los Angeles, CA 90095
Tel: 310 660-4834    Fax: 310 898-1854
Length: 4 Yrs    ACGME Approved/Offered Positions: 12
Program ID: 220-05-21-037

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Cooper Green Hospital
Prgm Director: Larry C Kilgore, MD
619 19th Street South, OHH 340
Birmingham, AL 35249
Tel: 205 993-5631    Fax: 205 995-6411
Length: 4 Yrs    ACGME Approved/Offered Positions: 25
Program ID: 220-01-11-018

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
Prgm Director: Norman F Angell, MD, PhD
Department of Obstetrics-Gynecology
251 Civic Street, Suite 100
Mobile, AL 36604
Tel: 251 415-1507    Fax: 251 415-1522
E-mail: mfangell@uosouthal.edu
Length: 4 Yrs    ACGME Approved/Offered Positions: 16
Program ID: 220-04-21-020

Arizona

Phoenix

Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Prgm Director: John H Mattox, MD
Department of Obstetrics-Gynecology
1111 E McDowell Road, WT 4
Phoenix, AZ 85006
Tel: 602 239-4344    Fax: 602 239-2359
Length: 4 Yrs    ACGME Approved/Offered Positions: 28
Program ID: 220-03-21-024

Phoenicit Integrated Residency Program
Sponsor: Maricopa Medical Center
St. Joseph's Hospital and Medical Center
Prgm Director: Stephanie Mann, MD
Department of Obstetrics-Gynecology
3601 East Roosevelt
Phoenix, AZ 85008
Tel: 602 344-5894    Fax: 602 344-5894
E-mail: paul.kearney@hcs.maricopa.gov
Length: 4 Yrs    ACGME Approved/Offered Positions: 30
Program ID: 220-03-21-026

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
US Air Force Hospital
Prgm Director: James Machulla, MD
Department of Obstetrics-Gynecology
1501 North Campbell Avenue Box 245078
Tucson, AZ 85724
Tel: 520 232-9530    Fax: 520 232-3514
E-mail: vonatiga@email.arizona.edu
Length: 4 Yrs    ACGME Approved/Offered Positions: 17
Program ID: 220-03-21-025

Obstetrics and Gynecology

Ottawa

University of Ottawa Program
Sponsor: University of Ottawa Faculty of Medicine
Ottawa Hospital General Campus
Prgm Director: Michael Suri, MD
1053 Carling Avenue, Room 2165
Ottawa, ON K1Z 8L6
Tel: 613 585-3600    Fax: 613 585-3601
Length: 2 Yrs    ACGME Approved/Offered Positions: 5
Program ID: 220-05-21-007
Accredited Programs in Obstetrics and Gynecology

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Michael W. Weinberger, MD
Department of Obstetrics-Gynecology
400 Sunset Boulevard, 5th Fl
Los Angeles, CA 90027
Tel: 323 783-483 Fax: 323 783-9731
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-05-12-045

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Prgm Director: Julie A. Henrikse, MD
10833 Le Conte Avenue
Los Angeles, CA 90025
Tel: 310 635-9945 Fax: 310 265-5511
E-mail: ksfong@mednet.ucla.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 31
Program ID: 220-04-31-036

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Lalia I. Muehrssch, MD
1240 N. Mission Road
Los Angeles, CA 90033
Tel: 323 226-3330 Fax: 323 226-2734
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 220-03-11-036

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Prgm Director: Ulena T. Wohlmuth, MD
1200 E. Cesar Chavez Ave
Los Angeles, CA 90002
Tel: 323 260-5810 Fax: 323 265-5592
E-mail: WohlmuthCT@wh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-05-21-008

Oakland
Kaiser Permanente Medical Group (Northern California/Oakland) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Alta Bates Medical Center
Kaiser Permanente Medical Center (Oakland)
Prgm Director: David L. Walton, MD
Department of Obstetrics-Gynecology
250 West Mac Arthur Boulevard
Oakland, CA 94611
Tel: 510 756-7452 Fax: 510 756-6875
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-05-12-040

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Prgm Director: Kirk A. Keegan, MD
Department of Obstetrics-Gynecology
101 City Drive, Building 56, Rm 811
Orange, CA 92868
Tel: 714 456-0707 Fax: 714 456-8360
E-mail: dogarcia@uci.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-05-21-001

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Prgm Director: Mary C. Ciotti, MD
Lawrence J. Ellison Ambulatory Care
4960 Y Street, Suite 3500
Sacramento, CA 95817
Tel: 916 734-6018 Fax: 916 734-6631
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-05-21-028

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Michael F. McNamara, DO
Department of Obstetrics-Gynecology
34730 Bob Wilson Drive, Suite 100
San Diego, CA 92134
Tel: 619 532-6563 Fax: 619 532-5567
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 220-05-11-012

US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Kaiser Foundation Hospital (San Diego)
Prgm Director: Christine B. Miller, MD
200 West Arbor Drive, #443
San Diego, CA 92103
Tel: 619 543-4952 Fax: 619 543-5676
E-mail: obreidents@ucsd.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-05-21-044

San Francisco
Kaiser Permanente Medical Group (Northern California/San Francisco) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (San Francisco)
Prgm Director: David R. Field, MD
2425 Geary Blvd Mezzanine 160
San Francisco, CA 94115
Tel: 415 833-9014 Fax: 415 833-6883
E-mail: losella.noyman@kp.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-05-12-045

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Lee A. Learman, MD, PhD
Dept of Obstetrics-Gynecology
600 Portola Ave, Box 0132, M-1483
San Francisco, CA 94143
Tel: 415 476-0519 Fax: 415 476-1811
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 220-05-21-047

San Jose
Santa Clara Valley Medical Center Program
Sponsor: Santa Clara Valley Medical Center
Prgm Director: Roger A. Spencer, MD
Department of Obstetrics-Gynecology
545 South Bascom Avenue
San Jose, CA 95125
Tel: 408 885-5550 Fax: 408 885-5577
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-05-21-033

Santa Clara
Kaiser Permanente Medical Group (Northern California/Santa Clara)
Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Santa Clara)
Prgm Director: David E. Levin, MD
Graduate Medical Education Office
900 Kiely Blvd, Bldg J, Suite 2
Santa Clara, CA 95051
Tel: 408 526-4821 Fax: 408 236-5135
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 220-05-12-011

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children’s Hospital at Stanford
Prgm Director: Maurice L. Drumm, MD
Department of Obstetrics-Gynecology
300 Pasteur Drive, M-1483
Stanford, CA 94305
Tel: 650 498-7570 Fax: 650 723-7737
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-05-21-048

Torrance
Los Angeles County Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Strl L. Ros, MD
Department of Obstetrics-Gynecology
10900 West Carson Street, Box 3
Torrance, CA 90509
Tel: 310 262-3565 Fax: 310 783-8148
E-mail: skg@obgyn.ucla.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-05-21-050

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Kaiser Foundation Hospital (Vallejo)
Prgm Director: Donald S. Wiersma, MD
OB/Gyn Residency Program (MSSG/SOGIC)
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-3534 Fax: 707 423-3556
E-mail: donald.wiersma@travis.af.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-06-21-001

US Armed Services Program

Graduate Medical Education Directory 2005-2006
Colorado

Denver
Exempla St Joseph Hospital Program
Sponsor: Exempla Saint Joseph Hospital
Program Director: Nicholas A Pernos, MD
OB/Gyn Residency Program
1835 Franklin Street
Denver, CO 80218
Tel: 303 837-7595 Fax: 303 887-6577
E-mail: notocht@exempla.org
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 220-07-21-065

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
HealthONE Rose Medical Center
Program Director: Kirsten J Lund, MD
Dept of ObGyn, B-118
4200 E Ninth Avenue
Denver, CO 80262
Tel: 303 315-3180 Fax: 303 315-1720
E-mail: alicia.gore@uchsc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 36
Program ID: 220-07-31-052

Connecticut

Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Program Director: Stephen D Rosenman, MD
Department of Obstetrics-Gynecology
PO Box 5000
Bridgeport, CT 06601
Tel: 203 384-3311 Fax: 203 384-3364
E-mail: pseros@bthosp.org
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 220-08-11-964

Danbury
Danbury Hospital Program
Sponsor: Danbury Hospital
Program Director: Howard Blanchette, MD
24 Hospital Ave
Danbury, CT 06810
Tel: 203 739-7416 Fax: 203 739-7570
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 220-08-21-065

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: John F Greene, MD
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 670-2850 Fax: 860 670-1228
Length: 4 yrs ACGME Approved/Offered Positions: 36
Program ID: 220-08-21-355

District of Columbia

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Holy Cross Hospital of Silver Spring
Inova Fairfax Hospital
Program Director: Nancy D Gala, MD
Department of Obstetrics-Gynecology
2100 Pennsylvania Avenue, NW 4A-429
Washington, DC 20037
Tel: 202 741-2552 Fax: 202 741-2558
Length: 4 yrs ACGME Approved/Offered Positions: 48
Program ID: 220-10-21-064

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Providence Hospital
Virginia Hospital Center-Arlington
Department of Obstetrics-Gynecology
8800 Reservoir Road, NW (3 PHC)
Washington, DC 20007
Tel: 202 444-8503 Fax: 202 444-4018
Length: 4 yrs ACGME Approved/Offered Positions: 24
Program ID: 220-10-21-063

Howard University Program
Sponsor: Howard University Hospital
Prince George’s Hospital Center
Program Director: Oluwarotimi Adeja, MD
Department of Obstetrics-Gynecology
2041 Georgia Avenue, NW
Washington, DC 20007
Tel: 202 855-1121 Fax: 202 837-6972
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 220-10-21-065

Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: David Bawing, MD
Department of Obstetrics-Gynecology
1421 11th Street, NW, Suite 5 B 83
Washington, DC 20010
Tel: 202 877-6564 Fax: 202 877-6565
Length: 4 yrs ACGME Approved/Offered Positions: 20
Program ID: 220-10-21-067

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: W Patrickuffs, MD
Department of Obstetrics-Gynecology
PO Box 109594
Gainesville, FL 32610
Tel: 352 392-922 Fax: 352 392-2918
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 220-11-11-068

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Guy J Benedict, MD
Department of Obstetrics-Gynecology
652 1 West 8th St, LRC 3rd Fl
Jacksonville, FL 32209
Tel: 904 244-3112 Fax: 904 244-686
E-mail: marsha.cole@ufl.edu
Length: 4 yrs ACGME Approved/Offered Positions: 24
Program ID: 220-11-21-069

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Victor H Gonzales-Quintero, MD, MPH
Holtz Center Room 7207
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 358-764 Fax: 305 358-140
Length: 4 yrs ACGME Approved/Offered Positions: 36
Program ID: 220-11-21-070

Accredited Programs in Obstetrics and Gynecology

Programs

Graduate Medical Education Directory 2005-2006

827
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<td>Sacred Heart Hospital of Pensacola</td>
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<td>Prgm Director: Claude H Boone, MD</td>
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<td>Department of Obstetrics-Gynecology</td>
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<td></td>
<td>5045 Carpenter Creek Drive</td>
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<td>Pensacola, FL 32505</td>
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<td>Tel: 850 416-3450</td>
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<td>E-mail: <a href="mailto:kcaled@hsc.usf.edu">kcaled@hsc.usf.edu</a></td>
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<td>700 6th Street South</td>
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<td>Prgm Director: Hugh W Randall, MD</td>
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<td>Department of Gynecology-Obstetrics</td>
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<td>69 Jesse Hill Jr Drive, SE</td>
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**Additional Programs**

**Illinois**

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<td>Prgm Director: Brenda Darrell, MD</td>
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<td>Department of Obstetrics-Gynecology</td>
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<td></td>
<td></td>
<td>926 West Wellington Avenue</td>
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<td>Chicago, IL 60657</td>
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<td>Tel: 773 296-5601</td>
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<td>Department of Obstetrics-Gynecology</td>
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<td>1835 West Harrison Street</td>
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<td></td>
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<td>Prgm Director: Susan H Porta, MD</td>
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<td>Department of Obstetrics-Gynecology</td>
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<td>Length: 4 yrs ACME Approved/Offered Positions: 36</td>
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<td>Prgm Director: Susan H Porta, MD</td>
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<td>Mount Sinai Hospital Medical Center of Chicago Program</td>
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<td>4 yrs</td>
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<td>Prgm Director: Josef Bokstein, MD</td>
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<td>Prgm Director: Xavier F Pombah, DO</td>
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<td>Program ID: 220-16-21-090</td>
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St Joseph Hospital Program
Sponsor: St Joseph Hospital
Department of Obstetrics-Gynecology
300 North Lake Shore Drive
Chicago, IL 60611
Pgm Director: Pauline Mitchell
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 220-19-11-099

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
601 South Peoria Street
Peoria, IL 61654
Pgm Director: James T. E. Hay
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 220-19-11-100

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
113 South Chestnut Street
Springfield, IL 62704
Pgm Director: Joseph M. Carella
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 220-19-11-101

Iowa
Iowa City
University of Iowa Hospitals and Clinics
Sponsor: University of Iowa Hospitals and Clinics
522 E Market Street
Iowa City, IA 52242
Pgm Director: Robert A. Weidner
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-19-21-100

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
1000 Forest Primeaux Street
Kansas City, MO 64121
Pgm Director: James L. M. Almquist
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 220-19-11-102

Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine
1608 East Old Campus Drive
Wichita, KS 67214
Pgm Director: David A. Conner
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-19-11-103

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
215 E Winter Street
Lexington, KY 40536
Pgm Director: John M. Matthews
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 220-20-11-105

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
301 S. L滨 Street
Louisville, KY 40292
Pgm Director: John L. Barrow
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 220-20-11-106

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
500 Canal Street
New Orleans, LA 70112
Pgm Director: John L. Barrow
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-21-11-107
Ochsner Clinic Foundation Program  
Sponsor: Ochsner Clinic Foundation  
Program Director: Michael A Finn, MD  
Department of Obstetrics-Gynecology  
1514 Jefferson Highway  
New Orleans, LA 70121  
Tel: 504-813-7206  
Fax: 504-843-3193  
E-mail: brjohnson@ochsen.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 16  
Program ID: 220-21-2A-109

Tulane University Program  
Sponsor: Tulane University School of Medicine  
Program Director: Michael A Finn, MD  
Department of Obstetrics-Gynecology  
1430 Tulane Avenue  
New Orleans, LA 70112  
Tel: 504-888-2140  
Fax: 504-888-2403  
Length: 4 Yrs AGGME Approved/Offered Positions: 28  
Program ID: 220-21-2A-109

Shreveport  
Louisiana State University (Shreveport) Program  
Sponsor: LSU Health Sciences Center-University Hospital  
Program Director: James B Unger, MD  
Department of Obstetrics-Gynecology  
1601 Kings Highway  
PO Box 30532  
Shreveport, LA 71130  
Tel: 318-675-9266  
Fax: 318-675-4671  
E-mail: junger@lsuhsc.edu  
Length: 4 Yrs AGGME Approved/Offered Positions: 24  
Program ID: 220-21-11-110

Maine  
Portland  
Maine Medical Center Program  
Sponsor: Maine Medical Center  
Program Director: Donald Wiper, MD  
Department of Obstetrics-Gynecology  
22 Bramhall Street  
Portland, ME 04102  
Tel: 207-877-2744  
Fax: 207-871-6533  
E-mail: wiperd@mmc.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 12  
Program ID: 220-22-11-111

Maryland  
Baltimore  
Franklin Square Hospital Center Program  
Sponsor: Franklin Square Hospital Center  
Program Director: William S Taylor, MD  
Department of Ob/Gyn  
9700 Franklin Square Drive  
Baltimore, MD 21237  
Tel: 410-377-7051  
Fax: 410-377-5100  
Length: 4 Yrs AGGME Approved/Offered Positions: 12  
Program ID: 220-23-21-112

Johns Hopkins University/Greater Baltimore Medical Center Program  
Sponsor: Johns Hopkins University School of Medicine  
Greater Baltimore Medical Center  
Johns Hopkins Bayview Medical Center  
Johns Hopkins Hospital  
Program Director: Jessica L Biemstock, MD, MPH  
Phelps 279  
600 N Wolfe Street  
Baltimore, MD 21287  
Tel: 410-955-8487  
Fax: 410-502-6653  
Length: 4 Yrs AGGME Approved/Offered Positions: 32  
Program ID: 220-23-21-114

Sinai Hospital of Baltimore Program  
Sponsor: Sinai Hospital of Baltimore  
Program Director: Marc Lowea, MD  
Department of Obstetrics-Gynecology  
311 West Belvedere Avenue, Medical Office Bldg Suite 165  
Baltimore, MD 21215  
Tel: 410-601-8197  
Fax: 410-601-8862  
E-mail: mlowea7001@comcast.net  
Length: 4 Yrs AGGME Approved/Offered Positions: 16  
Program ID: 220-23-12-118

University of Maryland Program  
Sponsor: University of Maryland Medical System  
Mercy Medical Center  
Program Director: Laurence C Uchof, MD*  
Department of Obstetrics-Gynecology  
22 S Greene Street  
Baltimore, MD 21201  
Tel: 410-328-0569  
Fax: 410-328-0279  
E-mail: lochof@umm.edu  
Length: 4 Yrs AGGME Approved/Offered Positions: 24  
Program ID: 220-23-21-121

Bethesda  
National Capital Consortium Program  
Sponsor: National Capital Consortium  
National Naval Medical Center (Bethesda)  
Walter Reed Army Medical Center  
Program Director: Christopher M Zahn, MD*  
Uniformed Services University  
601 Jones Bridge Road  
Bethesda, MD 20814  
Tel: 301-285-2048  
Fax: 301-285-1988  
Length: 4 Yrs AGGME Approved/Offered Positions: 24  
Program ID: 220-10-21-834  
US Armed Services Program

Massachusetts  
Boston  
Beth Israel Deaconess Medical Center Program  
Sponsor: Beth Israel Deaconess Medical Center  
Program Director: Hope Biebert, MD*  
330 Brookline Ave  
Boston, MA 02118  
Tel: 617-967-2888  
Fax: 617-967-4173  
E-mail: sbiebert6@caregroup.harvard.edu  
Length: 4 Yrs AGGME Approved/Offered Positions: 20  
Program ID: 220-24-11-123

Boston University Medical Center Program  
Sponsor: Boston Medical Center  
Program Director: Atira Lee-Parritz, MD*  
Department of Obstetrics-Gynecology  
65 East Concord Street  
Boston, MA 02118  
Tel: 617 414-5168  
Fax: 617 414-5161  
E-mail: Valerie.worrell@bmc.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 17  
Program ID: 220-24-21-124

Brigham and Women’s Hospital Program  
Sponsor: Brigham and Women’s Hospital  
Massachusetts General Hospital  
Program Director: Lois B Weitzman, MD*  
75 Francis Street, ASB 3-307  
Dept of Ob/Gyn  
Boston, MA 02115  
Tel: 617-730-7801  
Fax: 617-730-2833  
Length: 4 Yrs AGGME Approved/Offered Positions: 40  
Program ID: 220-24-11-125

Tufts-New England Medical Center Program  
Sponsor: Tufts-New England Medical Center  
Caritas St Elizabeth’s Medical Center of Boston  
Program Director: David Chelimov, MD  
750 Washington Street  
NEMC Box 822  
Boston, MA 02111  
Tel: 617-366-2685  
Fax: 617-366-8315  
Length: 4 Yrs AGGME Approved/Offered Positions: 21  
Program ID: 220-24-21-128

Springfield  
Baystate Medical Center/Tufts University School of Medicine Program  
Sponsor: Baystate Medical Center  
Program Director: Ronald T Berkman, MD*  
Department of Obstetrics-Gynecology  
706 Chestnut Street  
Springfield, MA 01109  
Tel: 413-774-8577  
Fax: 413-774-2354  
E-mail: roland.berkman@bhs.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 21  
Program ID: 220-24-13-129

Worcester  
University of Massachusetts Program  
Sponsor: University of Massachusetts Medical School  
UMass Memorial Health Care (Memorial Campus)  
Program Director: Robert E Berry, MD  
Department of OB-GYN, J4  
110 Belmont Street  
Worcester, MA 01605  
Tel: 508-384-6495  
Fax: 508-384-5871  
E-mail: fragad@ummhc.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 20  
Program ID: 220-24-21-130

Michigan  
Ann Arbor  
St Joseph Mercy Hospital Program  
Sponsor: St Joseph Mercy Health System  
University of Michigan Hospitals and Health Centers  
Program Director: Sharon M O’Leary, MD*  
3333 McAlley Drive  
AES 2106  
Ypsilanti, MI 48197  
Tel: 734-712-5171  
Fax: 734-712-4151  
E-mail: dmthina@trinity-health.org  
Length: 4 Yrs AGGME Approved/Offered Positions: 16  
Program ID: 220-25-31-131

University of Michigan Program  
Sponsor: University of Michigan Hospitals and Health Centers  
Program Director: Clark E Nigent, MD  
1500 East Medical Center Drive  
FGR1B 1st Floor  
Ann Arbor, MI 48109  
Tel: 734-936-7568  
Fax: 734-647-1006  
E-mail: mmqamny@umich.edu  
Length: 4 Yrs AGGME Approved/Offered Positions: 21  
Program ID: 220-25-31-132

Graduate Medical Education Directory 2005-2006
Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Prgm Director: Veronica T Mallett, MD
Suite 126
Dearborn, MI 48123
Tel: 313 563-7819  Fax: 313 436-2783
E-mail: chwaleczk@oakwood.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 229-25-31-193

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: David A Richardson, MD
1-357 Dept of Obstetrics-Gynecology
2750 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1023  Fax: 313 916-5006
E-mail: pmcconnel@hfhs.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-11-396

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Prgm Director: Michael Prynak, PhD, MD
22101 Morin Road
Detroit, MI 48236
Tel: 313 343-7798  Fax: 313 343-4902
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 229-25-11-137

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
The Michigan Orthopaedic Specialty Hospital
Prgm Director: Theodore B Jones, MD
Mail Stop 5 Center
4107 St Antoine
Detroit, MI 48201
Tel: 313 745-7575  Fax: 313 993-2685
E-mail: dpdxuchoe@med.wayne.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 44
Program ID: 229-25-31-758

Flint
Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Prgm Director: John Hebert, MD
Department of Obstetrics-Gynecology
One Hurley Plaza, Suite 101
Flint, MI 48503
Tel: 810 763-6426  Fax: 810 257-9076
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-31-140

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Blodgett Campus
Spectrum Health-Butterworth Campus
Prgm Director: Stephen F Rechner, MD
330 Barlow NE
Suite 102
Grand Rapids, MI 49503
Tel: 616 301-2259  Fax: 616 361-8174
E-mail: Callie.Hansen@Spectrum-Health.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 229-25-21-141

Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Prgm Director: Rhonda S Maney, MD
OB/GYN Residency Program
1215 East Michigan Avenue
Lansing, MI 48909
Tel: 517 367-1400  Fax: 517 485-358
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-31-143

Pontiac
North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers
Prgm Director: Leonard G Dorey, MD
461 West Huron
Med Ed, 207
Pontiac, MI 48341
Tel: 248 857-7159  Fax: 248 857-685
E-mail: chgghf@hvmc.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 229-25-11-144

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Robert A Starr, MD*
3601 W 11 Mile Road
Royal Oak, MI 48073
Tel: 248 551-0417  Fax: 248 551-5406
E-mail: rctarr@beaumont.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 229-25-11-146

Saginaw
Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance
Covenant HealthCare Spier-Harrison Campus
Prgm Director: Henry W Moon, MD*  
1000 Houghton Avenue
Saginaw, MI 48602
Tel: 989 585-6568  Fax: 989 585-6941
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-21-147

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Prgm Director: Robert A Welch, MD, MSA
Department of Obstetrics-Gynecology
16001 W Nine Mile Road, Box 2043
Southfield, MI 48075
Tel: 313 849-2048  Fax: 313 849-2530
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 229-25-21-148

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Regions Hospital
Prgm Director: Linda P Carlson, MD
Department of Obstetrics-Gynecology
MMC 389, 430 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 628-3111  Fax: 612 628-0650
E-mail: lbga@umn.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 40
Program ID: 229-25-21-149

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Rochester Methodist Hospital
Prgm Director: Bruce W Johnston, MD*
Department of Obstetrics-Gynecology
200 First Street, SW
Rochester, MN 55905
Tel: 507 286-2842  Fax: 507 286-9900
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 229-25-21-150

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Sheila B Boudlin, MD*
Department of OB-GYN
500 North State Street
Jackson, MS 39216
Tel: 601 894-5536  Fax: 601 894-5477
E-mail: shailids@ob-gyn.umsmed.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 229-27-11-151

Keesler AFB
Keesler Medical Center Program
Sponsor: Keesler Medical Center
Prgm Director: William F Moore, MD*
Keesler Medical Center/SGOG
301 Fisher Street, Suite 1A122
Keesler AFB, MS 39504
Tel: 228 377-0041  Fax: 228 377-1279
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-21-202

US Armed Services Program

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Columbia Regional Hospital
University Hospitals and Clinics
Prgm Director: Hung N Winn, MD, JD*
422 Keene Street, 3rd Floor
DCS270.00
Columbia, MO 65201
Tel: 573 459-6562  Fax: 573 817-6445
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 229-25-21-150

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Roger P Smith, MD
2501 Holmes Street
Department of Obstetrics and Gynecology
Kansas City, MO 64108
Tel: 816 440-5175  Fax: 816 440-5176
E-mail: debrah.grigsby@mccom.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 229-25-21-154

Graduate Medical Education Directory 2005-2006

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Accredited Programs in Obstetrics and Gynecology

St Louis
St John's Mercy Medical Center Program
Sponsor: St John’s Mercy Medical Center
Prgm. Director: Dimitry Veronikis, MD
615 S New Ballas Rd
St. Louis, MO 63141
Tel: 314 351-6825 Fax: 314 251-6918
E-mail: edwards@stlouischildrens.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-28-23-157

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
DePaul Hospital
St Louis University Hospital
St Mary’s Health Center
Prgm. Director: Paul Aert, MD
Department of Obstetrics, Gynecology and Women’s Health
4130 Clayton Road, Suite 290
St. Louis, MO 63117
Tel: 314 781-4772 Fax: 314 781-1330
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-28-22-158

Washington University-B-JH/SLCH Consortium Program
Sponsor: Washington University-B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm. Director: Rebecca P McAlister, MD
Department of Obstetrics-Gynecology
4011 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110
Tel: 314 362-1016 Fax: 314 362-3328
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-26-21-155

Nebraska
Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Allegiant Health Bergan Mercy Health System
Creighton University Medical Center (Temple - SJFF)
Prgm. Director: Alfred D Fleming, MD
401 N 30th St, Ste 4700
Omaha, NE 68131
Tel: 402 550-4022 Fax: 402 286-4466
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-30-21-168

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Prgm. Director: Teresa G Berg, MD
Department of Obstetrics-Gynecology
88555 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6610 Fax: 402 559-0600
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-30-21-161

Nevada
Las Vegas
University of Nevada Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Prgm. Director: Joseph A Rujas, MD
1401 West Charleston Blvd, #200
Las Vegas, NV 89102
Tel: 702 671-2300 Fax: 702 671-2333
E-mail: carole@med.unr.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-31-21-318

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm. Director: Karen R George, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 654-2188 Fax: 603 654-6906
E-mail: mariah.capurso@hitchcock.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-33-12-102

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgm. Director: Robin L Perry, MD, MS
Department of Obstetrics and Gynecology
Three Cooper Plaza, Suite 521
Camden, NJ 08103
Tel: 856 663-9893 Fax: 856 663-1979
E-mail: robinson-rosalind@cooperhealth.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-33-11-162

Jersey City
Mount Sinai School of Medicine (Jersey City) Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm. Director: Rhonda Nichols, MD
Mount Sinai Medical Ctr-Clinic 8th Fl
50 Baldwin Avenue
Jersey City, NJ 07304
Tel: 201 915-2468 Fax: 201 915-2481
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-33-21-294

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Prgm. Director: Veronica K Kambar, MD
40 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 532-5630 Fax: 973 533-4402
E-mail: dberaganini@sbhcs.com
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-33-12-163

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Prgm. Director: Robert A Graebe, MD
Department of Obstetrics-Gynecology
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6765 Fax: 732 923-2293
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-33-11-164

Neptune
Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Prgm. Director: William J Mann, MD
Department of Obstetrics-Gynecology
145 State Route 35
Neptune, NJ 07753
Tel: 732 779-4128 Fax: 732 776-4505
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-33-12-165

New Brunswick
St Peter’s University Hospital Program
Sponsor: St Peter’s University Hospital
Prgm. Director: Mark L Mokrzycki, MD
154 Easton Avenue, MOR 4th Floor
New Brunswick, NJ 08901
Tel: 732 754-8567 Fax: 732 342-8470
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-33-12-162

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Prgm. Director: Anthony M Vintzileos, MD
Department of Obstetrics-Gynecology
235 Paterson Street
New Brunswick, NJ 08901
Tel: 732 723-7626 Fax: 732 235-6637
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-33-21-167

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Prgm. Director: Martin L Ginovsky, MD, BS
301 Lyons Avenue
Newark, NJ 07112
Tel: 973 923-4787 Fax: 973 923-7497
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 220-33-21-321

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Prgm. Director: Jacqueline S Loughlin, MD
Department of Obstetrics-Gynecology
185 South Orange Avenue, Room ES06
Newark, NJ 07103
Tel: 973 972-5266 Fax: 973-972-4574
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-33-31-166
Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Program Director: Wenda Correa, MD
Department of Obstetrics-Gynecology & Women’s Health
234 East 149th Street, Room 5-18
Bronx, NY 10451
Tel: 718 570-8330 Fax: 718 570-4609
E-mail: correa@nychhc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 220-35-21-926

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Program Director: Kevin DeBely, MD
Our Lady of Mercy Medical Center
609 East 233rd Street
Bronx, NY 10466
Tel: 718 920-9649 Fax: 718 920-8912
Length: 4 Yrs ACGME Approved/Offered Positions: 9 Program ID: 220-35-21-309

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Tina C Mason, MD, MPH
Department of Obstetrics-Gynecology
Linden Blvd at Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 540-0575 Fax: 718 540-0610
Length: 4 Yrs ACGME Approved/Offered Positions: 18 Program ID: 220-35-11-181

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Program Director: David Gal, MD
339 Hicks Street
Brooklyn, NY 11201
Tel: 718 283-7973 Fax: 718 420-8874
Length: 4 Yrs ACGME Approved/Offered Positions: 36 Program ID: 220-35-21-170

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Weiller Hospital
Program Director: Brian L Cohen, MD
Bellevue Educational Center, Rm 516
1000 Morris Park Avenue
Bronx, NY 10461
Tel: 718 430-4001 Fax: 718 430-8774
Length: 4 Yrs ACGME Approved/Offered Positions: 36 Program ID: 220-35-21-170

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Program Director: Magdy Mikhail, MD
Department of Obstetrics-Gynecology
1650 Grand Concourse
Bronx, NY 10457
Tel: 718 239-5388 Fax: 718 239-8300
E-mail: mhikhal@aqol.com
Length: 4 Yrs ACGME Approved/Offered Positions: 17 Program ID: 220-35-11-150

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Program Director: Howard L Minkeff, MD
Department of Obstetrics-Gynecology
4800 Third Avenue
Brooklyn, NY 11219
Tel: 718 283-7973 Fax: 718 283-8468
E-mail: hminkeff@maimonidesmed.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20 Program ID: 220-35-31-192

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Mark Szyber, MD
Department of Obstetrics-Gynecology
566 Sixth Street
Brooklyn, NY 11215
Tel: 718 789-3373 Fax: 718 789-3078
Length: 4 Yrs ACGME Approved/Offered Positions: 13 Program ID: 220-35-31-339

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Oudia Abolafia, MD
Department of Obstetrics-Gynecology
456 Clarkson Avenue, Box 24
Brooklyn, NY 11203
Tel: 718 270-2681 Fax: 718 270-4132
Length: 4 Yrs ACGME Approved/Offered Positions: 20 Program ID: 220-35-21-208

Buffalo
University at Buffalo (Sisters of Charity) Program
Sponsor: University at Buffalo
Sisters of Charity Hospital
Program Director: Anthony R Pizzarras, DO
Department of Obstetrics-Gynecology
5167 Main Street
Buffalo, NY 14214
Tel: 716 882-1500 Fax: 716 882-1881
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 220-35-21-171

University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children’s Hosp of Buffalo)
Program Director: John Yeh, MD
Department of Obstetrics-Gynecology
210 Bryant Street
Buffalo, NY 14222
Tel: 716 887-7138 Fax: 716 888-3853
E-mail: acases@buffalo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36 Program ID: 220-35-21-172

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Mercy Medical Center
Program Director: Desmond A White, MD
Department of Obstetrics-Gynecology
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6250 Fax: 516 572-3124
E-mail: desmond@nassau.com
Length: 4 Yrs ACGME Approved/Offered Positions: 17 Program ID: 220-35-31-174

Flushing
Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Program Director: Allan J Jacobs, MD
650 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-5440 Fax: 718 670-5780
Length: 4 Yrs ACGME Approved/Offered Positions: 13 Program ID: 220-35-31-184
Accredited Programs in Obstetrics and Gynecology

Jamaica
Jamaica Medical Center Program
Sponsor: Jamaica Medical Center
Program Director: Wayne C. Cohen, MD
E-mail: cumc-obgyn@med.cornell.edu
Length: 4 Yrs
Program ID: 220-35-117

Mount Sinai School of Medicine (Jamaica) Program
Sponsor: Mount Sinai School of Medicine
Program Director: Lise M. Weiss, MD
E-mail: REEwaldj@nyuhs.org
Length: 4 Yrs
Program ID: 220-35-118

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
St Vincent Catholic Medical Centers (Mary Immaculate)
St Vincent Catholic Medical Centers (St. John's-Richmond)
Program Director: Jabantra Ayromlooi, MD
E-mail: admion@svenshin.net
Length: 4 Yrs
Program ID: 220-35-119

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Andrew M. Malin, MD
Department of Obstetrics-Gynecology
100 Community Drive
Manhattan, NY 10001
E-mail: xmsmso@nshs.edu
Length: 4 Yrs
Program ID: 220-35-117

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Robin L. Masuka, MD
Department of Obstetrics-Gynecology
259 First Street
Mineola, NY 11501
Tel: 516-683-2204 Fax: 516-742-7821
Length: 4 Yrs
Program ID: 220-35-117

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Vecla S. L. Selvar, MD
Long Island Jewish Medical Center
70-05 176th Avenue, Suite 1100
New Hyde Park, NY 11040
Tel: 718-470-9600 Fax: 718-962-6730
E-mail: selvar@lij.edu
Length: 4 Yrs
Program ID: 220-35-117

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Janet L. Stein, MD
Medical Center
1st Avenue at 19th Street - 8 Baird
New York, NY 10032
Tel: 212-420-4326 Fax: 212-420-2597
Length: 4 Yrs
Program ID: 220-35-11-117

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Program Director: Michael Y. Devine, MD
10 E 77th Street
New York, NY 10075
Tel: 212-434-1160 Fax: 212-343-2180
E-mail: indovin@lenoshill.net
Length: 4 Yrs
Program ID: 220-35-11-118

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Michael L. Brodman, MD
One Gustave L. Levy Place
Box 1177
Elmhurst, NY 11373
Tel: 718-588-1205 Fax: 718-588-1607
Length: 4 Yrs
Program ID: 220-35-119

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Program Director: John P. Kowals, MD
Department of Obstetrics-Gynecology
155 West 116th Street
New York, NY 10027
Tel: 212-461-3080 Fax: 212-461-3077
Length: 4 Yrs
Program ID: 220-35-11-05

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Isidore L. Lerner, MD
Department of Obstetrics-Gynecology
625 West 168th Street, F-16
New York, NY 10032
Tel: 212-241-4975 Fax: 212-241-4582
E-mail: xmsmso@nshs.edu
Length: 4 Yrs
Program ID: 220-35-11-205

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Barry D. Shukatman, MD
Department of Obstetrics-Gynecology
625 East 68th Street
New York, NY 10021
Tel: 212-746-9581 Fax: 212-746-8400
E-mail: acgmv-obgyn@med.cornell.edu
Length: 4 Yrs
Program ID: 220-35-11-197

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Beth Israel Medical Center
Program Director: Scott W Smith, MD
Suite 9E2
560 First Avenue
New York, NY 10016
Tel: 212-263-8860 Fax: 212-263-8251
Length: 4 Yrs
Program ID: 220-35-11-200

NYU Downtown Hospital Program
Sponsor: NYU Downtown Hospital
Program Director: Deirdre Del Priore, MD
Department of Obstetrics-Gynecology
170 William Street, 6th Floor
New York, NY 10038
Tel: 212-263-5880 Fax: 212-263-5875
Length: 4 Yrs
Program ID: 220-35-11-198

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-St. Luke's Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Program Director: Lois E. Feldman, MD
Department of Obstetrics-Gynecology
1000 9th Avenue - Suite 1001
New York, NY 10019
Tel: 212-352-4580 Fax: 212-352-6012
E-mail: swilliams@chpnet.org
Length: 4 Yrs
Program ID: 220-35-11-200

Rochester
Rochester General Hospital Program
Sponsor: Rochester General Hospital
Program Director: Robert C. Tatelbaum, MD
Dept of Obst/Gynecology
4251 Portland Avenue
Rochester, NY 14621
Tel: 658-246-2444 Fax: 658-246-2446
E-mail: darbbie.thomas@vhahealth.org
Length: 4 Yrs
Program ID: 220-35-11-200

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Program Director: Ruth Ann Queinan, MD
Dept of Obstetrics/Gynecology
601 Elmwood Avenue, Box 666
Rochester, NY 14652
Tel: 585-275-0793 Fax: 585-275-4959
E-mail: melanie.page@urmc.rochester.edu
Length: 4 Yrs
Program ID: 220-35-11-200

Staten Island
New York Medical College (Richmond) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Staten Island)
Program Director: Vincent Pillari, MD
355 Bard Avenue
Staten Island, NY 10310
Tel: 718-818-0277 Fax: 718-818-2865
Length: 4 Yrs
Program ID: 220-35-11-200
### Accredited Programs in Obstetrics and Gynecology

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### Contact Information

- **Staten Island University Hospital Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 718-804-6059
  - Fax: 718-226-4873
  - Email: smangus@si.edu
  - Length: 4 Yrs
  - Program ID: 220-35-11-307

- **Stony Brook SUNY at Stony Brook Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 631-444-3757
  - Fax: 631-444-8954
  - Length: 4 Yrs
  - Program ID: 220-35-21-316

- **Syracuse SUNY Upstate Medical University Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 315-470-7807
  - Fax: 315-470-7999
  - Length: 4 Yrs
  - Program ID: 220-35-21-215

- **Valhalla New York Medical College at Westchester Medical Center Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 212-423-6766
  - Fax: 212-423-8121
  - Email: kaminks@nychc.org
  - Length: 4 Yrs
  - Program ID: 220-35-21-109

- **North Carolina Asheville**
  - Dept: Obstetrics-Gynecology
  - Tel: 828-771-5512
  - Fax: 828-351-0024
  - Length: 4 Yrs
  - Program ID: 220-36-21-314

- **Chapel Hill**
  - Dept: Obstetrics-Gynecology
  - Tel: 919-966-5066
  - Fax: 919-843-1891
  - Length: 4 Yrs
  - Program ID: 220-35-21-216

- **Durham**
  - Dept: Obstetrics-Gynecology
  - Tel: 919-668-2551
  - Fax: 919-668-5547
  - Length: 4 Yrs
  - Program ID: 220-36-21-219

- **Greenville**
  - Dept: Obstetrics-Gynecology
  - Tel: 252-717-4690
  - Fax: 252-714-5329
  - Length: 4 Yrs
  - Program ID: 220-36-21-220

- **Cincinnati**
  - Dept: Obstetrics-Gynecology
  - Tel: 919-966-5066
  - Fax: 919-843-1891
  - Length: 4 Yrs
  - Program ID: 220-36-21-221

- **Ohio**
  - Dept: Obstetrics-Gynecology
  - Tel: 919-966-5066
  - Fax: 919-843-1891
  - Length: 4 Yrs
  - Program ID: 220-36-21-223

- **Summa Health System/NEOUCOM Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 330-375-5119
  - Fax: 330-375-7511
  - Length: 4 Yrs
  - Program ID: 220-36-21-225

- **Canton**
  - Dept: Obstetrics-Gynecology
  - Tel: 330-375-5119
  - Fax: 330-375-7511
  - Length: 4 Yrs
  - Program ID: 220-36-21-226

- **New Hanover Regional Medical Center Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 910-943-0161
  - Fax: 910-762-2896
  - Length: 4 Yrs
  - Program ID: 220-36-11-216

- **Winston-Salem**
  - Dept: Obstetrics-Gynecology
  - Tel: 336-716-2638
  - Fax: 336-716-6937
  - Length: 4 Yrs
  - Program ID: 220-36-21-221

- **University Hospital/University of Cincinnati College of Medicine Program**
  - Dept: Obstetrics-Gynecology
  - Tel: 513-588-6138
  - Fax: 513-588-6138
  - Length: 4 Yrs
  - Program ID: 220-36-21-229
Accredited Programs in Obstetrics and Gynecology

Cleveland
Case Western Reserve University (MetroHealth)/Cleveland Clinic Foundation Program

Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundations
Program Director: Thomas M Frank, MD
2650 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-7886 Fax: 216 778-8642
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-39-21-237

Case Western Reserve University/Cleveland University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Program Director: Nancy Coslier, MD* Department of Obstetrics-Gynecology
11100 Euclid Ave
Cleveland, OH 44106
Tel: 216 844-4744 Fax: 216 844-3346
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-39-21-238

Columbus
Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Grant Medical Center (OhioHealth)
Mount Carmel
Program Director: Philip Samuels, MD
Department of Obstetrics-Gynecology
1654 Upham Drive, 565 Means Hall
Columbus, OH 43210
Tel: 614 293-3773 Fax: 614 293-5577
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-39-11-234

Riverside Methodist Hospitals (OhioHealth)/St Ann's Hospital of Columbus Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
St Ann's Hospital of Columbus
Program Director: Jeffrey G Bell, MD
Department of Medical Education (OB/GYN Program)
3600 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5765 Fax: 614 566-6853
E-mail: amanning@ohiohealth.com
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-39-32-238

Dayton
Wright State University Program

Sponsor: Wright State University School of Medicine
Miami Valley Hospital
Wright-Patterson Medical Center
Program Director: Gary M Botvitz, MD
126 E Apple Street
Suite 5300 CB
Dayton, OH 45409
Tel: 937 389-6273 Fax: 937 222-7256
Length: 4 Yrs ACGME Approved/Offered Positions: 34
Program ID: 220-39-21-236

Toledo
Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Program Director: Lynda J Wolf, MD
3120 Glendale Avenue
Room 1520 Support Health Center
Toledo, OH 43614
Tel: 419 383-4590 Fax: 419 383-3000
E-mail: thalusk@mcwo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-39-22-237

Youngstown
St Elizabeth Health Center/NEUCOM Program

Sponsor: St Elizabeth Health Center
Program Director: William M Quirk, MD
1044 Belmont Avenue
PO Box 1790
Youngstown, OH 44501
Tel: 330 483-2280 Fax: 330 483-2183
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-39-11-238

Ohio University College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine
Tulsa Program
Program Director: Fred D Fumia, MD
Dept of Obstetrics and Gynecology
1440 S 3rd Ave, # 600
Tulsa, OK 74104
Tel: 918 582-0650 Fax: 918 582-0884
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-39-21-240

Tulsa
University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine
Tulsa Program
Program Director: Fred D Fumia, MD
Dept of Obstetrics and Gynecology
1440 S 3rd Ave, # 600
Tulsa, OK 74104
Tel: 918 582-0650 Fax: 918 582-0884
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-39-21-240

Oregon
Portland
Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Legacy Emanuel Hospital and Medical Center
Program Director: Karen Adams, MD
Department of Obstetrics-Gynecology
3181 S W Sam Jackson Park Road, L466
Portland, OR 97201
Tel: 503 494-4466 Fax: 503 494-6680
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-49-21-241

Pennsylvania
Abington
Abington Memorial Hospital Program

Sponsor: Abington Memorial Hospital
Program Director: Joel P Folin, MD
Department of Obstetrics-Gynecology
1200 Old York Road
Abington, PA 19001
Tel: 215 373-9023 Fax: 215 481-3950
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-12-242

Allentown
Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Program Director: Patrick M Weiss, MD
PO Box 7017
17th & Chew Streets
Allentown, PA 18105
Tel: 610 402-6515 Fax: 610 402-9688
E-mail: patrice.weiss@lvh.com
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-11-234

Bethlehem
St Luke's Hospital Program

Sponsor: St Luke's Hospital
Program Director: James Anasti, MD
Bethlehem Campus
901 Ongrum Street
Bethlehem, PA 18015
Tel: 610 954-6576 Fax: 610 954-2381
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-41-31-244

Danville
Geisinger Health System Program

Sponsor: Geisinger Health System
Geisinger Medical Center
Program Director: Edie Dorian, MD
Department of Obstetrics-Gynecology
100 North Academy Avenue
Danville, PA 17322
Tel: 570 271-5286 Fax: 570 271-5819
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-12-245

Hershey
Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
PinnacleHealth System-Harrisburg Hospital
Program Director: Matthew F Davies, MD
Department of Obstetrics-Gynecology
500 University Drive - PO Box 850
Hershey, PA 17033
Tel: 717 531-8141 Fax: 717 531-9020
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-21-246

Philadelphia
Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Program Director: Charles R Beckmann, MD
OB/Gyn Lifter Bldg - rm 1616
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-2621 Fax: 215 456-4686
E-mail: cohen@einstein.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-21-247

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine ( MCP Hahnemann)
Hahnemann University Hospital (Tetn Health System)
Program Director: Mark B Woodland, MD
Mail Stop 495
345 N 15th Street
Philadelphia, PA 19102
Tel: 215 703-1820 Fax: 215 703-1470
E-mail: mbw23@drexel.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-11-250
Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Program Director: William M. Weingarten, MD
333 S. 14th Street
Philadelphia, PA 19107
Tel: 215-827-8340 Fax: 215-827-8363
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-41-11-252

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Thomas Jefferson University Hospital
West Jersey Health System (Camden)
Program Director: Carmen J. Sultana, MD
15 S. Orange Avenue, Suite 400
The Benjamin Franklin House
Philadelphia, PA 19107
Tel: 215-955-4257 Fax: 215-955-5080
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 220-41-11-255

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Thomas Buick, MD
526 Bulles Building
3640 Spruce Street
Philadelphia, PA 19104
Tel: 215-662-4970 Fax: 215-348-5803
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-41-11-256

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Eugene A. Sciorcia, MS
Department of Obstetrics-Gynecology
300 East North Avenue, 7th Floor, South Tower
Pittsburgh, PA 15212
Tel: 412-353-6869 Fax: 412-353-6863
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-41-12-267

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Magee Women’s Hospital
Program Director: Joseph S Sanfilippo, MD, MBA
Department of Ob/Gyn/RS, 3rd Floor
1605 Eubie Boulevard
Pittsburgh, PA 15213
Tel: 412-641-1026 Fax: 412-641-1133
E-mail: dbnucha@mail.magee.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-41-11-258

Western Pennsylvania Hospital/Temple University Program
Sponsor: Western Pennsylvania Hospital
Program Director: Michael J. Bondie, MD
Department of Obstetrics-Gynecology
6800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412-578-5867 Fax: 412-578-4477
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-261

Upland
Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Program Director: Guy J. Hewlett, MD
One Medical Center Boulevard
AUP 352
Upland, PA 19013
Tel: 610-447-7610 Fax: 610-447-7615
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-267

West Reading
Reading Hospital and Medical Center Program
Sponsor: Reading Hospital and Medical Center
Program Director: Peter A. Schwartz, MD
Department of Obstetrics/Gynecology
PO Box 10652
Reading, PA 19601
Tel: 610-968-8821 Fax: 610-968-9292
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-12-262

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Program Director: Nancy S. Roberts, MD
Suite 301
Lankenau Medical Building South
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610-646-5464 Fax: 610-646-2422
E-mail: jervisa@mlhs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-249

York
York Hospital Program
Sponsor: York Hospital
Program Director: Marlan D. Dammswood, MD
1001 South George Street
York, PA 17405
Tel: 717-851-2640 Fax: 717-851-2640
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-263

Puerto Rico
Ponce
Hospital Episcopal San Lucas/Ponce School of Medicine Program
Sponsor: Hospital Episcopal San Lucas
Program Director: Joaquim Laboy, MD
4171 Avenue 122, 41711
PO Box 309550
Ponce, PR 00733
Tel: 787-844-2801 Fax: 787-844-2651
E-mail: laboy@centennial.net
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-42-21-346

San Juan
San Juan University Program
Sponsor: San Juan University
Program Director: Carlos A. Freije, MD
Department of Obstetrics-Gynecology
PMB 370, PO Box 70344 Centro Medico de PR
San Juan, PR 00936
Tel: 787-766-7474 Fax: 787-763-5414
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-42-12-287

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University of Puerto Rico Hospital at Carolina
Program Director: Karlos Adamonis, MD
Medical Sciences Campus
PO Box 365680
San Juan, PR 00936
Tel: 787-767-8740 Fax: 787-764-7781
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 220-42-11-266

Rhode Island
Providence
Brown University Program
Sponsor: Women and Infants Hospital of Rhode Island
Program Director: Donald L. Constant, MD
Department of Obstetrics-Gynecology
101 Dudley Street
Providence, RI 02905
Tel: 401-274-1122 Fax: 401-453-7509
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-41-21-269

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Donna J. Johnson, MD
86 Jonathan Lucas St
Suite 634, PO Box 250419
Charleston, SC 29425
Tel: 843-792-6134 Fax: 843-792-6533
E-mail: johnsodu@musc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-45-21-270

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Program Director: Janice L. Bacon, MD
Two Medical Park, Suite 206
Columbia, SC 29203
Tel: 803-779-4628 Fax: 803-434-4410
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-45-11-271

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Program Director: Robert V. Cummings, MD
Department of Obstetrics-Gynecology
880 West Paris Road, MMOR Suite 410
Greenville, SC 29205
Tel: 864-455-7807 Fax: 864-455-9065
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-45-11-272
Tennessee

Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Program Director: John M Brown, MD
Erlanger Medical Center
PO Box 97206
Chattanooga, TN 37263
Tel: 423-266-4530 Fax: 423-266-4544
E-mail: utobg@erln.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-47-21-574

Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Program Director: Martin E Olsen, MD
Department of Obstetrics-Gynecology
PO Box 7669
Johnson City, TN 37614
Tel: 423-439-8097 Fax: 423-439-7066
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-47-21-341

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
Program Director: Robert F Elder, MD
Department of Obstetrics-Gynecology
1954 Alcoa Highway
Knoxville, TN 37933
Tel: 865-544-6306 Fax: 865-544-6682
E-mail: utobg@smc.utc.utmck.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-47-11-279

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
Program Director: Edwin M Thorpe, MD
Department of Obstetrics-Gynecology
851 Jefferson Avenue Room E102
Memphis, TN 38103
Tel: 901-448-5368 Fax: 901-448-7078
Length: 4 Yrs ACGME Approved/Offered Positions: 44
Program ID: 220-47-21-376

Nashville
Meharry Medical College Program
Sponsor: Meharry Medical College School of Medicine
Metropolitan Nashville General Hospital
Middle Tennessee Medical Center
Program Director: Valerie Montgomery Rice, MD
1005 D B Todd, Jr, Boulevard
Nashville, TN 37208
Tel: 615-227-6284 Fax: 615-227-6286
E-mail: obgynresidency@smac.net
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-47-23-361

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Baptist Hospital
Program Director: Stephen S Eftman, MD
Department of Obstetrics-Gynecology
R 3124 MCN Vanderbilt University
1215 Kirkland Avenue
Nashville, TN 37232
Tel: 615-343-2880 Fax: 615-343-8806
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-47-21-278

Texas

Amarillo
Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center at Amarillo
Northwest Texas Health Care System
Program Director: John M Breen, MD
Department of Obstetrics-Gynecology
1400 Coulter Road
Amarillo, TX 79106
Tel: 806-356-4600 Fax: 806-356-5516
E-mail: suan.ball@ttuchealth.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-21-330

Austin
University of Texas Medical Branch (Austin) Program
Sponsor: University of Texas Medical Branch Hospitals
Brackenridge Hospital
Austin Medical Education Program of Seton Healthcare Network
Austin Women's Hospital
Program Director: Charles E L Brown, MD
601 East 15th Street
Austin, TX 78701
Tel: 512-324-7036 Fax: 512-324-7971
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-48-13-360

Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: James T Norwood, MD
Department of Obstetrics-Gynecology
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214-850-6256 Fax: 214-820-6080
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-31-280

Methodist Hospitals of Dallas Program
Sponsor: Methodist Hospitals of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Morris B Bryant, MD, MS
1441 N Beckley Avenue
PO Box 450996
Dallas, TX 75368
Tel: 214-947-2360 Fax: 214-947-2361
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-31-281

Methodist Hospital Dallas Program
Sponsor: Methodist Hospitals of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Morris B Bryant, MD, MS
1441 N Beckley Avenue
PO Box 450996
Dallas, TX 75368
Tel: 214-947-2360 Fax: 214-947-2361
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-31-281

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: George D Wendel, MD
Department of Obstetrics-Gynecology
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-648-4866 Fax: 214-648-4656
Length: 4 Yrs ACGME Approved/Offered Positions: 72
Program ID: 220-48-31-282

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
B R Thomason General Hospital
Program Director: Jose L Gonzales, MD
Department of Obstetrics-Gynecology
4000 Alberta Avenue
El Paso, TX 79905
Tel: 915-545-6714 Fax: 915-545-6691
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-46-11-815

Fort Worth
John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Harris Methodist Fort Worth
Program Director: Ralph J Anderson, MD
1500 South Main Street
Dept of Ob/Gyn
Fort Worth, TX 76104
Tel: 817-327-1004 Fax: 817-327-1162
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-23-284

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: John C Jennings, MD
312 Clinical Sciences Building
301 University Boulevard
Galveston, TX 77555
Tel: 409-772-6906 Fax: 409-772-5803
E-mail: smbaste@utmb.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 220-48-21-286

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Program Director: Amy E Young, MD
Department of Obstetrics-Gynecology
5550 Fannin, Suite 901
Houston, TX 77030
Tel: 713-798-5656 Fax: 713-798-6044
E-mail: morgandra@bcm.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 220-48-31-286

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
Brackenridge Hospital
Program Director: Eugene C Toy, MD
1819 Crawford - Suite 1708
Mary Gibbs Jones Building
Houston, TX 77002
Tel: 713-757-5617 Fax: 713-657-7191
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-31-288

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Graduate Medical Education Directory 2005-2006
University of Texas at Houston (Lyndon B Johnson General Hospital) Program
Sponsor: University of Texas Medical School at Houston Lyndon B Johnson General Hospital
Program Director: Edward W Novmann, MD
Dept of OB/Gyn, 1112L0001
5556 Kelley Street
Houston, TX 77025
Tel: 713 566-0560 Fax: 713 566-4521
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-48-21-334

University of Texas at Houston (Memorial Hermann Hospital) Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Program Director: Manjula Monga, MD
UT-Houston Medical School
6411 Fannin, Suite 5.604
Houston, TX 77030
Tel: 713 560-0420 Fax: 713 560-0789
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-48-21-289

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Darnall Army Community Hospital
Wilford Hall Medical Center (AETC)
Lackland AFB, TX 78236
Tel: 210 329-0130 Fax: 210 329-0138
E-mail: randal.robinson@lackland.af.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-48-21-289

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Kellie Flood-Shaffer, MD
Department of Obstetrics-Gynecology
3901 4th Street
Lubbock, TX 79430
Tel: 915 743-2001 Fax: 915 743-2390
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-21-290

Odessa
Texas Tech University (Odessa) Program
Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Program Director: Thomas J McHattie, MD, BA*
701 W Fifth Street
Odessa, TX 79763
Tel: 432 235-6360 Fax: 432 335-0240
E-mail: tom.mchattie@ttuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-48-21-331

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Program Director: Elly M-J Xenakis, MD
Mail Code T760 Obstetrics-Gynecology
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5000 Fax: 210 567-3013
E-mail: brewscl@uthscsa.edu
Length: 4 Yrs ACGME Approved/Offereed Positions: 24
Program ID: 220-48-21-292

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: Steven B Allen, MD
Scott & White Hospital
2401 South 31st Street
Temple, TX 76588
Tel: 254 724-7586 Fax: 254 724-7076
Length: 4 Yrs ACGME Approved/Offereed Positions: 16
Program ID: 220-48-21-293

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center LDS Hospital
Program Director: Michael L Draper, MD
Department of Obstetrics-Gynecology
30 North 1900 East, Room 2830
Salt Lake City, UT 84132
Tel: 801 581-5561 Fax: 801 581-5146
E-mail: mla.draper@uofu.edu
Length: 4 Yrs ACGME Approved/Offereed Positions: 20
Program ID: 220-48-21-294

Virginia
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Christina A Murray, MD*
Burlington 204 MCHV Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-4766 Fax: 802 847-5026
Length: 4 Yrs ACGME Approved/Offereed Positions: 12
Program ID: 220-50-21-295

Newport News
Riverside Regional Medical Center Program
Sponsor: Riverside Regional Medical Center
Program Director: Jewell Barrett, MD
Dept of Obstetrics/Gynecology
500 J Clyde Morris Boulevard
Newport News, VA 23601
Tel: 757 594-4731 Fax: 757 594-5184
E-mail: betsy.hamrick@rvhms.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-51-11-297

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Program Director: Gayatri Kapoor, MD†
601 Colley Avenue, Suite 243
Norfolk, VA 23507
Tel: 757 446-7410 Fax: 757 446-8098
E-mail: kaptgp@evms.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-51-21-298

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Alan J Shapiro, MD
Department of Obstetrics-Gynecology
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 853-4850 Fax: 757 853-4850
E-mail: ashiparo@marmed.ostavy.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-51-11-014
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Stephen Cohen, MD, MBA
1250 E Marshall Street, Room 8-454
PO Box 980034
Richmond, VA 23298
Tel: 804 828-8814 Fax: 804 827-1220
E-mail: sghenre@mcd.vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-51-11-299

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Community Hospital
Program Director: Mark C Arner, MD
120 Highland Avenue, Suite 435
Roanoke, VA 24013
Tel: 540 985-0977 Fax: 540 983-1192
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-51-91-300
Accredited Programs in Obstetrics and Gynecology

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Swedish Medical Center
Seattle University of Washington Medical Center
Prgm Director: Sara A Brown, MD
1981, Health Sciences Building
Box 359460
Seattle, WA 98195
Tel: 206 685-2464
E-mail: schegrem@u.washington.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-54-21-301

Tacoma

Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Prgm Director: Peter E Nielsen, MD
Department of Obstetrics-Gynecology
9040A Fitzsimmons Drive
Tacoma, WA 98431
Tel: 253 968-6516 Fax: 253 968-6508
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-54-12-910
US Armed Services Program

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Christos G Hatjis, MD
Suite 304
850 Pennsylvania Avenue
Charleston, WV 25302
Tel: 304 398-1552 Fax: 304 398-1586
E-mail: jennifer.carr@camc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-11-303

Huntington

Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Prgm Director: David C Jude, MD
Department of Obstetrics-Gynecology
1000 Medical Center Dr, Suite 4500
Huntington, WV 25701
Tel: 304 691-1454 Fax: 304 691-1643
E-mail: jcole@marshall.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-21-344

Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Mahreen Hashmi, MD
4061 Health Sciences North
PO Box 9186
Morgantown, WV 26506
Tel: 304 293-7542 Fax: 304 293-4191
E-mail: mhashmi@hsc.wvu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-11-304

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
St Mary’s Hospital Medical Center
Prgm Director: Sabine Drost, MD
Meriter Hospital, 6-Center
203 3 Park Street
Madison, WI 53715
Tel: 608 283-1225 Fax: 608 283-0650
E-mail: rwhilden@wisc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-56-21-306

Milwaukee

Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke’s Medical Center
Prgm Director: Lalroye Chambers, MD
910 North 12th Street Room A503
Milwaukee, WI 53226
Tel: 414 219-5735 Fax: 414 219-5201
E-mail: judy.klingberg@aurora.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-56-19-308

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
St Joseph Regional Medical Center
St Mary's Hospital (Milwaukee)
Prgm Director: Paul M Leen, MD
Department of Obstetrics-Gynecology
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 906-6660 Fax: 414 906-6622
E-mail: kuhlmann@mcw.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Program ID: 220-56-31-307

Oncology (Internal Medicine)

California

Los Angeles

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
Prgm Director: Christy A Russell, MD
1441 Eastlake Avenue
Room 3441
Los Angeles, CA 90033
Tel: 213 805-9598 Fax: 213 805-1504
E-mail: dmoody@usc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 147-05-21-046

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: Ronald Levy, MD
Division of Oncology
269 Campus Drive, Rm 1145
Stanford, CA 94305
Tel: 650 724-6467 Fax: 650 724-2022
E-mail: skirk@stanford.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 147-05-21-020

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Jill Lacy, MD
333 Cedar Street
PO Box 208922
New Haven, CT 06505
Tel: 203 777-6060 Fax: 203 777-7531
E-mail: jill.lacy@yale.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 11
Program ID: 147-09-21-021

District of Columbia

Washington

Howard University Program
Sponsor: Howard University Hospital
Georgetown University Hospital
Walter Reed Army Medical Center
Prgm Director: Fitrov W Tankins, MD
2041 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-7698 Fax: 202 865-7711
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 147-10-21-116
Florida
Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Baptist Medical Center
Shands Jacksonville Medical Center
Prgm Director: Troy G Guthrie, MD
655 West Eight Street
Jacksonville, FL 32206
Tel: 904 244-3072  Fax: 904 244-3082
E-mail: medicaloncology.gme@jax.ufl.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 147-11-22-102

New York
Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Roswell Park Cancer Institute
Prgm Director: Ellis G Levine, MD
400 E疤痕ume Street
Buffalo, NY 14263
Tel: 716 845-8600  Fax: 716 438-5362
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 147-35-31-068

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Prgm Director: Linda Carmosino, MD
801 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 542-4713  Fax: 516 572-5606
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 147-35-21-106

New York
New York University School of Medicine Program
Sponsor: State University of New York School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Franco Muggia, MD
425 First Avenue
Bellevue and E Building, Room 556
New York, NY 10016
Tel: 212-263-6438  Fax: 212-263-8210
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 147-35-21-106

Puerto Rico
San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Program Director: Luis Baerz, MD
Department of Medicine
Beto Poesas Station
San Juan, PR 00928
Tel: 787 758-7585
Fax: 787 758-7585
E-mail: www.sjcdopcah.ptc.net
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 147-42-11-068

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Mike Kaplon, MD*
Division of Medical Oncology
Box 70,622
James H Quillen College
Johnson City, TN 37614
Tel: 423 439-6382  Fax: 423 439-5337
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 147-47-21-195

Michigan
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: David A Decker, MD
357 West 10 Mile Road, Suite 403
Royal Oak, MI 48073
Tel: 248 561-7128  Fax: 248 561-6936
E-mail: tmracas@beaumonthospitals.com
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 147-86-12-161

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Prgm Director: Marvin J Stone, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 830-3454  Fax: 214 830-1000
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 147-48-31-067

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Dennis V Jones, MD
Department of Medicine
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1125  Fax: 409 772-1125
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 147-48-21-103

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
University of Texas M D Anderson Cancer Center
Prgm Director: Robert A Wolff, MD
M D Anderson Cancer Center
820-2780
Houston, TX 77230
Tel: 713 792-7246  Fax: 713 745-1827
Length: 2 Yrs  ACGME Approved/Offered Positions: 36
Program ID: 147-48-31-069

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: Frank Mott, MD
5401 South 31st Street
Temple, TX 76508
Tel: 254 724-0108  Fax: 254 724-9280
E-mail: mwheeler@swmail.sw.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 147-48-21-196

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Fred Hutchinson Cancer Research Center
Seattle Cancer Care Alliance
University of Washington Medical Center
Prgm Director: Ellis W Petersdorf, MD
Fred Hutchinson Cancer Research Center
1100 Fairview Avenue North, D4-100
Seattle, WA 98109
Tel: 206 667-5544  Fax: 206 667-5300
E-mail: epetersd@fhcrc.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 147-44-21-175

Courses and Credits
Graduate Medical Education Directory 2005-2006
Accredited Programs in Oncology (Internal Medicine)
Wisconsin
Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: James A Stewart, MD
600 Highland Avenue, Room E6/630
UW Comprehensive Cancer Center
Madison, WI 53792
Tel: 608-263-3899 Fax: 608-265-8133
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 147-06-21-111

Ophthalmology

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Eye Foundation Hospital
Veterans Affairs Medical Center (Birmingham)
Callahan Eye Foundation Hospital
700 South 18th Street, Suite 601
Birmingham, AL 35233
Tel: 205-325-4507 Fax: 205-325-8200
E-mail: amays@uabmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-01-21-015

Arizona

Tucson

University of Arizona Program
Sponsor: Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Pgm Director: Robert I Park, MD
PO Box 245085
1501 N Campbell Avenue
Tucson, AZ 85704
Tel: 520-222-3800 Fax: 520-221-3655
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-03-21-171

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Richard A Harper, MD
4801 W Markham Street, Slot 623
Little Rock, AR 72205
Tel: 501 386-0160 Fax: 501 386-7037
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-04-21-018

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Pgm Director: Michael Rauter, MD
11224 Anderson Street
FMO Ste 1860
Loma Linda, CA 92334
Tel: 909-665-2160 Fax: 909-665-2180
E-mail: meduser@llumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-05-21-023

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Pgm Director: Malvin D Anders, MD
12621 S Westminster Ave
Los Angeles, CA 90059
Tel: 310 665-4581 Fax: 310 898-9480
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-06-21-036

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County- Harbor-UCLA Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Anthony C Arnold, MD
Suite 2-247
100 Stein Plaza-CHS
Los Angeles, CA 90025
Tel: 310 482-4334 Fax: 310 267-1918
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-05-21-037

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Pgm Director: Alfredo A Sadun, MD, PhD
Doheny Eye Institute
1450 San Pablo Street
Los Angeles, CA 90033
Tel: 323 442-6417 Fax: 323 442-6497
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-05-21-025

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Kaiser Foundation Hospital (Bellflower)
VA Long Beach Healthcare System
Pgm Director: Jennifer L Simpson, MD
118 Med Surge I
Bldg 810 Rm D
Irvine, CA 92697
Tel: 949-824-6106 Fax: 949-824-6105
E-mail: alsane@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-06-21-022

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Jeffrey J Casper, MD
4660 Y Street
Suite 2400
Sacramento, CA 95817
Tel: 916 734-6900 Fax: 916 734-5602
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-06-21-020

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Pgm Director: Ken C Kubik, MD*
Department of Ophthalmology
34680 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-6700 Fax: 619 532-7272
E-mail: kckubik@nmcod.med.navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-09-05-008
US Armed Services Program

842
Graduate Medical Education Directory 2005-2006
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Leah Levi, MD
UCSD Shiley Eye Center (MC 0946)
9410 Campus Point Drive
La Jolla, CA 92038
Tel: 858 534-8556 Fax: 858 822-0045
E-mail: residency@eyescenter.ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-05-21-009

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Alameda County Medical Center
Program Director: Susan Day, MD
Department of Ophthalmology
2240 Clay Street, 5th Floor
San Francisco, CA 94115
Tel: 415 523-5233 Fax: 415 523-3649
E-mail: meded@usfhealth.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-05-23-031

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Douglas P Fredrick, MD
Dept of Ophthalmology, K-301
10 Koret Way
San Francisco, CA 94143
Tel: 415 476-1913 Fax: 415 476-6936
E-mail: dfred@iss.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-05-21-032

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Christopher N Ta, MD
Department of Ophthalmology
158 East 7th Ave, Suite 2100
Menlo Park, CA 94025
Tel: 650 724-9681 Fax: 650 486-2222
E-mail: christopher.ta@stanfordhealthcare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-05-21-083

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Brian M DeBroff, MD
520 Cedar Street
PO Box 230601
New Haven, CT 06501
Tel: 203 776-7523 Fax: 203 776-5909
E-mail: brian.debroff@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-08-21-068

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, D.C.)
Program Director: Raúl Pérez, MD, MPH
5150 Pennsylvania Ave, NW
Suite 1A-1
Washington, DC 20010
Tel: 202 741-2825 Fax: 202 741-2821
E-mail: rramero@umaryland.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-19-21-089

Howard University Program
Sponsor: Howard University Hospital
National Naval Medical Center (Bethesda)
Veterans Affairs Medical Center (Washington DC)
Program Director: Leslie S Jones, MD
2041 Georgia Avenue, NW, Suite 2100
Washington, DC 20060
Tel: 202 865-3502 Fax: 202 865-4258
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 240-10-22-041

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Mary Fran Smith, MD
Dept of Ophthalmology
Box 100284, HMMC
Gainesville, FL 32610
Tel: 352 392-1214 Fax: 352 392-7359
E-mail: kjanitor@ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 240-11-21-042

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute
Veterans Affairs Medical Center
Program Director: Steven Gedde, MD
Bascom Palmer Eye Institute
900 NW 7th Street
Miami, FL 33136
Tel: 305 236-7000 Fax: 305 236-5850
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-11-01-045

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital Program
Program Director: Lewis R Groden, MD
MDC - Box 21
12901 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 747-5523 Fax: 813 747-5521
E-mail: lsigrist@uthsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-11-21-044

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Maria M Aaron, MD
Emory Eye Center Suite 22600
1668 Clifton Road, NR
Atlanta, GA 30322
Tel: 404 778-4530 Fax: 404 778-4903
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-12-21-045

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Program Director: Stephanie L Goel, MD
1120 Fifteenth Street
School of Medicine
Augusta, GA 30912
Tel: 706 731-1153 Fax: 706 723-8328
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-12-21-046

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Richard Anjha, MD
Division of Ophthalmology
1900 West Polk Street, Room 617
Chicago, IL 60612
Tel: 312 864-5171 Fax: 312 864-9573
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-16-23-047
## Accredited Programs in Ophthalmology

### Iowa

**Iowa City**

**University of Iowa Hospitals and Clinics Program**

- **Sponsor:** University of Iowa Hospitals and Clinics
- **Prgm Director:** Keith D Carter, MD
- **Length:** 3 Yrs

**Program ID:** 240-18-11-056

**Length:** ACGME Approved/Offered Positions: 12

### Kansas

**Kansas City**

**University of Kansas Medical Center Program**

- **Sponsor:** University of Kansas School of Medicine
- **Prgm Director:** Keith A Warn, MD
- **Length:** 3 Yrs

**Program ID:** 240-19-21-067

**Length:** ACGME Approved/Offered Positions: 9

### Kentucky

**Lexington**

**University of Kentucky College of Medicine Program**

- **Sponsor:** University of Kentucky College of Medicine
- **Prgm Director:** Julia L Steven, MD
- **Length:** 3 Yrs

**Program ID:** 240-20-21-058

**Length:** ACGME Approved/Offered Positions: 9

### Louisiana

**New Orleans**

**Louisiana State University/Alton Ochsner Medical Foundation Program**

- **Sponsor:** Louisiana State University School of Medicine
- **Prgm Director:** Ira B Fuller, MD
- **Length:** 4 Yrs

**Program ID:** 240-21-31-177

**Length:** ACGME Approved/Offered Positions: 28

### Maryland

**Baltimore**

**Johns Hopkins University/Sinaí Hospital of Baltimore Program**

- **Sponsor:** Johns Hopkins University School of Medicine
- **Prgm Director:** Samuel D Friedman, MD
- **Length:** 3 Yrs

**Program ID:** 240-23-12-096

**Length:** ACGME Approved/Offered Positions: 6
<table>
<thead>
<tr>
<th>University of Maryland Program</th>
<th>Michigan University of Michigan Program</th>
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<tbody>
<tr>
<td>Sponsor: University of Maryland Medical System</td>
<td>Sponsor: University of Michigan Hospitals and Health Centers</td>
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<tr>
<td>Veterans Affairs Medical Center (Willington)</td>
<td>Veterans Affairs Medical Center (Ann Arbor)</td>
</tr>
<tr>
<td>Program Director: Emanuel K Nemedy, MD</td>
<td>Program Director: Shabazz I. Mian, MD*</td>
</tr>
<tr>
<td>419 W Redwood Street</td>
<td>W K Kellogg Eye Center, Box 0714</td>
</tr>
<tr>
<td>Baltimore, MD 21201</td>
<td>1000 Wall Street</td>
</tr>
<tr>
<td>Tel: 410 328-6800</td>
<td>Ann Arbor, MI 48105</td>
</tr>
<tr>
<td>Fax: 410 328-6533</td>
<td>Tel: 734 936-8623</td>
</tr>
<tr>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 9</td>
<td>E-mail: <a href="mailto:kwhitney@umich.edu">kwhitney@umich.edu</a></td>
</tr>
<tr>
<td>Program ID: 240-23-21-068</td>
<td>Program ID: 240-25-11-072</td>
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<th>Bethesda National Capital Consortium (Walter Reed) Program</th>
<th>Detroit Henry Ford Hospital Program</th>
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<tbody>
<tr>
<td>Sponsor: National Capital Consortium</td>
<td>Sponsor: Henry Ford Hospital</td>
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<tr>
<td>Walter Reed Army Medical Center</td>
<td>Program Director: Brian N Bachynski, MD</td>
</tr>
<tr>
<td>Program Director: Thomas P. Ward, MD</td>
<td>2790 W Grand Blvd B-10</td>
</tr>
<tr>
<td>Ophthalmology Service, Department of Surgery</td>
<td>Detroit, MI 48202</td>
</tr>
<tr>
<td>6800 Georgia Avenue NW</td>
<td>Tel: 313 916-2807</td>
</tr>
<tr>
<td>Washington, DC 20017</td>
<td>Fax: 313 916-2496</td>
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<tr>
<td>Tel: 202 787-8600</td>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 15</td>
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<tr>
<td>Fax: 202 782-6156</td>
<td>Program ID: 240-23-13-073</td>
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<td>Length: 3 yrs ACGME Approved/Offered Positions: 9</td>
<td>Wayne State University/Detroit Medical Center Program</td>
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<td>Program ID: 240-16-12-094</td>
<td>Sponsor: Wayne State University/Detroit Medical Center</td>
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<tr>
<td>Program</td>
<td>Director: Michael A Mahr, MD*</td>
</tr>
<tr>
<td>Massachusetts Boston</td>
<td>313 577-4991</td>
</tr>
<tr>
<td>Boston University Medical Center Program</td>
<td>E-mail: <a href="mailto:Juzych@aol.com">Juzych@aol.com</a></td>
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<tr>
<td>Sponsor: Boston Medical Center</td>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 12</td>
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<tr>
<td>Veterans Affairs Medical Center (Boston)</td>
<td>Program ID: 240-24-21-045</td>
</tr>
<tr>
<td>Program Director: John W Gittinger, MD</td>
<td>Program: 240-35-21-075</td>
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<tr>
<td>85 East Concord Street, 4th Floor</td>
<td>Royal Oak William Beaumont Hospital Program</td>
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<tr>
<td>Department of Ophthalmology</td>
<td>Sponsor: William Beaumont Hospital</td>
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<tr>
<td>Boston, MA 02114</td>
<td>Program Director: Robert J. Granadier, MD</td>
</tr>
<tr>
<td>Tel: 617 638-4552</td>
<td>3911 West 13 Mile Road</td>
</tr>
<tr>
<td>Fax: 617 414-2299</td>
<td>Royal Oak, MI 48073</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:ophthal@bu.edu">ophthal@bu.edu</a></td>
<td>Tel: 248 551-3642</td>
</tr>
<tr>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 24</td>
<td>Fax: 248 551-4362</td>
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<td>Length: 3 yrs ACGME Approved/Offered Positions: 9</td>
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<thead>
<tr>
<th>Massachusetts Eye and Ear Infirmary Program</th>
<th>Minnesota Minneapolis University of Minnesota Program</th>
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<tbody>
<tr>
<td>Sponsor: Massachusetts Eye and Ear Infirmary</td>
<td>Sponsor: University of Minnesota Medical School</td>
</tr>
<tr>
<td>Program Director: John I Loewenstein, MD</td>
<td>Fairview University Medical Center</td>
</tr>
<tr>
<td>243 Charles Street</td>
<td>Hennepin County Medical Center</td>
</tr>
<tr>
<td>Department of Ophthalmology</td>
<td>Regions Hospital</td>
</tr>
<tr>
<td>Boston, MA 02114</td>
<td>Veterans Affairs Medical Center (Minneapolis)</td>
</tr>
<tr>
<td>Tel: 617 873-3559</td>
<td>Program Director: Martha W. M. Wright, MD</td>
</tr>
<tr>
<td>Fax: 617 573-3152</td>
<td>MMC 493 420 Delaware St SE</td>
</tr>
<tr>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 24</td>
<td>Minneapolis, MN 55455</td>
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<tr>
<td>Program ID: 240-24-21-070</td>
<td>Tel: 612 625-4400</td>
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<td>Length: 3 yrs ACGME Approved/Offered Positions: 12</td>
<td>E-mail: <a href="mailto:juzych@aol.com">juzych@aol.com</a></td>
</tr>
<tr>
<td>Program ID: 240-26-21-077</td>
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<tr>
<th>Rochester Mayo School of Graduate Medical Education (Rochester) Program</th>
<th>Missouri University of Missouri-Columbia Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor: Mayo School of Grad Med Ed-Mayo Clinic</td>
<td>Sponsor: University of Missouri-Columbia School of Medicine</td>
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<tr>
<td>College of Medicine</td>
<td>Harry S Truman Memorial Veterans Hospital</td>
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<tr>
<td>Mayo Clinic (Rochester)</td>
<td>University Hospitals and Clinics</td>
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<tr>
<td>Rochester Methodist Hospital</td>
<td>Veterans Affairs Medical Center (Jackson)</td>
</tr>
<tr>
<td>Program Director: Michael A Mahr, MD*</td>
<td>Program Director: John W Gittinger, MD</td>
</tr>
<tr>
<td>200 First St, SW</td>
<td>Ophthalmology Service, Department of Surgery</td>
</tr>
<tr>
<td>Department of Ophthalmology</td>
<td>6800 Georgia Avenue NW</td>
</tr>
<tr>
<td>Rochester, MN 55905</td>
<td>Washington, DC 20017</td>
</tr>
<tr>
<td>Tel: 507 284-1700</td>
<td>Program Director: Brian N Bachynski, MD</td>
</tr>
<tr>
<td>Fax: 507 284-4612</td>
<td>Program Director: Robert J. Granadier, MD</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:mahr.michael@mayo.edu">mahr.michael@mayo.edu</a></td>
<td>3911 West 13 Mile Road</td>
</tr>
<tr>
<td>Length: 3 yrs ACGME Approved/Offered Positions: 12</td>
<td>Royal Oak, MI 48073</td>
</tr>
<tr>
<td>Program ID: 240-26-21-077</td>
<td>Tel: 248 551-3642</td>
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<td>Program ID: 240-35-21-075</td>
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<td>Program ID: 240-24-21-068</td>
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<p>| Kansas City University of Missouri at Kansas City Program | |</p>
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<tr>
<th>State</th>
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<th>Sponsor</th>
<th>Accreditation</th>
<th>Length</th>
<th>Phone</th>
<th>Fax</th>
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<th>Program ID</th>
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<tr>
<td>St. Louis</td>
<td>St. Louis University School of Medicine Program</td>
<td>St Louis University School of Medicine</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
</tr>
<tr>
<td>Washington</td>
<td>Washington University/B-JH/SLCH Consortium Program</td>
<td>Washington University/B-JH/SLCH</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
</tr>
<tr>
<td>Nebraska</td>
<td>University of Nebraska Medical Center College of Medicine Program</td>
<td>University of Nebraska Medical Center</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
</tr>
<tr>
<td>New York</td>
<td>Mount Sinai School of Medicine Program</td>
<td>Mount Sinai School of Medicine</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
</tr>
<tr>
<td>New York</td>
<td>New York Presbyterian Hospital (Columbia Campus) Program</td>
<td>New York Presbyterian Hospital</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
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### Accredited Programs in Ophthalmology

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<tr>
<th>Location</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Accreditation</th>
<th>Length</th>
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<th>Fax</th>
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<th>Program ID</th>
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<tr>
<td>St. Louis</td>
<td>Albert Einstein College of Medicine Program</td>
<td>Albert Einstein College of Medicine</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
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<tr>
<td>Great Neck</td>
<td>North Shore-Long Island Jewish Health System Program</td>
<td>North Shore-Long Island Jewish Health System</td>
<td>ACGME Approved</td>
<td>3 yrs</td>
<td>314 256-9331</td>
<td>314 771-0596</td>
<td><a href="mailto:resnery@slu.edu">resnery@slu.edu</a></td>
<td>240-38-21-084</td>
</tr>
</tbody>
</table>

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### New York City Programs

- **Brooklyn**
  - SUNY Health Science Center at Brooklyn Program
    - SUNY Health Science Center at Brooklyn
    - Kings County Hospital
    - Department of Ophthalmology
    - schno@nyshealth.edu
    - Program ID: 240-38-21-084

- **Buffalo**
  - University at Buffalo Program
    - University at Buffalo
    - Erie County Medical Center
    - Department of Ophthalmology
    - Program ID: 240-38-21-084

- **East Meadow**
  - Nassau University Medical Center Program
    - Nassau University Medical Center
    - Department of Ophthalmology
    - Program ID: 240-38-21-084
New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Kip Dolphin, MD
525 East 56th Street
Room 8-111
New York, NY 10022
Tel: 212-746-8787 Fax: 212 746-8792
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-21-199

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan Eye Ear and Throat Hospital
Manhattan VA Harbor Health Care System
Program Director: Laurence T D Sperber, MD
550 First Avenue
New York, NY 10016
Tel: 212-201-6434 Fax: 212 201-6434
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-35-21-109

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
Program Director: Kenneth B Merhige, MD
1111 Amsterdam Avenue
Ophthalmology Department
New York, NY 10025
Tel: 212-533-2562 Fax: 212 533-2478
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-31-111

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Program Director: Mina Chung, MD;
601 Elmwood Avenue
Box 059
Rochester, NY 14642
Tel: 585 275-3664 Fax: 585 273-3313
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-21-115

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Leon Paul Noel, MD
550 Harrison Street
Suite 104
Syracuse, NY 13202
Tel: 315 464-9250 Fax: 315 464-6685
E-mail: vision@upstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-21-116

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
MetroWest Medical Center
Our Lady of Mercy Medical Center
Westchester Medical Center
Program Director: Steven B Zabin, MD
Valhalla, NY 10595
Tel: 914 493-7461 Fax: 914 493-7445
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-21-107

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Sydney Givens, MD, PhD
Department of Ophthalmology
1051 Bioinformatics Building
Chapel Hill, NC 27599
Tel: 919 666-5936 Fax: 919 666-1608
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-38-31-119

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Pratap Challa, MD
Duke Eye Center, DUMC 3802
Erwin Building
Durham, NC 27710
Tel: 919 684-2075 Fax: 919 681-8282
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-38-31-118

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Timothy J Martin, MD
Department of Ophthalmology
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-4911 Fax: 336 716-7984
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-38-31-120

Ohio Akron Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Children's Hospital Medical Center of Akron
Program Director: Charles A Peter, MD, MBA
41 Arch Street, Suite 210
Akron, OH 44301
Tel: 330 375-2600 Fax: 330 375-7365
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-38-21-121

Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc.
Veterans Affairs Medical Center (Cincinnati)
Program Director: Karl C Golnik, MD
Department of Ophthalmology
Eden Ave & Albert Sabin Way (ML 527)
Cincinnati, OH 45267
Tel: 513 558-5153 Fax: 513 558-3100
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-38-21-122

Cleveland Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
St Vincent Charity Hospital/St Luke's Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Jonathan H Lias, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-8895 Fax: 216 444-7177
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-38-21-123

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
MetroHealth Medical Center
Program Director: Elisa F Talboul, MD
Colle Eye Institute, Desk 4192
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-8263 Fax: 216 445-2226
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-38-32-124

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Veterans Affairs Medical Center (Columbus)
Program Director: Robert B Chambers, DO
5251 Crandall Hall
456 W Tenth Avenue
Columbus, OH 43210
Tel: 614 293-8117 Fax: 614 293-8579
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-38-31-127

Oklahoma Oklahoma City University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
McGee Eye Institute
OU Medical Center
OU Medical Center/Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Scott C Sigler, MD
Dean A McGee Eye Institute
608 Stanton Road, Suite 3
Oklahoma City, OK 73104
Tel: 405 271-7816 Fax: 405 271-3910
E-mail: sherry-ross@dmei.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-38-21-119

Oregon Portland Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Legacy Good Samaritan Hospital and Medical Center
Veterans Affairs Medical Center (Portland)
Program Director: Andreas K Lauer, MD
Casey Eye Institute
3375 SW Terwilliger Blvd
Portland, OR 97239
Tel: 503 494-3394 Fax: 503 494-9259
E-mail: bosny@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-38-21-111
Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: University of Pittsburgh Medical Center
Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Ivan L. Waxman, MD, PhD*
Eye and Ear Institute of Pittsburgh
303 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-0428 Fax: 412 647-5119
E-mail: beatonsa@upmc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 240-41-21-138

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
Veterans Hospital
Program Director: Ivan L. Waxman, MD, PhD*
Medical Sciences Campus
PO Box 361067
San Juan, PA 00936
Tel: 787-704-0760 Fax: 787 758-3488
E-mail: townsendwit@uol.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 240-41-21-141

Rhode Island
Providence
Brown University Program
Sponsor: Brown University Hospital-Lifepan
Veterans Affairs Medical Center (Providence)
Program Director: William G. Tsiatsianis, MD
248 Eddy Street, APC-712
Department of Ophthalmology
Providence, RI 02903
Tel: 401 444-6060 Fax: 401 444-6187
E-mail: abraham@brown.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 240-41-11-142

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Elizabeth Sharpe, MD
Storm Eye Institute
187 Ashley Avenue, PO Box 250676
Charleston, SC 29425
Tel: 843 792-8864 Fax: 843 792-3800
E-mail: maroney@musc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 240-41-21-143

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Program Director: James B. Oakman, MD
Four Richland Medical Park
Suite 300
Columbia, SC 29203
Tel: 803 424-7069 Fax: 803 424-2817
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-45-21-165

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
7C Thompson Children’s Hospital Medical Center
Willie D. Miller Eye Center
Program Director: Patrick J. Bowens, MD
Department of Ophthalmology
975 East Third Street, PO Box 112
Chattanooga, TN 37403
Tel: 423 778-6163 Fax: 423 778-2260
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 240-47-11-144

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Natalie O Kerr, MD
Department of Ophthalmology
856 Court Avenue, Suite 2235
Memphis, TN 38163
Tel: 901 448-5841 Fax: 901 448-1299
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-47-21-145

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Sean P. Donahue, MD, PhD
1215 21st Avenue South
8000 Medical Center East
Nashville, TN 37232
Tel: 615 936-9000 Fax: 615 936-3407
E-mail: sean.donahue@vanderbilt.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 240-47-31-147

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Geisinger Medical Center
Pgm Director: Herbert J. Ingraham, MD
Department of Ophthalmology
160 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6531 Fax: 570 271-7146
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 240-41-11-132

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Veterans Affairs Medical Center (Lebanon)
Pgm Director: David Quillen, MD
PO Box 850, MC-HU10
500 University Drive
Hershey, PA 17033
Tel: 717 531-6668 Fax: 717 531-5475
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 240-41-11-138

Philadelphia
Drexel University College of Medicine/
Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MC)
Hahnemann University Hospital (Temet Health System)
Veterans Affairs Medical Center (Wilkes-Barre)
Pgm Director: Elicki Werner, MD*
219 N Broad Street, 3rd Floor
Male Stop 299
Philadelphia, PA 19107
Tel: 215 832-6068 Fax: 215 832-0068
E-mail: eyecare@erols.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-41-21-134

Temple University Hospital Program
Sponsor: Temple University Hospital
Christiana Care Health Services Inc
Lankenau Hospital
Pgm Director: Stephen W. Wang, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-4850 Fax: 215 707-1684
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-41-21-164

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Scheie Eye Institute
Veterans Affairs Medical Center (Philadelphia)
Pgm Director: Nicholas J. Volpe, MD
Myer Circle, 51 N 36th Street
Philadelphia, PA 19104
Tel: 215 662-8042 Fax: 215 243-4804
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 240-41-21-130

Wills Eye Hospital Program
Sponsor: Wills Eye Hospital
Pgm Director: Tara A. Uhlert, MD*
840 Walnut Street
Philadelphia, PA 19130
Tel: 215 440-3170 Fax: 215 892-4732
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 240-41-11-137

Accredited Programs in Ophthalmology
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Phm Director: Preston H Blomquist, MD
Tel: 214 648-3848 Fax: 214 645-8045
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 240-48-21-148

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Phm Director: John T Trope, MD, JD
700 University Boulevard
Galveston, TX 77555
Tel: 409 747-6001 Fax: 409 747-5433
E-mail: jtrope@utmb.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-48-21-149

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ten Taeb General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Phm Director: Eric B Holz, MD
5656 Fannin, NC305
Department of Ophthalmology
Houston, TX 77030
Tel: 713 798-5045 Fax: 713 798-8763
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-48-21-160

University of Texas at Houston Program
Sponsor: University of Texas Southwestern Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Phm Director: Richard S Ruiz, MD
Dept of Ophthalmology and Visual Science
6411 Fannin, MSB 7.024
Houston, TX 77030
Tel: 713 500-6005 Fax: 713 500-6082
E-mail: fernlilbloomer@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-48-21-151

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (ARTC)
Phm Director: David E Holek, MD
WHMC/MCST
2200 Bergquist Dr, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6573 Fax: 210 292-4706
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-48-11-001
US Armed Services Program

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Phm Director: Laura D Cook, MD*
PO Box 80710
Charlottesville, VA 22908
Tel: 434 924-1154 Fax: 434 924-1150
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-51-21-156

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Phm Director: John D Sheppard, MD
Dept of Ophthalmology
880 Kempsville Road, Suite 2500
Norfolk, VA 23502
Tel: 757 461-0030
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-51-21-157

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Bartels Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Phm Director: William H Bernson, MD*
1101 East Marshall Street, 8th Floor
MUV Box 982092
Richmond, VA 23298
Tel: 804 826-8680 Fax: 804 826-1239
E-mail: bhnse@vcu.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-51-21-156

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Phm Director: Anjanu Chandral, MD*
Dept of Ophthalmology Box 35485
1905 NE Pacific
Seattle, WA 98105
Tel: 206 685-4740 Fax: 206 543-4141
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-54-21-159

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Phm Director: William R Raymond, MD
Asst: MCCH-SQU
Ophthalmology Service
Tacoma, WA 98431
Tel: 253 968-1760 Fax: 253 968-1461
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-54-21-175
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Luis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals
Phm Director: Jennifer A Silveck-Calcutt, MD*
WVU Eye Institute, Dept of Ophthalmology
PO Box 18193, Stadium Drive
Morgantown, WV 26506
Tel: 304 598-6967 Fax: 304 598-6933
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-55-21-160
Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Neal P Barney, MD
F4/38 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608-263-7861  Fax: 608-263-7864
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-58-21-161

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clarence J Zalewski Veterans Affairs Medical Center
Vroodt Hart Memorial Lutheran Hospital
Prgm Director: Dale Heuser, MD
The Eye Institute
975 N 87th Street
Milwaukee, WI 53226
Tel: 414-456-7915  Fax: 414-456-6563
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 240-58-21-162

Orthopaedic Sports Medicine
(Orthopaedic Surgery)

Alabama
Birmingham
American Sports Medicine Institute Program
Sponsor: American Sports Medicine Institute
Prgm Director: James B Andrews, MD
1010 13th Street, South
Birmingham, AL 35205
Tel: 205-918-0000  Fax: 205-918-0810
Length: 1 Yr  ACGME Approved/Offered Positions: 9
Program ID: 268-01-31-036

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Robert E Hunter, MD
University of Arizona Health Sciences Center
PO Box 245064
Tucson, AZ 85724
Tel: 520-626-6245  Fax: 520-626-6668
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 283-01-31-081

California
Long Beach
Long Beach Memorial Medical Center Program
Sponsor: Long Beach Memorial Medical Center
Southern California Center for Sports Medicine
Prgm Director: Peter R Kurzweil, MD
2861 Atlantic Avenue
Long Beach, CA 90801
Tel: 562-424-6666  Fax: 562-989-0027
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 283-01-21-015

Los Angeles
Kerlan-Jobe Orthopaedic Clinic Program
Sponsor: Kerlan-Jobe Orthopaedic Clinic
Centinela Hospital Medical Center
Prgm Director: Neal E ElAttrache, MD
6811 Park Terrace
Los Angeles, CA 90045
Tel: 310-665-7257  Fax: 310-665-7140
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Program ID: 268-05-21-030

Van Nuys
Southern California Orthopaedic Institute Program
Sponsor: Southern California Orthopaedic Institute
Prgm Director: Richard D Perkel, MD
6815 Noble Street
Van Nuys, CA 91405
Tel: 818-991-6690  Fax: 818-991-6660
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 268-05-21-043

Colorado
Aspen
Aspen Foundation for Sports Medicine Education and Research Program
Sponsor: Aspen Foundation for Sports Medicine-Ortho Assoc of Aspen
Prgm Director: Norman L Harris, MD
110 E Main Street, Suite 202
Aspen, CO 81611
Tel: 970-920-4151  Fax: 970-920-4297
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 269-07-21-035

Vail
Steadman Hawkins Clinic Program
Sponsor: Steadman Hawkins Clinic
Vail Valley Medical Center
Prgm Director: J Richard Steadman, MD*
185 W Meadow Drive, Suite 400
Vail, CO 81657
Tel: 970-479-6790  Fax: 970-479-8753
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 269-07-21-063

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John P Fulkerson, MD
Department of Orthopaedics
10 Tallgove Notch Road
Farmington, CT 06032
Tel: 860-679-6645  Fax: 860-679-6649
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 268-08-21-066

Florida
Coral Gables
HealthSouth Doctors' Hospital Program
Sponsor: HealthSouth Doctors' Hospital
Prgm Director: Harlan Selseleck, MD
1150 Campo Sano Avenue, Suite 201
Coral Gables, FL 33146
Tel: 305-661-8322  Fax: 305-661-3321
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 268-11-21-074

UHZ Sports Medicine Institute Program
Sponsor: UHZ Sports Medicine Institute
HealthSouth Doctors' Hospital
Prgm Director: John W Urbe, MD
1150 Campo Sano Avenue
Suite 200
Coral Gables, FL 33146
Tel: 305-661-3320  Fax: 305-660-3322
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 268-11-21-015
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<td>Chaplin, L. Baker, MD</td>
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<td>Shewin S. Ho, MD</td>
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<td>Arthur C. Rottig, MD*</td>
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<td>Boston University Medical Center Program</td>
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<td>Anthony A. Schepis, MD</td>
<td>Length:</td>
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<td>University of Massachusetts Medical School</td>
<td>William R. Donohue, MD*</td>
<td>Length:</td>
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<td>Ann Arbor</td>
<td>University of Michigan Program</td>
<td>University of Michigan Hospitals and Health Centers</td>
<td>Bruce S. Miller, MD</td>
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Detmto

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Clayton A. Peimer, MD
1050 Second Avenue
Detroit, MI 48202
Tel: 313-816-9870 Fax: 313-816-2478
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 268-25-21-985

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
The Michigan Orthopaedic Specialty Hospital
Prgm Director: Robert A. Tengie
4090 W. 12 Mile Road
Warren, MI 48092
Tel: 586-573-3100 Fax: 586-573-7924
Length: 1 Yr ACGME Approved/Offered Positions:
Program ID: 268-25-21-985

Minnesota

Eden Prairie

The Orthopaedic Center Program
Sponsor: The Orthopaedic Center
Methodist Hospital
Prgm Director: David A. Fischer, MD
7905 Golden Triangle Drive
Suite 100
Eden Prairie, MN 55344
Tel: 952-746-2550 Fax: 952-746-9160
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 268-26-11-990

Edina

Minnesota Sports Medicine Program
Sponsor: Minnesota Sports Medicine
Abbott/Northwestern Hospital/Allina Health System
Fairview University Medical Center
Prgm Director: J. P. Smith, MD
701 55th Avenue South
Suite 100
Minneapolis, MN 55434
Tel: 612-273-4890 Fax: 612-273-4560
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 268-26-21-048

Mississippi

Jackson

Mississippi Sports Medicine and Orthopaedic Center Program
Sponsor: Mississippi Sports Medicine & Orthopaedic Center
Prgm Director: Felix H. Savioe, MD
1335 E. Fortification Street
Jackson, MS 39202
Tel: 601-354-4888 Fax: 601-914-1835
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 268-27-21-071

Missouri

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Baptist-Lutheran Medical Center
St Louis's Hospital
Thomas Medical Center
Prgm Director: Jon E. Browne, MD
3851 College Blvd #106A
Lenexa, KS 66211
Tel: 913-316-7650 Fax: 913-310-7661
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 268-28-21-051

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Barnes-Jewish West County Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: George A. Paletta, MD
Campus Box 0523
660 S Euclid Ave
St Louis, MO 63110
Tel: 314-747-5540 Fax: 314-747-3756
E-mail: orthbru@muscatine.wustl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 268-28-21-076

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Prgm Director: Robert C. Scheneck, MD
Dept of Orth and Rehab, MSC10 5600
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-5481 Fax: 505-272-8088
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 268-34-22-092

Taos

Taos Orthopaedic Institute and Research Foundation Program
Sponsor: Taos Orthopaedic Institute and Research Foundation
Prgm Director: James H. Lubowitz, MD
1219-A Gusdorf Road
Taos, NM 87571
Tel: 505-758-0000 Fax: 505-758-8736
E-mail: info@taosortho.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 268-34-21-088

New York

East Amherst

Northtowns Orthopaedics/Buffalo General Hospital Program
Sponsor: Northtowns Orthopaedics
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Leslie J. Bissom, MD
5105 Transit Road
East Amherst, NY 14051
Tel: 716-636-1470
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 268-35-12-079

New York Hospital for Special Surgery/Cornell Medical Center Program
Sponsor: Hospital for Special Surgery
Prgm Director: Thomas L. Wickiewicz, MD
535 East 70th Street
New York, NY 10021
Tel: 212-605-1156 Fax: 212-774-2243
E-mail: ambrose@hss.org
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 268-35-21-025

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Prgm Director: Barton Nisonson, MD
130 East 77th Street
New York, NY 10021
Tel: 212-570-9130
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 268-35-11-004

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Orrin Sherman, MD
530 First Avenue
New York, NY 10016
Tel: 212-263-8961 Fax: 212-263-8750
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 268-35-31-078

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Kenneth E. DeFauw, MD
601 Elmwood Avenue, Box 605
Rochester, NY 14642
Tel: 585-275-2970 Fax: 585-756-4750
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 268-38-21-040

West Point

Keller Army Community Hospital Program
Sponsor: Keller Army Community Hospital
Prgm Director: Dean C. Taylor, MD
Orthopaedic Service
900 Washington Road
West Point, NY 10996
Tel: 845-338-4581 Fax: 845-338-6986
E-mail: dean.taylor@usz.ameddl.army.mil
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 268-35-21-055

US Armed Services Program

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Laurence D. Higgins, MD
Box 3615
Durham, NC 27710
Tel: 919-684-6600 Fax: 919-684-8919
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 268-35-31-091
Ohio

Cincinnati

Christ Hospital/University of Cincinnati College of Medicine Program

Sponsor: Christ Hospital
University of Cincinnati College of Medicine
Program Director: Robert S Heidt, MD
2159 Auburn Avenue
Cincinnati, OH 45219
Tel: 513 866-2742 Fax: 513 866-3269
Length: 1 Year ACGME Approved/Offered Positions: 3
Program ID: 268-38-21-031

Cincinnati Sports Medicine and Orthopaedic Center Program

Sponsor: Cincinnati Sports Medicine and Orthopaedic Center
Program Director: Frank R Noyes, MD
12115 Serraton Lane
Cincinnati, OH 45246
Tel: 513 735-3283 Fax: 513 475-5303
E-mail: mwieder@csomc.com
Length: 1 Year ACGME Approved/Offered Positions: 4
Program ID: 268-38-21-041

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Program Director: Richard D Parker, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-2092 Fax: 216 448-7400
E-mail: parkerr@ccf.org
Length: 1 Year ACGME Approved/Offered Positions: 3
Program ID: 268-38-21-058

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Program Director: Christopher C Kaeling, MD
2650 Kenny Road
Columbus, OH 43221
Tel: 614 293-9813 Fax: 614 293-4309
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-38-21-008

Pennsylvania

Philadelphia

Graduate Hospital Program

Sponsor: Graduate Hospital (Temt Health System)
Program Director: Frederick C Baldini, MD
One Graduate Plaza
1800 Lombard Street
Philadelphia, PA 19146
Tel: 215 238-0777 Fax: 215 238-6558
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-41-02-014

Temple University Hospital Program

Sponsor: Temple University Hospital
Program Director: Ray A Meyer, MD
3401 N Broad St
Philadelphia, PA 19140
Tel: 215 707-8338 Fax: 215 707-2334
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-41-0140

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Cooper Hospital/University Medical Center
Lankenau Hospital
Program Director: Michael G Gigoun, MD
1015 Chestnut Street, Suite 719
Philadelphia, PA 19107
Tel: 215 955-1800
Length: 1 Year ACGME Approved/Offered Positions: 3
Program ID: 268-41-21-054

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC South Side
UPMC St Margaret
Program Director: Christopher D Harner, MD
3200 South Water Street
Pittsburgh, PA 15232
Tel: 412 432-3662 Fax: 412 432-3600
Length: 1 Year ACGME Approved/Offered Positions: 5
Program ID: 268-41-21-018

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Program Director: John E Kuhn, MD
Vanderbilt Sports Medicine Fellowship Program
2001 Jess Neely Drive
Nashville, TN 37212
Tel: 615 322-7879 Fax: 615 343-0633
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 268-47-13-086

Texas

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
St Luke's Episcopal Hospital
Program Director: Walter R Lowe, MD
Department of Orthopaedic Surgery
6550 Fannin, Suite 400
Houston, TX 77030
Tel: 713 866-5560 Fax: 713 866-5561
Length: 1 Year ACGME Approved/Offered Positions: 4
Program ID: 268-40-01-027

Lubbock

Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center
University Medical Center
Program Director: Mimi Dziewiatkowska, MD
3001 Kell Street
Lubbock, TX 79430
Tel: 806 743-2465 Fax: 806 743-1918
E-mail: diane.robinson@ttuhsc.edu
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-48-31-098

San Antonio

University of Texas Health Science Center at San Antonio/Nix Medical Center Program
Sponsor: University of Texas Health Science Center at San Antonio
Methodist Healthcare System
Nix Medical Center
Program Director: Jess C DeLee, MD
2829 Babcock Road, Suite 700
San Antonio, TX 78229
Tel: 210 693-1476 Fax: 210 615-1634
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-48-31-042

Utah

Murray

The Advanced Orthopaedics and Sports Medicine Program
Sponsor: The Advanced Orthopaedics and Sports Medicine Program
Program Director: Lonnie E Pustel, MD
Suite 500
Murray, UT 84107
Tel: 801 256-2327 Fax: 801 268-4704
Length: 1 Year ACGME Approved/Offered Positions: 3
Program ID: 268-49-31-011

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Robert T Burke, MD
500 Wakara Way
Salt Lake City, UT 84108
Tel: 801 587-4355
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-49-31-022

Virginia

Arlington

Georgetown University Program
Sponsor: Virginia Hospital Center-Arlington
Program Director: Robert P Kirsch, MD, MS
1715 N George Mason Drive, Ste 504
Arlington, VA 22203
Tel: 703 532-3600 Fax: 703 532-3603
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 268-51-21-062

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: David B Jokl, MD
PO Box 800159
Charlottesville, VA 22908
Tel: 434 243-2374 Fax: 434 243-2900
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 268-51-21-057

Richmond

Orthopaedic Research of Virginia Program
Sponsor: Orthopaedic Research of Virginia
Program Director: John F Meyers, MD
7660 E Parham Road, Suite 207
Richmond, VA 23298
Tel: 804 522-5650 Fax: 804 827-3561
Length: 1 Year ACGME Approved/Offered Positions: 3
Program ID: 268-51-21-099
Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: John F Ortwin, MD
600 Highland Avenue, K4751
Madison, WI 53792
Tel: 608 263-5636
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 268-56-21-017

Orthopaedic Surgery

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Pgm Director: David A Volgas, MD
510 20th Street South
PDT60
Birmingham, AL 35294
Tel: 205 394-6135 Fax: 205 975-9635
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: HSO
Program ID: 260-01-21-044

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospital
University of South Alabama Medical Center
USA Children’s and Women’s Hospital
USA Knollwood Park Hospital
Pgm Director: Frederick N Meyer, MD
3421 Medical Park Drive, Dept of Orthopedic Surgery
2 Medical Park
Mobile, AL 36603
Tel: 251 685-9250 Fax: 251 685-9255
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-01-11-182

Arizona

Phoenix
Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Children’s Rehabilitative Services
Pgm Director: Peter N Giovan, MD*
2001 E Roosevelt St
Phoenix, AZ 85004
Tel: 602 344-1315 Fax: 602 344-1311
E-mail: carole_richards@medprodoctors.com
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-03-23-073

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Pgm Director: John T Ruth, MD
PO Box 245054
Tucson, AZ 85724
Tel: 520 626-2645 Fax: 520 626-2668
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: GRM
Program ID: 260-03-91-054

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Robert D Blasier, MD*
4301 West Markham
Mail Slot 6581
Little Rock, AR 72205
Tel: 501 686-9260 Fax: 501 686-1984
E-mail: BlasierRobert@uams.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO, OFA
Program ID: 260-04-21-094

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettit Memorial Veterans Hospital
Pgm Director: Michael J Coen, MD, MS
11406 Loma Linda Drive
Suite 218
Loma Linda, CA 92354
Tel: 909 558-6444 Fax: 909 558-6118
E-mail: orthopedics@som.lulu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-05-21-083

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC+USC Medical Center
LAC+USC Children’s Hospital
Orthopaedic Hospital
Pgm Director: Donald F Sanders, MD, MSPh*
12021 South Los Angeles Avenue
Los Angeles, CA 90059
Tel: 213 688-6354 Fax: 213 688-3105
E-mail: orthopedic@ucla.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-05-22-069

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Shriners Hospitals for Children (Los Angeles)
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Gerald A M Fireman, MD
10815 Le Conte Avenue
Los Angeles, CA 90045
Tel: 310 794-6310
E-mail: sfulton@mednet.ucla.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: HSO
Program ID: 260-06-21-076
University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Children's Hospital Los Angeles
USC University Hospital
Program Director: Michael J Patazakis, MD
2050 Zonal Avenue, GHN 3900
Los Angeles, CA 90033
Tel: 323 266-7201 Fax: 323 255-2221
Length: 5 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: HSO
Program ID: 260-05-21-193

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
Mission Hospital Regional Medical Center
VA Long Beach Healthcare System
Program Director: Gary J Phipps, MD
101 City Drive South
Dept of Ortho Surgery, Pw 111, 2nd Fl, Rte 81
Orange, CA 92868
Tel: 714 456-5754 Fax: 714 456-7547
E-mail: va@uci.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-05-21-004

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Shriners Hospitals for Children (Sacramento)
University of California (Davis) Medical Center
Program Director: David H Hak, MD, MBA
Department of Orthopaedic Surgery
4860 Y Street, Suite 3800
Sacramento, CA 95817
Tel: 916 734-6294 Fax: 916 734-7904
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-05-21-133

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Michael A Thompson, MD*
36220 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-8467 Fax: 619 532-8467
E-mail: mastump@nmosd.med.navy.mil
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 260-05-31-079
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Robert Podewits, MD, PhD
550 Dickinson Street, Mail Code 8894
San Diego, CA 92103
Tel: 619 543-3544 Fax: 619 543-3540
E-mail: ortho.ucsd.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-05-31-109

San Francisco
St Mary's Hospital and Medical Center Program
Sponsor: St Mary's Hospital and Medical Center
Alameda County Medical Center
Kaiser Permanente Medical Center (Oakland)
Program Director: Garnett P Wynne, MD
450 Scaryn Street
San Francisco, CA 94117
Tel: 415 799-5782
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-05-22-108

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Serena S Hsu, MD*
Dept of Orthopaedic Surgery
500 Parnassus Avenue MU205W
San Francisco, CA 94143
Tel: 415 476-0045 Fax: 415 476-1204
E-mail: staurnea@oorthosp.ucsf.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-05-21-002

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Ludicte Salee Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Program Director: Timothy E McDermott, MD*
Department of Orthopaedic Surgery
300 Pasteur Drive, Room A414
Stanford, CA 94305
Tel: 650 725-5630 Fax: 650 723-5904
E-mail: kdenney@stanford.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-05-21-098

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Louis M Kwong, MD*
1000 West Carson Street, Box 422
Torrance, CA 90309
Tel: 310 222-3716 Fax: 310 383-8794
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-05-31-122

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: Steven J Morgan, MD
2450 E Ninth Avenue, Box B202
Denver, CO 80202
Tel: 303 372-5625 Fax: 303 372-5683
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-07-21-004

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Veterans Affairs Children's Medical Center
Farmington Hospital
St Francis Hospital and Medical Center
Units of Connecticut Health Center/John Dempsey Hospital
Program Director: Bruce D Browner, MD
10 Talcott Notch Road
PO Box 4037
Farmington, CT 06034
Tel: 860 679-6640 Fax: 860 679-5649
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO, OP, OSM
Program ID: 260-08-21-172

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Thomas S Remesh, MD
PO Box 209W1
New Haven, CT 06520
Tel: 203 786-2579 Fax: 203 786-7132
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 260-08-21-065

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
Clinical Center at the National Institutes of Health
George Washington University Hospital (UHS)
Sibley Memorial Hospital
Washington Hospital Center
Program Director: Robert J Nettina, MD
2150 Pennsylvania Avenue, NW
Room 7-145
Washington, DC 20037
Tel: 202 741-3501 Fax: 202 741-3313
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: OMO
Program ID: 260-10-21-063

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Virginia Hospital Center-Arlington
Program Director: Sam W Wiesel, MD
3800 Reservoir Road, NW
G-FOC
Washington, DC 20007
Tel: 202 444-7831 Fax: 202 444-7831
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OSM
Program ID: 260-10-21-014

Howard University Program
Sponsor: Howard University Hospital
Children's National Medical Center
Providence Hospital
Sinai Hospital of Baltimore
Veterans Affairs Medical Center (Washington DC)
Program Director: Terry L Thompson, MD
2041 Georgia Ave, NW
Washington, DC 20060
Tel: 202 865-1182 Fax: 202 865-4994
E-mail: ortho@howard.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-10-21-115
Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Pgm Director: Robert A Vander Griend, MD
PO Box 137727
Gainesville, FL 32611
Tel: 352-273-7248
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: HSIO, OMO, OSS
Program ID: 260-11-21-129

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Sponsor: Children's Clinic
Pgm Director: Hudson B Berry, MD
Department of Orthopaedic Surgery
655 West Street Avenue (AOC Bldg - 1st Floor)
Jacksonville, FL 32206
Tel: 904-344-7757 Fax: 904-244-7444
E-mail: ortho.gme@jax.ufl.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-11-21-652

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Sponsor: Cedars Medical Center
HealthSouth Doctors' Hospital
Miami Children's Hospital
Veterans Affairs Medical Center (Miami)
Pgm Director: Frank J Eismont, MD
Rehabilitation Center - 3rd Floor, RM 533
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305-586-7138 Fax: 305-214-7658
E-mail: orthoap@med.miami.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Subspecialties: HSIO, OMO, OSS
Program ID: 260-11-21-076

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Pgm Director: Thomas A Cencisuta, BS, MD*
Medial Education - Orthopaedics
22 W Underwood 4th Floor
Orlando, FL 32806
Tel: 407-548-6885 Fax: 321-843-7381
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: OP
Program ID: 260-11-22-184

Georgia

Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Children's Healthcare of Atlanta
Pgm Director: Robert M Harris, MD
303 Parkway Drive, NE
Box 425
Atlanta, GA 30312
Tel: 404-265-3838 Fax: 404-265-4989
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-12-22-113

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Emory University Hospital
Gryd Health System
Pgm Director: Gary R McCullough, MD
10 Jesse Hill Jr Dr
Atlanta, GA 30303
Tel: 404-778-1550 Fax: 404-778-1552
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 240-12-24-089

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Pgm Director: Styles L Bertrand, MD
1120 Fifteenth Street
Augusta, GA 30912
Tel: 706-721-1630 Fax: 706-721-1794
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-12-21-114

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Children's Healthcare of Atlanta
Pgm Director: Lt Col Theodore J Cima, MD*
Orthopaedic Surgeon
Fort Gordon, GA 30905
Tel: 706-787-1890 Fax: 706-787-8087
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-12-21-192
US Armed Services Program

Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Pgm Director: John V Ingall, MD
Orthopaedic Surgery Services, MCHC-DSO
1 Jarrett White Road
Tripler AMC, HI 96850
Tel: 808-433-3557 Fax: 808-433-1554
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-14-31-086
US Armed Services Program

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Queen's Medical Center
Shriners Hospitals for Children (Honolulu)
Pgm Director: Robert E Atkinson, MD
School of Medicine
1556 Luzianne Street, 6th Floor
Honolulu, HI 96813
Tel: 808-547-4651 Fax: 808-586-3022
E-mail: vrdfhc@hawaii.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-14-21-068

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Pgm Director: Michael F Schaefer, MD
645 N Michigan Ave
Suite 810
Chicago, IL 60611
Tel: 312-996-7937
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: OP
Program ID: 260-16-21-007

Rush University Medical Center Program
Sponsor: Rush University Medical Center
School of Medicine
Shriners Hospitals for Children (Chicago)
Pgm Director: Joshua J Jacobs, MD
1653 West Congress Parkway
Room 1471, Jelke
Chicago, IL 60612
Tel: 312-942-5560 Fax: 312-942-2141
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSIO, OSS
Program ID: 260-16-31-174

University of Chicago Program
Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Pgm Director: Terrance Peabody, MD
5841 S Maryland, MC 5079
Chicago, IL 60637
Tel: 773-702-3442 Fax: 773-702-4765
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSIO, OAR, OMO, OSM
Program ID: 260-16-21-138

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
John H Stroger Hospital of Cook County
Shriners Hospitals for Children (Chicago)
University of Illinois Hospital and Clinics
Pgm Director: Edward Abraham, MD
584 S Wolcott Avenue
Room 8-270, MC 844
Chicago, IL 60612
Tel: 312-996-7161 Fax: 312-996-9025
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OSM
Program ID: 260-16-21-947

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Shriners Hospitals for Children (Chicago)
Pgm Director: Terry B Light, MD
2160 S First Avenue
Maguire Building 105, Room 1700
Maywood, IL 60153
Tel: 708-216-4570 Fax: 708-216-6858
E-mail: ortho@lumc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 260-16-21-000
Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John’s Hospital
Program Director: D Gordon Allae, MD
PO Box 19679
Division of Orthopaedics
Springfield, IL 62794
Tel: 217 545-8865 Fax: 217 545-7964
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OSM
Program ID: 200-16-21-110

Indiana
Fort Wayne
Fort Wayne Medical Education Program
Sponsor: Fort Wayne Medical Education Program
Lutheran Hospital of Indiana
Parkview Memorial Hospital
St Joseph Hospital
Program Director: Daniel J Cumminske, MD
2445 Lake Avenue
Fort Wayne, IN 46805
Tel: 260 422-6573 Fax: 260 423-6621
E-mail: knight@fwme5.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-17-21-118

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Program Director: Randall T Loder, MD
541 Clinical Drive, Room 600
Indianapolis, IN 46202
Tel: 317 274-7113 Fax: 317 274-3702
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OSM
Program ID: 260-17-21-008

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: J Lawrence March, MD
Orthopaedic Surgery, 61005 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-0480 Fax: 319 356-8099
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: OSM
Program ID: 260-18-21-189

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Children’s Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: E Bruce Tobey, MD
Mail Stop 3017, 3001 Rainbow Boulevard
Kansas City, KS 64108
Tel: 913 588-7500 Fax: 913 588-8185
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-19-21-140

Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Shriners Hospitals for Children (St Louis)
Veterans Affairs Medical Center (Wichita)
Via Christi Regional Medical Center-St Francis
Wesley Medical Center
Program Director: David McQueen, MD
595 North St Francis
Orthopaedic Residency Program-Rm4076
Wichita, KS 67214
Tel: 316 268-5988 Fax: 316 291-7799
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-19-31-104

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Shriners Hospitals for Children (Lexington)
University of Kentucky Hospital
Program Director: William C Shaffer, MD, BS
740 S Limestone, K401
Lexington, KY 40536
Tel: 859 232-5533 Fax: 859 232-2412
E-mail: brian.judge@uky.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OSM
Program ID: 260-20-21-059

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Medical Pavilion-Norton Healthcare, Inc
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: John B Johnston, MD
Department of Orthopaedic Surgery
210 E Grey Street, Suite 1003
Louisville, KY 40202
Tel: 502 955-5310
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-20-21-009

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Karl K Long Medical Center
Kenner Regional Medical Center
Medical Center of Louisiana at New Orleans
Program Director: Robb Sellars, MD
Department of Orthopaedic Surgery
2035 Gravier Street, Suite 400
New Orleans, LA 70112
Tel: 504 568-6980 Fax: 504 568-4460
E-mail: lbell@lsuhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: OP, OSM
Program ID: 260-21-21-141

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Program Director: Michael R Wilson, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-5032
E-mail: jhamilton@ochsner.org
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 260-21-22-006

Tulane University Program
Sponsor: Tulane University School of Medicine
Children's Hospital of New Orleans
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Ronald P Rodriguez, MD
1430 Tulane Avenue, St, 32
New Orleans, LA 70112
Tel: 504 587-2178 Fax: 504 584-3501
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: OSM
Program ID: 260-21-31-010

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center University Hospital
Owens/Leas Veterans Affairs Medical Center
Shriners Hospitals for Children (Shreveport)
Program Director: James A Allbright, MD
PO Box 3932
101 Kings Highway
Shreveport, LA 71103
Tel: 318 675-6160 Fax: 318 675-6168
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-21-21-043

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Good Samaritan Hospital of Maryland
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Program Director: Michael A Ain, MD
601 N Caroline Street, Suite 1003
Baltimore, MD 21292
Tel: 410 955-3135 Fax: 410 955-1710
E-mail: msterson@jhmi.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-23-21-057
Accredited Programs in Orthopaedic Surgery

**Union Memorial Hospital Program**
Sponsor: Union Memorial Hospital
Johns Hopkins Hospital
Prgm Director: Leslie S Matthews, MD, MFA
201 E Pratt Street
Baltimore, MD 21201
Tel: 410 859-2865
E-mail: kathy.lee@emedstar.net
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: HS0, OPA, OSM
Program ID: 260-23-31-0687

**University of Maryland Program**
Sponsor: University of Maryland Medical System
Johns Hopkins Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Robert S Sterling, MD*
22 South Greene Street
Suite 611B
Baltimore, MD 21201
Tel: 410 328-6040 Fax: 410 328-6934
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: OTR
Program ID: 260-23-31-0688

**Bethesda National Capital Consortium (Bethesda) Program**
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Nemours Children’s Clinic
Prgm Director: Patricia L McGowen, MD*
5901 Wisconsin Avenue
Bethesda, MD 20892
Tel: 202 285-4285 Fax: 202 285-4114
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-23-21-183
US Armed Services Program

**National Capital Consortium (Walter Reed) Program**
Sponsor: National Capital Consortium
Alfred I duPont Hospital for Children
Walter Reed Army Medical Center
Prgm Director: Timothy R Kalko, MD, JD
6900 Georgia Ave, NW
Building 2, Room 5A25
Washington, DC 20027
Tel: 202 782-5852 Fax: 202 782-6845
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: HS0, OSM
Program ID: 260-10-11-075
US Armed Services Program

**Massachusetts General Hospital/Harvard Medical School Program**
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Children’s Hospital
Prgm Director: James F Finn, MD, MFA
55 Fruit Street, ORS-924
Boston, MA 02114
Tel: 617 726-3117 Fax: 617 726-3124
E-mail: dlechen@partners.org
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Subspecialties: HS0, OMO, OP, OSM
Program ID: 260-24-21-011

**Tufts-New England Medical Center Program**
Sponsor: Tufts-New England Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Prgm Director: Charles Cassidy, MD*
Department of Orthopaedics, Box 306
750 Washington Street
Boston, MA 02111
Tel: 617 636-5150 Fax: 617 636-5178
E-mail: jdolphy@tufts-nemc.org
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HS0, OSM
Program ID: 260-24-31-013

**Worcester University of Massachusetts Program**
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Thomas F Breen, MD
50 Lake Avenue North
Worcester, MA 01605
Tel: 508 856-4262 Fax: 508 334-7273
E-mail: nichols.aungie@umassmed.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HS0, OSM
Program ID: 260-24-21-170

**Michigan Ann Arbor University of Michigan Program**
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Madhav A Karunakar, MD*
1500 E Medical Center Dr
2912D Taubman Center
Ann Arbor, MI 48109
Tel: 734 615-0100 Fax: 734 615-9149
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: OSM
Program ID: 260-23-21-074

**Detroit Henry Ford Hospital Program**
Sponsor: Henry Ford Hospital
William Beaumont Hospital
Prgm Director: Paul Dougherty, MD*
2700 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-7123 Fax: 313 916-2478
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: OSM
Program ID: 260-23-11-142

**Wayne State University/Detroit Medical Center Program**
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Providence Hospital and Medical Centers
Sinai-Grace Hospital (Grace Campus)
Sinai-Grace Hospital (Sinai Campus)
The Michigan Orthopaedic Specialty Hospital
Prgm Director: Stephen P Feins, MD, MS
2800 Ryan Road, Suite 220
Warren, MI 48092
Tel: 586 558-1126 Fax: 586 558-1187
E-mail: ralph@kaiser.org
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Program ID: 260-23-31-203

**Flint McLaren Regional Medical Center Program**
Sponsor: McLaren Regional Medical Center
Flint Medical Center
Prgm Director: Norman E Walter, MD
401 South Ballenger Highway
Attn: Orthopaedic Education Office
Flint, MI 48502
Tel: 810 342-2111 Fax: 810 342-3659
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-23-13-098

**Grand Rapids Grand Rapids Medical Education and Research Center/Michigan State University Program**
Sponsor: Grand Rapids Medical Education and Research Center
St Mary’s Mercy Medical Center (Grand Rapids)
Spectrum Health-Bledgett Campus
Spectrum Health-Butterworth Campus
Prgm Director: Ronald Hooij, MD
Michigan State University - Orthopaedic Res Prog
300 Lafayette, SE 5490
Grand Rapids, MI 49503
Tel: 616 752-6615 Fax: 616 730-6283
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-23-21-190

**Kalamazoo Kalamazoo Center for Medical Studies/Michigan State University Program**
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Bronson Methodist Hospital
Prgm Director: E Dennis Lyne, MD
Michigan State University
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-0250 Fax: 269 337-6441
E-mail: orthoscy@kms.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-23-21-126

**Royal Oak**

**William Beaumont Hospital Program**
Sponsor: William Beaumont Hospital
Prgm Director: Harry N Herkowitz, MD
3301 West 11 Mile Road
Royal Oak, MI 48073
Tel: 248 551-0426 Fax: 248 551-5641
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OSM
Program ID: 260-23-13-173

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Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Gillette Children's Specialty Healthcare
Veterans Affairs Medical Center (Minneapolis)

Pgm Director: Ana Van Heest, MD
3450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612-273-1177 Fax: 612-273-7969
Length: 5 yrs AGGME Approved/Offered Positions: 40
Subspecialties: ISIO, OAIR, OSM
Program ID: 269-28-21-090

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester

Pgm Director: Allen D Hansen, MD
200 First Street SW
Rochester, MN 55905
Tel: 507-284-3316 Fax: 507-284-5599
E-mail: Hansen.aren@mayo.edu
Length: 5 yrs AGGME Approved/Offered Positions: 50
Subspecialties: ISIO, OAIR, OSM
Program ID: 269-28-21-121

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Mississippi Methodist Hospital and Rehabilitation Center
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)

Pgm Director: Robert A McGuire, MD
2500 N State Street
Jackson, MS 39216
Tel: 601-894-6142 Fax: 601-894-5151
Length: 5 yrs AGGME Approved/Offered Positions: 20
Program ID: 269-27-21-006

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Veterans Hospital
University Hospitals and Clinics

Pgm Director: Barry J Gaylor, MD
One Hospital Drive, MC313
Columbia, MO 65212
Tel: 573-884-5512 Fax: 573-882-1760
Length: 5 yrs AGGME Approved/Offered Positions: 15
Program ID: 269-28-21-148

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center

Pgm Director: James J Hamilton, MD
2301 Holmes Street
Kansas City, MO 64108
Tel: 816-404-5004 Fax: 816-404-5881
Length: 5 yrs AGGME Approved/Offered Positions: 15
Subspecialties: OSM
Program ID: 269-28-21-018

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital

Pgm Director: Bertton R Moed, MD
3935 Vista Avenue at Grand Blvd
Department of Orthopaedic Surgery
St Louis, MO 63110
Tel: 314-577-8550 Fax: 314-258-6116
Length: 5 yrs AGGME Approved/Offered Positions: 15
Program ID: 269-28-21-018

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barren-Jewish Hospital

Pgm Director: Lawrence G Lenke, MD
Orthopaedic Surgery, Campus Box 8233
660 S Euclid Ave
St Louis, MO 63110
Tel: 314-747-2803 Fax: 314-747-3756
E-mail: orthsurg@wusuthls.edu
Length: 5 yrs AGGME Approved/Offered Positions: 30
Subspecialties: ISIO, OAIR, OSM
Program ID: 269-28-21-060

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Teret - SJH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)

Pgm Director: Matthew A Marmion, MD
Department of Orthopaedic Surgery
98108 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-5658 Fax: 402-559-5611
Length: 5 yrs AGGME Approved/Offered Positions: 20
Program ID: 260-30-21-001

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Connecticut Children's Medical Center
Veterans Affairs Medical Center (White River Junction)

Pgm Director: Charles F Carr, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-650-5970 Fax: 603-650-3007
Length: 5 yrs AGGME Approved/Offered Positions: 10
Program ID: 260-32-21-092

New Jersey

Long Branch

Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Children's Hospital of Philadelphia
Morristown Memorial Hospital

Pgm Director: Angelo J Logano, MD
300 Second Avenue, Room 2515SW
Long Branch, NJ 07740
Tel: 732-923-5648 Fax: 732-923-6768
E-mail: mmnmothouchsurgery@hhbcs.com
Length: 5 yrs AGGME Approved/Offered Positions: 10
Program ID: 269-33-11-146

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital

Pgm Director: Charles J Gut, MD
PO Box 19, St French Street
New Brunswick, NJ 08903
Tel: 732-535-7859 Fax: 732-235-4002
Length: 5 yrs AGGME Approved/Offered Positions: 15
Program ID: 269-33-21-149

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System

Pgm Director: Fred P Behrens, MD
90 Bergen Street, Suite 5200
Newark, NJ 07103
Tel: 973-972-5556 Fax: 973-972-6817
Length: 5 yrs AGGME Approved/Offered Positions: 30
Subspecialties: OMO
Program ID: 269-38-31-102

South Orange

Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center

Pgm Director: Vincent K McNerney, MD
St Joseph's Regional Medical Center
700 Main Street
Paterson, NJ 07503
Tel: 973-754-2324 Fax: 973-754-4357
Length: 5 yrs AGGME Approved/Offered Positions: 10
Program ID: 269-33-15-147
New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Carrie Tingley Hospital
University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque)
Phone Director: Melodi S. Moseic, MD
MSC10 5600
1 University of New Mexico Albuquerque, NM 87131
Tel: 505 273-4107 Fax: 505 273-8098
E-mail: ugphoon@salud.unm.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: HSO, OSM, OTR
Program ID: 260-34-31-993

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Elin Hospital
St. Peter's Hospital Veterans Affairs Medical Center (Albany)
Phone Director: Richard L. Ubl, MD
1307 Washington Avenue
Albany, NY 12206
Tel: 518 453-2079 Fax: 518 453-1463
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 260-35-31-955

New York
Albany
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Westside Hospital
Phone Director: Martin Levy, MD
1680 Eastchester Road
Suite 222
Bronx, NY 10461
Tel: 718 466-8132 Fax: 718 466-8135
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-35-21-187

New York
Bronx
Kingsbrook Jewish Medical Center Program
Sponsor: Kingsbrook Jewish Medical Center
St. Vincent Catholic Medical Centers (Manhattan)
Phone Director: Eli Bryk, MD
550 Schenectady Avenue
Brooklyn, NY 11203
Tel: 718 604-5483 Fax: 718 604-5576
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 260-35-31-185

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Connecticut Children's Medical Center
Phone Director: Jack Choecka, MD
4925 Eleventh Avenue
Brooklyn, NY 11219
Tel: 718 283-7362 Fax: 718 283-6199
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-35-21-107

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Veterans Affairs Medical Center (Brooklyn)
Brooklyn Hospital and Medical Center Kings County Hospital Center
Phone Director: William P. Urban, MD
450 Clarkson Avenue
Brooklyn, NY 11205
Tel: 718 270-3179 Fax: 718 270-3983
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Program ID: 260-35-21-144

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hospital of Buffalo)
SUNY at Buffalo School of Medicine
Phone Director: Lawrence B. Bone, MD
Department of Orthopaedic Surgery
452 Grider Street
Buffalo, NY 14215
Tel: 716 694-4735 Fax: 716 887-3323
Length: 5 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-21-024

Jamaica
New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St. Vincent Catholic Medical Centers (Brooklyn-Queens)
Phone Director: John B. Denon, MD
88-35 103rd Street
Jackson, NY 11432
Tel: 718 558-7241 Fax: 718 558-6181
E-mail: JDenton@nymc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-21-124

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center North Shore University Hospital
Phone Director: David M. Dine, MD
2701-53 76th Avenue
Room 220
New Hyde Park, NY 11040
Tel: 718 470-7209 Fax: 718 667-2380
Length: 5 Yrs ACGME Approved/Offered Positions: 15 Subspecialities: HSO, OAR, OSM
Program ID: 260-35-21-152

New York
Hospital for Special Surgery/Cornell Medical Center Program
Sponsor: Hospital for Special Surgery
New York Hospital Medical Center of Queens New York Presbyterian Hospital (Cornell Campus)
Phone Director: Thomas F. Sculco, MD
535 East 70th Street
New York, NY 10021
Tel: 212 606-1486 Fax: 212 774-3779
Length: 5 Yrs ACGME Approved/Offered Positions: 40 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-21-022

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Children's Hospital
Phone Director: Chulrangia P. Ranaewal, MD
130 East 77th Street
New York, NY 10021
Tel: 212 343-2710 Fax: 212 343-2928
Length: 5 Yrs ACGME Approved/Offered Positions: 10 Subspecialties: OAR, OSM
Program ID: 260-35-11-175

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Hospitals Maimonides Medical Center
Phone Director: Martin S. Lichten, MD
One Gustave L. Levy Place, Box 1188
New York, NY 10029
Tel: 212 241-1621 Fax: 212 241-9229
E-mail: GDenton@svcmcreny.org
Length: 5 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: HSO
Program ID: 260-35-21-060

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Phone Director: William N. Levine, MD
Department of Orthopaedic Surgery
622 West 168th Street, Room PH11
New York, NY 10032
Tel: 212 205-9974 Fax: 212 965-6193
Length: 5 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-31-120

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center Hospital for Joint Diseases Orthopaedic Institute
Phone Director: Joseph H. Zuckerman, MD
510 East 17th Street
Room 1402
New York, NY 10033
Tel: 212 696-6674 Fax: 212 696-6780
Length: 5 Yrs ACGME Approved/Offered Positions: 60 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-12-125

St Luke's-Roosevelt Hospital Center Program
Phone Director: George L. Unis, MD
1111 Amsterdam Avenue Clark 7 - Room 5-763
New York, NY 10025
Tel: 212 238-3050 Fax: 212 238-4676
Length: 5 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: HSO
Program ID: 260-35-11-041

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Phone Director: Sandy N. Rosier, MD, PhD
601 Elmwood Avenue, Box 605
Rochester, NY 14624
Tel: 585 275-5188 Fax: 585 766-4721
E-mail: debbie_ohana@youngstown.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: HSO, OAR, OSM
Program ID: 260-35-21-031
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<tr>
<th>Location</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Tel/ID</th>
<th>Length</th>
<th>Specialty</th>
<th>Program ID</th>
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<tr>
<td>Durham</td>
<td>Duke University Hospital Program</td>
<td>Sponsor: Duke University Hospital</td>
<td>Durham Regional Hospital Shriners Hospitals for Children (Greensville) Veterans Affairs Medical Center (Asheville) Veterans Affairs Medical Center (Durham) Pyna Director: William T. Hardaker, MD</td>
<td>Box 3956 Division of Orthopaedic Surgery Durham, NC 27710</td>
<td>Tel: 919 684-0170 Fax: 919 681-7672 Length: 5 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: HS0 Program ID: 260-95-21-181</td>
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<tr>
<td>Syracuse</td>
<td>SUNY Upstate Medical University Program</td>
<td>Sponsor: SUNY Upstate Medical University Crouse Hospital</td>
<td>Tel: 315 464-3226 Fax: 315 464-9740</td>
<td>Length: 5 Yrs ACGME Approved/Offered Positions: 20</td>
<td>Subspecialties: HS0, OSM Program ID: 260-95-21-048</td>
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<tr>
<td>Valhalla</td>
<td>New York Medical College at Westchester Medical Center Program</td>
<td>Sponsor: New York Medical College Westchester Medical Center St Vincent Catholic Medical Centers (Manhattan) Pyna Director: David E. Asprinio, MD</td>
<td>Sunshine Cottage Adm Building, Valhalla Campus Valhalla, NY 10595</td>
<td>Tel: 914 493-8743 Fax: 914 493-1230</td>
<td>E-mail: <a href="mailto:orth@mynymc.edu">orth@mynymc.edu</a> Length: 5 Yrs ACGME Approved/Offered Positions: 15 Program ID: 260-95-21-007</td>
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<tr>
<td>North Carolina</td>
<td>Chapel Hill</td>
<td>University of North Carolina Hospitals Program</td>
<td>Sponsor: University of North Carolina Hospitals Wake Medical Center Pyna Director: Edmund R. Campion, MD</td>
<td>3144 Bioinformatics, CB#7055 Chapel Hill, NC 27599</td>
<td>Tel: 919 966-8066 Fax: 919 966-6700 Length: 5 Yrs ACGME Approved/Offered Positions: 20 Program ID: 260-95-21-081</td>
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<tr>
<td>Charlotte</td>
<td>Carolinas Medical Center Program</td>
<td>Sponsor: Carolinas Medical Center Pyna Director: Steven L. Frick, MD</td>
<td>P O Box 32901 1000 Blythe Boulevard - MB-503 Charlotte, NC 28222</td>
<td>Tel: 704 355-3184 Fax: 704 355-6641 Length: 5 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: OTR Program ID: 260-95-22-104</td>
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<td>Cincinnati</td>
<td>University Hospital/University of Cincinnati College of Medicine Program</td>
<td>Sponsor: University Hospital Inc Cincinnati Children's Hospital Medical Center Veterans Affairs Medical Center (Cincinnati) Pyna Director: Jolene J. Kinnert, MD</td>
<td>251 Albert Sabin Way P O Box 70212 Cincinnati, OH 45267</td>
<td>Tel: 513 555-4101 Fax: 513 555-2229 Length: 5 Yrs ACGME Approved/Offered Positions: 20 Subspecialties: HS0 Program ID: 260-95-21-017</td>
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<tr>
<td>Cleveland</td>
<td>Case Western Reserve University/University Hospitals of Cleveland Program</td>
<td>Sponsor: University Hospitals of Cleveland MetroHealth Medical Center Veterans Affairs Medical Center (Cleveland) Pyna Director: Randahl B. Marcus, MD</td>
<td>11100 Euclid Avenue Cleveland, OH 44106</td>
<td>Tel: 216 644-3040 Fax: 216 644-3970 Length: 5 Yrs ACGME Approved/Offered Positions: 30 Program ID: 260-95-21-027</td>
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<tr>
<td>Columbus</td>
<td>Mount Carmel Program</td>
<td>Sponsor: Mount Carmel Children's Hospital (Columbus) Pyna Director: Richard A. Fankhauser, MD</td>
<td>705 West State Street Columbus, OH 43222</td>
<td>Tel: 614 254-5954 Length: 5 Yrs ACGME Approved/Offered Positions: 10 Program ID: 260-95-22-025</td>
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<tr>
<td>Ohio</td>
<td>Akron</td>
<td>Akron General Medical Center/NEUCOM Program</td>
<td>Sponsor: Akron General Medical Center Children's Hospital Medical Center of Akron Pyna Director: Mark C. Leseen, MD</td>
<td>400 Wabash Avenue 23449 Akron, OH 44307</td>
<td>Tel: 216 344-6055 Fax: 330 966-2973</td>
<td>E-mail: <a href="mailto:kmwshh@agmc.org">kmwshh@agmc.org</a> Length: 5 Yrs ACGME Approved/Offered Positions: 15 Program ID: 260-95-21-056</td>
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<tr>
<td>Summa Health System/NEUCOM Program</td>
<td>Sponsor: Summa Health System Akron City Hospital (Summa Health System) Children's Hospital Medical Center of Akron Pyna Director: Scott D. Weiner, MD</td>
<td>444 North Main Street P O Box 3900 Akron, OH 44309</td>
<td>Tel: 330 378-5681 Fax: 330 378-5653 Length: 5 Yrs ACGME Approved/Offered Positions: 15 Program ID: 260-95-21-016</td>
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<tr>
<td>Dayton</td>
<td>Wright State University Program</td>
<td>Sponsor: Wright State University School of Medicine Children's Medical Center Miami Valley Hospital Pyna Director: Richard T. Laughlin, MD</td>
<td>125 E Apple Street - Room 2880 Dayton, OH 45409</td>
<td>Tel: 937 208-2137 Fax: 937 208-2220 Length: 5 Yrs ACGME Approved/Offered Positions: 15 Program ID: 260-95-21-105</td>
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<tr>
<td>Toledo</td>
<td>Medical College of Ohio Program</td>
<td>Sponsor: Medical College of Ohio Medical College of Ohio Hospital St Vincent Mercy Medical Center Pyna Director: Nabil A. Ebran, MD</td>
<td>3065 Arlington Avenue Suite 2435 Toledo, OH 43614</td>
<td>Tel: 419 383-4020 Fax: 419 383-3536 Length: 5 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: OTR Program ID: 260-95-31-176</td>
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Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
Bone and Joint Hospital

OU Medical Center

OU Medical Center Children’s Hospital

Veterans Affairs Medical Center (Oklahoma City)

Prgm Director: J Andy Sullivan, MD

3181 Old York Road

WSU

Philadelphia, PA 19141

Tel: 215-456-6056 • Fax: 215-324-2465

E-mail: handaj@ouhsc.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Program ID: 260-39-21-653

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Legacy Emanuel Hospital and Medical Center

Prgm Director: Ted J Viggeland, MD

Mail Code Ortho - OP-31

3181 SW Sam Jackson Park Road

Portland, OR 97239

Tel: 503-418-6468 • Fax: 503-404-5050

Length: 5 Yrs • ACGME Approved/Offers Positions: 15

Subspecialties: CP

Program ID: 260-08-21-208

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System

Geisinger Medical Center

Prgm Director: Gary D Harker, MD* Department of Orthopaedic Surgery

100 N Academy Avenue

Danville, PA 17822

Tel: 570-271-9914

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Program ID: 260-41-21-155

Erie

Hamot Medical Center Program

Sponsor: Hamot Medical Center

Shriners Hospitals for Children (Erie)

Prgm Director: John D Lubahn, MD

301 State Street

Erie, PA 16550

Tel: 814-877-4287 • Fax: 814-877-4698

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Program ID: 260-41-25-166

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center

Prgm Director: Lee S Siegal, MD

Penn State Orthopaedics, MC H829

500 University Drive, PO Box 8550

Hershey, PA 17033

Tel: 717-531-6833 • Fax: 717-531-0125

E-mail: orthohs@hmc.psu.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 15

Program ID: 260-41-21-181

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center

Mesorah Healthcare Hospital

Prgm Director: John A Handal, MD

501 N Broad Street

WSU

Philadelphia, PA 19141

Tel: 215-456-6056 • Fax: 215-324-2465

E-mail: hemandal@aeinstein.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Program ID: 260-41-11-157

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)

Abington Memorial Hospital

Hahnemann University Hospital (Tennet Health System)

St. Christopher’s Hospital for Children (Tennet Health System)

Prgm Director: Christopher J Onorato, MD

10th St and Washington Square

Philadelphia, PA 19107

Tel: 215-732-3280 • Fax: 215-732-3284

E-mail: michael.g.ehrlich@cheprot.com

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Program ID: 260-41-21-208

Temple University Hospital Program

Sponsor: Temple University Hospital

Abington Memorial Hospital

Prgm Director: Joseph J Thuer, MD

1101 Broad and Ontario Streets

Philadelphia, PA 19104

Tel: 215-707-2311 • Fax: 215-707-2324

Length: 5 Yrs • ACGME Approved/Offers Positions: 10

Subspecialties: CP

Program ID: 260-41-21-929

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Children’s Hospital of Philadelphia

Pennsylvania Hospital (UPHS)

Presbyterian Medical Center (UPHS)

Veterans Affairs Medical Center (Philadelphia)

Prgm Director: Richard D Lackman, MD

3400 Spruce Street

Philadelphia, PA 19104

Tel: 215-682-3150 • Fax: 215-349-5800

E-mail: richard.lackman@uphs.upenn.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 40

Subspecialties: HSO, DAR, OP

Program ID: 260-41-21-021

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine

San Juan City Hospital

University Hospital

University Pediatric Hospital

Veterans Affairs Medical Center (San Juan)

Prgm Director: Manuel Garcia-Artis, MD

PO Box 26901

San Juan, PR 00936

Tel: 787-764-5055 • Fax: 787-764-5059

E-mail: crivera@cmu.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 20

Program ID: 260-41-21-181

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan Veterans Affairs Medical Center (Providence)

Prgm Director: Michael G Eckrich, MD

683 Eddy Street

Coop 1st Floor

Providence, RI 02903

Tel: 401-444-5690 • Fax: 401-444-6518

E-mail: michael_eckrich@brown.edu

Length: 5 Yrs • ACGME Approved/Offers Positions: 25

Subspecialties: HSO

Program ID: 260-41-11-162

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center

Ralph H Johnson VA Medical Center (Charleston)

Prgm Director: Langdon A Hartsock, MD

260-39-50-210

90 Jonathan Lucas Street, CSB 913

PO Box 230822

Charleston, SC 29425

Tel: 843-792-9540 • Fax: 843-792-9574

Length: 5 Yrs • ACGME Approved/Offers Positions: 15

Program ID: 260-41-21-023
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Shriners Hospitals for Children (Greenville)
William Jennings Bryan Dorn Veterans Hospital
Program Director: John L. Eady, MD
Two Medical Park, Suite 404
Columbia, SC 29603
Tel: 803 434-6870 Fax: 803 434-7206
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-48-31-163

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Shriners Hospitals for Children (Greenville)
Program Director: Edward W. Huy, MD
Orthopaedic Surgery Education
701 Grove Road, 2nd Floor Support Tower
Greenville, SC 29605
Tel: 864.455.7878 Fax: 864.450-7082
E-mail: Ortho@gs.org
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-48-21-093

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Briangler Medical Center
T C Thompson Children's Hospital Medical Center
Program Director: Thomas W. Currey, MD
Department of Orthopaedic Surgery
975 E Third Street, Hospital Box 250
Chattanooga, TN 37403
Tel: 423.778-9008 Fax: 423.778-9009
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-47-11-164

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Campbell Clinic - University of Tennessee
LeBonheur Children's Medical Center
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Frederick M Aza, MD
1211 Union Avenue, Suite G10
Memphis, TN 38104
Tel: 901.710.3275 Fax: 901.759-3278
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: ISS, OP
Program ID: 260-47-21-061

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Neil E Green, MD
D-3007 MCN
Nashville, TN 37232
Tel: 615 342-7183 Fax: 615 342-2423
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OSM
Program ID: 260-47-11-110

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Dallas County Hospital District-Parkland Memorial Hospital
Texas Scottish Rite Hospital for Children
Veterans Affairs Medical Center (Dallas)
Program Director: Robert W. Buehler, MD
5221 Harry Bines Boulevard
Dallas, TX 75390
Tel: 214.648-3870 Fax: 214.648-0681
E-mail: robertbuehler@utsouthwestern.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: OP
Program ID: 260-48-21-093

El Paso
William Beaumont Army Medical Center/Texas Tech University (El Paso) Program
Sponsor: William Beaumont Army Medical Center/B Phil Thompson General Hospital
Shriners Hospitals for Children (Spokane)
St Joseph's Hospital and Medical Center
Texas Tech University Health Sciences Center at El Paso
Program Director: Winston J Warne, MD, MA*
5005 North Frijoles Street
El Paso, TX 79902
Tel: 915.569-2288 Fax: 915.569-1831
E-mail: winston.warme@armedforces.armedforces.mil
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-48-21-108
US Armed Services Program

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (RAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
University of Texas Health Science Center
Program Director: Roman A. Hayda, MD
Orthopaedic Surgery Service
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210.916-9550 Fax: 210.916-9550
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 260-48-32-117
US Armed Services Program

Fort Worth
John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Geek Fort Worth Children's Medical Center
Harrs Methodist Fort Worth
Program Director: David M Lichtman, MD
1500 South Main Street
Fort Worth, TX 76104
Tel: 817.927-1370 Fax: 817.927-0855
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-48-22-100

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Kelly D Carmichael, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409.747-5779 Fax: 409.747-5704
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OIS
Program ID: 260-48-21-166

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Texas Children's Hospital
Program Director: Michael H Heggeness, MD, PhD
6600 Fannin, Suite 1900
Houston, TX 77030
Tel: 713.988-5738 Fax: 713.988-5711
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: ISS, OP, OSM, OSS, UTR
Program ID: 260-48-31-049

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Kevin J Coupe, MD
4641 Fannin, 8th Floor
Houston, TX 77030
Tel: 713.500-7010 Fax: 713.500-0990
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OMOM
Program ID: 260-48-21-166

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AGTC)
Program Director: Craig R. Ruder, MD*
2200 Requiest Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210.282-5675 Fax: 210.282-5644
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-48-31-120
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Robert C Schutt, MD
3801 4th Street TTUD 4300
Lubbock, TX 79430
Tel: 806.743-1703 Fax: 806.743-1000
E-mail: diane.robinson@ttuhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: OSM
Program ID: 260-48-31-160

Accredited Programs in Orthopaedic Surgery

Graduate Medical Education Directory 2005-2006 863
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Health Science Center at San Antonio
Audie L. Murphy Veterans Hospital (San Antonio)
Christopher Santa Rosa Health Care Corporation
Methodist Healthcare System
University Health System
Program Director: Daniel W. Carlisle, MD
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210.567.3125 Fax: 210.567.3167
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: OAR, OSM, OSS
Program ID: 260-48-31095

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Program Director: George W. Brindley, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254.774.0855
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-48-21-171

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Primary Children's Medical Center
Shriners Hospital for Children (Intermountain Unit)
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Christopher L. Peters, MD
690 Wakara Way
Salt Lake City, UT 84108
Tel: 801.581.7601 Fax: 801.581.6176
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: HSO, OF, OSM
Program ID: 260-49-31-034

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Claude B. Nichols, MD
Dept of Orthopaedics and Rehab
140 Stafford Building
Burlington, VT 05405
Tel: 802-656-2250 Fax: 802-656-4247
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-56-11-187

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Charlottesville Medical Center-Boazolak Memorial Hospital
Program Director: Thomas E. Brown, MD
PO Box 800159
Charlottesville, VA 22908
Tel: 434.843.0797 Fax: 434.843.5837
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OAR, OSM, OSS
Program ID: 259-51-21-129

Portsmouth
Naval Medical Center (Portsmouth)
Program Director: Daniel V. Unger, MD
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757.603-1814
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-51-11-130

US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Box 80185
Richmond, VA 23295
Tel: 804.827.1204 Fax: 804.823.1686
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: OAR, OTB
Program ID: 260-51-21-035

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Frederick A. Matsen, MD
Department of Orthopaedics
Box 356500
Seattle, WA 98105
Tel: 206.543.0880 Fax: 206.685.3130
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: HSO
Program ID: 260-54-21-036

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington Medical Center
Program Director: Paul L Benfanti, MD
Attn: MCHB-SOP
Orthopaedic Surgery Service
Tacoma, WA 98421
Tel: 253.968.3180 Fax: 253.968.1586
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-54-32-178

US Armed Services Program
Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Florida

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Frank J Elsmont, MD
Department of Orthopaedics
Miami, FL 33101
Tel: 305 685-7138 Fax: 305 354-7588
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-11-21-004

Illinois

Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Howard S An, MD
1652 West Congress Parkway
Boon E. Lurie Building
Chicago, IL 60612
Tel: 312 942-0850 Fax: 312 942-2101
E-mail: Beverly_Kendall-Morgan@rush.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-18-21-015

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Program Director: John R Flisk, MD
PO Box 16665
Springfield, IL 62794
Tel: 217 545-6594 Fax: 217 545-6951
E-mail: jflisk@siumed.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-16-21-001

Michigan

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Harry N Herkowitz, MD
3535 West 13 Mile Road, #604
Royal Oak, MI 48073
Tel: 248 551-0426 Fax: 248 551-5404
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 267-35-21-007

Minnesota

Minneapolis
Twin Cities Spine Center Program
Sponsor: Twin Cities Spine Center
Program Director: Enner E Tranfeldt, MD
910 East 26th Street, Suite 600
Minneapolis, MN 55404
Tel: 612 775-8220 Fax: 612 775-8222
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-26-21-010

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Shriners Hospitals for Children (St Louis)
St Louis Children’s Hospital
Program Director: Keith R Bridwell, MD
Barnes-Jewish Hospital Spine Fellowship
560 S Euclid Avenue, Campus Box 8233
St Louis, MO 63110
Tel: 314 747-2526 Fax: 314 747-2500
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-26-21-016

New York

New York
Hospital for Special Surgery/Cornell Medical Center Program
Sponsor: Hospital for Special Surgery
Memorial Sloan Kettering Cancer Center
Program Director: Frank P Cammisa, MD
535 East 71st Street
New York, NY 10021
Tel: 212 606-1466 Fax: 212 606-1477
E-mail: academictraining@hss.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 267-35-21-022

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: New York University School of Medicine
Hospital for Joint Diseases Orthopaedic Institute
NYU Hospitals Center
Program Director: Thomas Erico, MD
301 East 17th Street, Room 1016
New York, NY 10003
Tel: 212 263-7382 Fax: 212 263-7180
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-35-21-011

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Bruce E Fredrickson, MD
500 Harrison Street, Suite 139
Syracuse, NY 13202
Tel: 315 464-8631 Fax: 315 464-5223
E-mail: millerb@upstate.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 267-35-11-619

Texas

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Kim J Garges, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-1300 Fax: 409 747-1305
E-mail: spine.services@utmb.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 267-49-21-023

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke’s Episcopal Hospital
Program Director: Stephen E Evans, MD
4560 Fannin Street, Suite 1000
Houston, TX 77030
Tel: 713 666-5760 Fax: 713 666-7381
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 267-49-31-028

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Vincent Arieti, MD
Division of Spine Surgery
PO Box 801159
Charlottesville, VA 22908
Tel: 434 243-0260 Fax: 434 243-0242
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 267-51-21-024

Graduate Medical Education Directory 2005-2006
865
<table>
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<tr>
<th>State</th>
<th>Program</th>
<th>Sponsor</th>
<th>Director</th>
<th>Phone</th>
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<tr>
<td>Maryland</td>
<td>University of Maryland Program</td>
<td>University of Maryland Medical System</td>
<td>Clifford H. Turcan, MD</td>
<td>505 272-4107</td>
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<td>269-23-21-008</td>
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<td>New Mexico</td>
<td>University of New Mexico Program</td>
<td>University of New Mexico School of Medicine</td>
<td>Thomas A. DeCoster, MD</td>
<td>505 272-4107</td>
<td>505 272-8098</td>
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<td>269-34-13-010</td>
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<tr>
<td>North Carolina</td>
<td>Carolina Medical Center Program</td>
<td>Carolina Medical Center</td>
<td>James F. Kellam, MD*</td>
<td>980 354-3184</td>
<td>713 866-5680</td>
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<td>269-44-21-004</td>
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<tr>
<td>Ohio</td>
<td>Medical College of Ohio Program</td>
<td>Medical College of Ohio Hospital</td>
<td>Mark C. Willis, MD*</td>
<td>980 354-3184</td>
<td>713 866-5680</td>
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<tr>
<td>California</td>
<td>Loma Linda University Program</td>
<td>Loma Linda University Medical Center</td>
<td>Felicia L. Johnson, MD*</td>
<td>909 588-8554</td>
<td>909 588-4819</td>
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<td>4 yrs</td>
<td>280-64-21-012</td>
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<tr>
<td>Los Angeles</td>
<td>Charles R. Drew University Program</td>
<td>Charles R. Drew University of Medicine</td>
<td>Jimmy J. Brown, MD</td>
<td>310 668-4536</td>
<td>310 668-4554</td>
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<td>4 yrs</td>
<td>288-49-11-010</td>
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UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County- Harbor-UCLA Medical Center
Olive View-UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Gerald S Berke, MD
19333 Le Conte Avenue
CHS 62-152
Los Angeles, CA 90065
Tel: 310 825-5179 Fax: 310 206-1280
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 280-05-21-017

University of Southern California/LAC- USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Program Director: Ultam Shihu, MD
Otolaryngology - Head and Neck Surgery
1200 N State Street, Room 705
Los Angeles, CA 90033
Tel: 323 262-3155 Fax: 323 262-2780
Length: 4 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: NO
Program ID: 280-05-21-016

Oakland
Kaiser Permanente Medical Group (Northern California) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Kaiser Permanente Medical Center (Redwood City)
Kaiser Permanente Medical Center (San Francisco)
Program Director: Baul M Cruz, MD
280 W MacArthur Boulevard
Oakland, CA 94611
Tel: 510 752-6401 Fax: 510 752-1671
E-mail: daria.anderson@kp.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-22-020

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
Kaiser Foundation Hospitals (Anaheim)
Program Director: William B Armstrong, MD
Building 56, Suite 560, Bse 81
101 City Drive South
Orange, CA 92868
Tel: 714 456-8450 Fax: 714 456-5747
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-014

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Program Director: Hilary A Brodie, MD, PhD
Department of Otolaryngology - HNS
2521 Stockton Boulevard, Suite 7200
Sacramento, CA 95817
Tel: 916 734-3744 Fax: 916 456-7280
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-013

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Kaiser Foundation Hospital (San Diego)
Program Director: Craig L Cupp, MD, FSD
Department of Otolaryngology-Head & Neck Surgery
34523 Bob Wilson Drive, Suite 200
San Diego, CA 92134
Tel: 619 532-0464 Fax: 619 532-5400
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-007
US Armed Services Program

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) Medical Center
Kaiser Foundation Hospital (San Francisco)
Program Director: Jeffrey F Harris, MD, PhD
200 W Arbor Drive
San Diego, CA 92108
Tel: 619 543-5910 Fax: 619 543-5521
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-021

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Andrew H Marr, MD
400 Parish Avenue, Room A-520
San Francisco, CA 94113
Tel: 415 476-6495 Fax: 415 476-6477
E-mail: rwenig@ucsf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-05-21-022

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Program Director: Anna H Messner, MD
Department of Otolaryngology Head & Neck Surgery
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-9678 Fax: 650 498-2734
E-mail: annamesser@stanfordmed.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-05-21-023

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Program Director: Herman A Jenkins, MD
4500 East Ninth Avenue
Denver, CO 80220
Tel: 303 315-0743 Fax: 303 315-8787
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-07-21-024
Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Children's Medical Center
Program Director: Gerald Leonard, MD
10833 State Street, Suite 200
Farmington, CT 06030
Tel: 860 679-3372 Fax: 860 679-3892
E-mail: thor@res.ucdfc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-08-21-025

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Donald A Ross, MD
Department of Surgery, Section of Otolaryngology
333 Cedar Street, PO Box 209641
New Haven, CT 06520
Tel: 203 777-4043 Fax: 203 778-9570
E-mail: donald.ross@yale.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-08-21-026

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Program Director: Steven A Bieszczulski, MD
900 Pennsylvania Avenue, 4th-301
Washington, DC 20037
Tel: 202 741-3260 Fax: 202 741-3328
E-mail: suhrbe@gwumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 280-10-21-130

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Bruce J Davidson, MD
3900 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-7659 Fax: 202 444-1312
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-10-32-037
Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Douglas B Villaret, MD
Box 100364
1000 SW Archer Road, RM M 228
Gainesville, FL 32610
Tel: 352-392-4461 Fax: 352-392-6781
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 210-11-21-028

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
University of Miami Hospital and Clinics
Veteran Affairs Medical Center (Miami)
Program Director: Donald T Weed, MD
Department of Otolaryngology (D-45)
PO Box 016960
Miami, FL 33101
Tel: 305-243-0005 Fax: 305-326-7810
E-mail: mrsit@med.miami.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-11-21-029

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children’s Hospital
II Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Thomas V McCaffrey, MD, PhD
12001 Magnolia Drive, Suite 3057
Tampa, FL 33612
Tel: 813-978-1560 Fax: 813-978-3050
E-mail: burnham@moffitt.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-11-21-030

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children’s Healthcare of Atlanta at Eggleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veteran Affairs Medical Center (Atlanta)
Program Director: Douglas E Mattos, MD
1395-A Clifton Road, NR
Birnbaum 2328
Atlanta, GA 30322
Tel: 404-778-1574 Fax: 404-778-6265
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 280-12-21-031

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veteran Affairs Medical Center (Augusta)
Program Director: Donald David, MD
1120 Fithteenth St BF-4189
Augusta, GA 30912
Tel: 706-721-0110 Fax: 706-721-0113
E-mail: doncleb@uga.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 280-12-21-032

Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Program Director: Joseph C Sznitka, MD
1 Arsenal White Road
Tripler AMC, HI 96856
Tel: 808-483-9205 Fax: 808-483-9323
E-mail: joseph.sznitka@med.army.mil
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 280-14-11-116
US Armed Services Program

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
John H Stroger Hospital of Cook County
Northwestern Memorial Hospital
Veteran Affairs Chicago Health Care System
Program Director: Edward L Applebaum, MD
300 East Chicago Avenue
Suite 12-561
Chicago, IL 60611
Tel: 773 503-9576 Fax: 773 503-9576
E-mail: eappleb@northwestern.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-16-21-033

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: David D Sznitka, MD
530 East Van Buren Street
Chicago, IL 60612
Tel: 312-942-6000 Fax: 312-942-7905
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 280-16-21-034

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Robert M Nabor, MD
Section of Otolaryngology (MC 1025)
5841 S Maryland Avenue, RM E103
Chicago, IL 60637
Tel: 773 702-9680 Fax: 773 702-9613
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 280-16-21-035

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Veteran Affairs Hospital
Program Director: Mike Yao, MD*
1355 W Taylor Street
Suite 214, MC 745
Chicago, IL 60612
Tel: 312-567-6584 Fax: 312-567-6828
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 280-16-21-036

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard J. Rodgers Veterans Affairs Medical Center
Program Director: Richard T Miyamoto, MD, MS
600 West Drive, RR 132
Indianapolis, IN 46232
Tel: 317 578-1293 Fax: 317 578-3743
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 280-17-21-038

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Richard J Smith, MD
200 Hawkins Drive 21355 PFP
Iowa City, IA 52242
Tel: 319-356-2173 Fax: 319-356-3967
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: NO
Program ID: 280-18-21-039
Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: Terry T. True, MD
3901 Rainbow Blvd
Mailstop 3010
Kansas City, KS 66160
Tel: 913 588-6739 Fax: 913 588-6708
E-mail: pctanmore@kuiec.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-19-31-040

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Program Director: Ralgh O. Jones, MD
Dept of Otolaryngology - Head & Neck Surgery
800 Rose Street, Room C206
Lexington, KY 40536
Tel: 859 257-5097 Fax: 859 257-5096
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 280-20-21-127

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Jeffrey M. Bumpous, MD
Myers Hall
Louisville, KY 40292
Tel: 502 852-6994 Fax: 502 852-6866
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-28-31-841

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Memorial Medical Center
University Medical Center
Veterans Affairs Medical Center (New Orleans)
Program Director: Daniel W. Wass, MD
Department of Otolaryngology
533 Bolivar Street, 5th Floor
New Orleans, LA 70112
Tel: 504 568-4785 Fax: 504 568-4460
E-mail: ccbams@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-21-31-042

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (Biloxi)
Program Director: Ronald G. Amid, MD
1430 Tulane Avenue, SL-59
New Orleans, LA 70112
Tel: 504 988-5454 Fax: 504 988-7846
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-31-31-043

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Science Center-Shreveport Hospital
Oberon Brocks Veterans Affairs Medical Center
Program Director: Timothy S. Lian, MD
1001 Kings Highway
Shreveport, LA 71190
Tel: 318 675-2620 Fax: 318 675-6280
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-21-31-121

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Program Director: Paul W. Flint, MD
601 North Caroline Street
Room 6210
Baltimore, MD 21287
Tel: 410 955-1080 Fax: 410 955-6536
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: NO
Program ID: 280-23-31-047

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Hinrich Blaszkow, MD, FHM
Division of Otolaryngology-HNS
16 South East Street Suite 590
Baltimore, MD 21201
Tel: 410 328-6828 Fax: 410 328-6827
E-mail: kcarlson@umm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 280-23-21-045

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: Martin P. Sorensen, MD
Otolaryngology Department
8901 Wisconsin Avenue
Bethesda, MD 2089
Tel: 301 295-1677 Fax: 301 295-6666
E-mail: penny.sharps@na.amedd.army.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 280-10-31-132
US Armed Services Program

Massachusetts

Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Lahey Clinic
Veterans Affairs Medical Center (Boston)
Program Director: Gregory A. Grillo, MD
98 East Newton Street, D016
Boston, MA 02118
Tel: 617 638-7933 Fax: 617 638-7995
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-24-31-651

Massachusetts Eye and Ear Infirmary/ Harvard Medical School Program
Sponsor: Massachusetts Eye and Ear Infirmary
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Program Director: Michael J. Cunningham, MD*
243 Charles Street
Boston, MA 02114
Tel: 617 573-3654 Fax: 617 573-3896
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-24-21-049

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Rhode Island Hospital Lifespan
Program Director: Elise E. Rebeiz, MD
760 Washington Street, Box 850
Boston, MA 02111
Tel: 617 636-1064 Fax: 617 636-1479
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-24-31-488

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Gregory T. Wolf, MD
1500 East Medical Center Drive
1904 Duderstadt Center
Ann Arbor, MI 48109
Tel: 734 936-8929 Fax: 734 647-6601
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-25-21-052

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Elizabeth R. Ransom, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-3275 Fax: 313 916-7263
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-26-12-083
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Blitz Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Robert H. Mathog, MD
4201 St. Antoine, SE-UBC
Detroit, MI 48201
Tel: 313 577-8984 Fax: 313 577-9555
E-mail: rmathog@med.wayne.edu
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-25-21-054

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview University Medical Center
Hennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: George L. Adams, MD
Mayo Mail Code 2306
450 Delaware St SE
Minneapolis, MN 55455
Tel: 612 625-3410 Fax: 612 625-2101
E-mail: adams003@umn.edu
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-26-21-055

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Program Director: Eric I. Moore, MD
300 First Street SW
Rochester, MN 55905
Tel: 507 284-3251 Fax: 507 284-4855
E-mail: chapman.barbara@mayo.edu
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-26-21-054

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Scott P. Stringer, MD, MS
Dept of Otolaryngology & Communicative Sciences
2000 North State Street
Jackson, MS 39216
Tel: 601 894-5163 Fax: 601 894-5085
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-27-21-122

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Karen H. Calhoun, MD*
One Hospital Drive, Rm MA314
DO07.00
Columbia, MO 65212
Tel: 573 882-8887 Fax: 573 882-8525
E-mail: calhounk@health.missouri.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-28-21-055

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St John’s Mercy Medical Center
St Louis University Hospital
Program Director: Mark A. Varvares, MD
3035 Vista Avenue at Grand Blvd
St Louis, MO 63110
Tel: 314 577-8887 Fax: 314 368-5111
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-29-21-059

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
St Louis Children’s Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Joel A. Goebel, MD
Department of Otolaryngology
560 S Euclid, Campus Box 8115
St Louis, MO 63110
Tel: 314 747-0653 Fax: 314 952-7532
Length: 4 yrs ACGME Approved/Offered Positions: 20
Program ID: 280-28-21-060

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Boys Town National Research Hospital
Nebraska Methodist Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Program Director: Barbara M. Boywood, MD
981206 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7777 Fax: 402 559-8940
E-mail: bboywood@ummc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-30-21-061

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Solly Barad, MD
90 Bergen Street
Suite 8100
Newark, NJ 07110
Tel: 973 972-4598 Fax: 973 972-3759
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-33-31-062

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Daniel H. Morrison, MD
Department of Surgery-Otolaryngology
2211 Lomas Blvd NE
Albuquerque, NM 87131
Tel: 505 272-6402 Fax: 505 272-1649
Length: 4 yrs ACGME Approved/Offered Positions: 4
Program ID: 280-34-21-126

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Albany Medical Center South Clinical Campus
St Peter’s Hospital
Veterans Affairs Medical Center (Albany)
Program Director: Steven M. Farines, MD
Laurel Eye Building
35 Hackett Boulevard, First Floor
Albany, NY 12208
Tel: 518 262-5097 Fax: 518 262-5184
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-35-21-063

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Jacobi Medical Center
Bronx Long Island Jewish Medical Center
Montefiore Medical Center-Henry and Lacy Moses Division
Program Director: Marvin P. Fried, MD
Medical Arts Pavilion Bldg 3rd Fl
111 East 210th Street
Bronx, NY 10467
Tel: 718 923-3951 Fax: 718 465-9041
E-mail: mfried@montefiore.org
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-35-21-133
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Program Director: Frank E. Lucente, MD
450 Clarkson Avenue, Box 129
Brooklyn, NY 11203
Tel: 718 780-1252 Fax: 718 780-1458
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-128

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Einhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Program Director: Eric Genden, MD
Department of Otolaryngology
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-6690 Fax: 212 931-9700
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-35-21-069

New York Medical College (New York Eye and Ear Infirmary) Program
Sponsor: New York Medical College
New York Eye and Ear Infirmary
St Luke’s-Roosevelt Hospital Center-St Luke’s Division
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Program Director: Steven D. Schaefer, MD
Department of Otolaryngology
310 East 14th Street
New York, NY 10003
Tel: 212 979-4071 Fax: 212 979-4315
Length: 4 yrs ACGME Approved/Offered Positions: 16
Program ID: 280-35-21-072

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital-Cornell Campus
Program Director: Lanny C. Close, MD
Columbia University
630 W 168th Street, Box 21
New York, NY 10032
Tel: 212 305-6820 Fax: 212 305-2249
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-11-074

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Lenox Hill Hospital
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Program Director: Asif K. Labwani, MD
550 First Avenue
New York, NY 10016
Tel: 212 203-5044 Fax: 212 263-8557
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-35-21-073

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Program Director: Arthur S. Heffter, MD
891 Elmwood Avenue, Box 629
Rochester, NY 14620
Tel: 585 758-5700 Fax: 585 758-1293
E-mail: ent@urmc.rochester.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-35-21-078

Stony Brook
SUNY at Stony Brook Program
Sponsor: SUNY at Stony Brook
St Catherine’s of Siena Hospital
Program Director: Arnold E. Katz, MD
Department of Surgery
HSC, T18-600
Stony Brook, NY 11794
Tel: 631 444-6830 Fax: 631 444-7055
E-mail: yahegaret@proteo.ec.sunyc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 4
Program ID: 280-35-21-128

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Robert M. Killman, MD
100 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7281 Fax: 315 464-7288
E-mail: gyaerm@upstate.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-079

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Program Director: Harold C. Pillbury
CB# 7070 610 Burnett-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-6920 Fax: 919 966-7056
E-mail: hcp@med.unc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-080

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Program Director: Joseph C. Farmer, MD
Box 3865
Durham, NC 27710
Tel: 919 681-6880 Fax: 919 681-6803
E-mail: DukeOHNS@duke.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-35-21-081

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Daniel J. Kirse, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-3587 Fax: 336 716-3587
E-mail: dholland@wfubmc.edu
Length: 5 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-11-082

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children’s Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Program Director: Thomas A. Tami, MD
Mail Location 528
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-4143 Fax: 513 558-5280
E-mail: charles.meyer@ochc.org
Length: 4 yrs ACGME Approved/Offered Positions: 10
Subspecialties: PDO
Program ID: 280-35-21-083

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Metro Health Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: James A. Arnold, MD
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 644-5691 Fax: 216 644-5727
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-124

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Peter C. Weber, MD
9500 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-6666 Fax: 216 445-9406
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-38-23-066

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Arthur G. James Cancer Hospital and Research Institute
Children’s Hospital (Columbus)
Program Director: David E. Schuller, MD
Department of Otolaryngology-Head and Neck Surgery
456 W 10th Avenue, Room 40240-UHC
Columbus, OH 43210
Tel: 614 290-4453 Fax: 614 293-3183
E-mail: smith.290@ouhsc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-35-31-087
Oklahoma

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)

Prgm Director: Jesus E Medina, MD
Department of Otolaryngology

405 SW Sam Alexander Park Road SW P.O. Box 20080
Oklahoma City, OK 73190
Tel: 405 271-6504 Fax: 405 271-3340
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 290-39-21-088

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)

Prgm Director: Mark A Richardson, MD
3181 SW Sam Jackson Park Road P.O. Box 2990
Portland, OR 97239
Tel: 503 494-6574 Fax: 503 494-4631
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 290-49-21-008

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System

Prgm Director: J Scott Greene, MD
100 North Academy Avenue

Danville, PA 17822
Tel: 570 271-9427 Fax: 570 271-6854
E-mail: entres@geisinger.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 290-41-13-090

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital

Prgm Director: Fred O Fedok, MD
PO Box 850, MC 1011
500 University Drive
Hershey, PA 17033
Tel: 717 531-9494 Fax: 717 531-6160
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 290-41-11-091

Philadelphia

Temple University Hospital Program
Sponsor: Temple University Hospital
Hahnemann University Hospital (Temple Health System)

Prgm Director: Wasiq Shaeremota, MD, MBA*
First Floor, Kenge West
3400 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-6360 Fax: 215 707-7353
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 290-41-21-092

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Virtua Memorial Hospital Burlington County

Prgm Director: Sean A Pribitkin, MD
903 Chestnut Street
6th Floor
Philadelphia, PA 19107
Tel: 215 389-6784 Fax: 216 923-4502
E-mail: Edmund.Pribitkin@jefferson.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 290-41-21-093

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Pennsylvania Hospital (UPHS)

Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Michael J Ruckenstein, MD*
Dept of Otolaryngology HNS
3400 Spruce Street, Ravdin Pavilion, 6th Floor
Philadelphia, PA 19104
Tel: 215 662-6017 Fax: 215 662-4163
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: PDO
Program ID: 290-41-21-095

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
UPMC Presbyterian/Shadyside

Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Jonas T Johnson, MD
200 Lothropp Street
Suite 500
Pittsburgh, PA 15213
Tel: 412 647-0180 Fax: 412 647-0090
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: PDO
Program ID: 290-41-21-096

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital

University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Juan Trinidad-Fresedo, MD
PO Box 365067
San Juan, PR 00906
Tel: 787 785-0240 Fax: 787 296-1641
E-mail: jtrinidad@centennialpr.net
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 290-42-31-098

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital

MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Paul R Lambert, MD
PO Box 205550
135 Rutledge Avenue - Suite 1117
Charleston, SC 29425
Tel: 843 792-7151 Fax: 843 792-5910
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 290-45-21-100

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: Rakesh K Chandra, MD*
655 Court Avenue, Suite B226
Memphis, TN 38103
Tel: 901 449-5120 Fax: 901 449-5126
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 290-47-21-101

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center

Veterans Affairs Medical Center (Nashville)
Prgm Director: Brian B Burke, MD
S-2100 Medical Center North
Nashville, TN 37232
Tel: 615 343-0671 Fax: 615 343-9726
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 290-47-21-125

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Dallas County Hospital District--Parkland Memorial Hospital

John Peter Smith Hospital (Tarrant County Hospital District)
Veterans Affairs Medical Center (Dallas)
Zale Lipshy University Hospital
Prgm Director: Robert J Sinard, MD
Dept of Otolaryngology-Head and Neck Surgery
5052 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9556 Fax: 214 648-2246
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 290-48-21-102

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Shawn D Newlands, MD, PhD
John Sealy Annex 8th Floor
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-4907 Fax: 409 772-1715
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 290-48-11-103

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
University of Texas M D Anderson Cancer Center
Prgm Director: Bobby R Alford, MD
One Baylor Plaza
Houston, TX 77098
Tel: 713 796-5068 Fax: 713 796-3403
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: PDO
Program ID: 290-48-31-104
University of Texas at Houston Program  
Sponsor: University of Texas Medical School at Houston  
Christian St Joseph Hospital  
Lynndie R Johnson General Hospital  
Memorial Hermann Hospital System  
University of Texas M D Anderson Cancer Center  
Prgrm Director: Ching Yan J Chang, MD*  
6140 Fannin, Suite 1200  
Houston, TX 77030  
Tel: 713 500-6421  
Fax: 713 500-0611  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 280-49-21-105

Lackland AFB  
San Antonio Uniformed Services Health Education Consortium Program  
Sponsor: San Antonio Uniformed Services Health Education Consortium  
Brooke Army Medical Center  
Wilford Hall Medical Center (AETC)  
Prgrm Director: Lt Col Joe B Wiseman, MD, BS  
2200 Bergquist Drive, Suite 1  
Lackland AFB, TX 78236  
Tel: 210 292-7075  
Fax: 210 292-5621  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 280-49-21-131  
US Armed Services Program

San Antonio  
University of Texas Health Science Center at San Antonio Program  
Sponsor: University of Texas Medical School at San Antonio  
Audie L Murphy Memorial Veterans Hospital (San Antonio)  
University Health System  
Prgrm Director: G Richard Holt, MD*  
7703 Floyd Curl Drive, MS 7777  
San Antonio, TX 78229  
Tel: 210 587-5653  
Fax: 210 587-3617  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-49-21-106

Utah  
Salt Lake City  
University of Utah Program  
Sponsor: University of Utah Medical Center  
Primary Children's Medical Center  
Salt Lake Regional Medical Center  
Veterans Affairs Medical Center (Salt Lake City)  
Prgrm Director: Clough Sheldon, MD  
50 N Medical Center Drive  
Room 5C110  
Salt Lake City, UT 84132  
Tel: 801 585-5459  
Fax: 801 585-5744  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-49-21-107

Vermont  
Burlington  
University of Vermont Program  
Sponsor: Fletcher Allen Health Care  
Mary Hitchcock Memorial Hospital  
Prgrm Director: Robert A Safferman, MD  
One South Prospect Street  
Burlington, VT 05401  
Tel: 802 847-4585  
Fax: 802 847-8198  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 280-50-11-108

Virginia  
Charlottesville  
University of Virginia Program  
Sponsor: University of Virginia Medical Center  
Prgrm Director: Stephen S Park, MD  
PO Box 800713  
Charlottesville, VA 22908  
Tel: 434 825-0301  
Fax: 434 825-7612  
E-mail: sspark@virginia.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: NO  
Program ID: 280-51-21-109

Norfolk  
Eastern Virginia Medical School Program  
Sponsor: Eastern Virginia Medical School  
Naval Medical Center (Portsmouth)  
Sentara Norfolk General Hospital  
Prgrm Director: John T Simpson, MD  
2200 Neck Avenue, Suite 510  
Norfolk, VA 23507  
Tel: 757 446-5894  
Fax: 757 446-5868  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-51-21-110

Portsmouth  
Naval Medical Center (Portsmouth) Program  
Sponsor: Naval Medical Center (Portsmouth)  
Prgrm Director: Eric J Stanko, MD  
Charlestown Medical Center  
230 John Paul Jones Circle  
Portsmouth, VA 23708  
Tel: 757 593-2516  
Fax: 757 593-8845  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-51-21-120  
US Armed Services Program

Richmond  
Virginia Commonwealth University Health System Program  
Sponsor: Virginia Commonwealth University Health System  
Hunter Holmes McGuire VA Medical Center (Richmond)  
Medical College of Virginia Hospitals  
Prgrm Director: Ivan R Reiter, MD  
PO Box 980146  
1201 E Marshall St, Ste 400  
Richmond, VA 23298  
Tel: 804 286-2780  
Fax: 804 286-3495  
E-mail: erriter@vcu.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-51-21-111

Washington  
Seattle  
University of Washington Program  
Sponsor: University of Washington School of Medicine  
University of Washington Medical Center  
VA Puget Sound Health Care System  
Prgrm Director: Nicole Maroian, MD  
1959 NE Pacific, Rm 6B 1155  
Box 356515  
Seattle, WA 98195  
Tel: 206 543-6120  
Fax: 206 543-5162  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 280-54-21-112

Tacoma  
Madigan Army Medical Center Program  
Sponsor: Madigan Army Medical Center  
Virginia Mason Medical Center  
Prgrm Director: Douglas M Sorenson, MD  
Attn: MCGU-SET  
Otolaryngology Service  
Tacoma, WA 98431  
Tel: 253 986-1430  
Fax: 253 986-3154  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-64-21-065  
US Armed Forces Program

West Virginia  
Morgantown  
West Virginia University Program  
Sponsor: West Virginia University School of Medicine  
Louis A Johnson Veterans Affairs Medical Center  
West Virginia University Hospitals  
Prgrm Director: Stephen J Wetmore, MD, MBA  
Health Sciences Center So, Rm 2222  
PO Box 5900  
Morgantown, WV 26506  
Tel: 304 293-3233  
Fax: 304 293-3292  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 280-55-11-113

Wisconsin  
Madison  
University of Wisconsin Program  
Sponsor: University of Wisconsin Hospital and Clinics  
Meriter Hospital  
William S Middleton Veterans Hospital  
Prgrm Director: G Mark Pyle, MD  
Otolaryngology - Head & Neck Surgery  
600 Highland Avenue K4719  
Madison, WI 53705  
Tel: 608 265-6864  
Fax: 608 265-9296  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 10  
Program ID: 280-56-21-114

Milwaukee  
Medical College of Wisconsin Affiliated Hospitals Program  
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc  
Children's Hospital of Wisconsin  
Clement J Zablocki Veterans Affairs Medical Center  
Footprint Memorial Lutheran Hospital  
Prgrm Director: P Ashley Wackym, MD  
Department of Otolaryngology and Communication Sciences  
9200 West Wisconsin Avenue  
Milwaukee, WI 53222  
Tel: 414 266-3755  
Fax: 414 266-6899  
E-mail: wackym@mcw.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 280-54-21-115

Graduate Medical Education Directory 2005-2006  
873
Pain Medicine (Anesthesiology)

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**

- **Sponsor:** University of Alabama Hospital
- **Program Director:** Timothy J. Ress, MD, PhD
  - 845 Jefferson Tower
  - 619 11th Street South
  - Birmingham, AL 35249
  - Tel: 205 975-6643, Fax: 205 934-7437
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-05-21-094

**Arizona**

**Scottsdale**

**Mayo School of Graduate Medical Education (Scottsdale) Program**

- **Sponsor:** Mayo School of Grad Med Ed-Mayo Clinic
  - College of Medicine
- **Program Director:** David P. Seizman, MD
  - 13400 East Shea Boulevard
  - Scottsdale, AZ 85259
  - Tel: 480 342-2444, Fax: 480 342-2319
  - Length: 1 Yr, ACGME Approved/Offered Positions: 1
  - Program ID: 04-05-13-100

**Tucson**

**University of Arizona Program**

- **Sponsor:** University of Arizona College of Medicine
  - University Medical Center
- **Program Director:** Katalin Fabbal, MD
  - 1501 N Campbell Avenue
  - PO Box 245114
  - Tucson, AZ 85724
  - Tel: 520 694-6652, Fax: 520 694-6666
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-05-21-080

**California**

**Loma Linda**

**Loma Linda University Program**

- **Sponsor:** Loma Linda University Medical Center
  - Program Director: Lowell W. Reynolds, MD
    - 11234 Anderson Street, Room 2522
    - PO Box 933
    - Loma Linda, CA 92351
    - Tel: 909 558-4475, Fax: 909 558-4143
    - E-mail: leywald@lumc.edu
    - Length: 1 Yr, ACGME Approved/Offered Positions: 2
    - Program ID: 04-05-21-601

**Los Angeles**

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
  - Pasadena Rehabilitation Institute
  - Santa Monica-UCLA Medical Center
- **Program Director:** Francis M. Ferrante, MD
  - Center for the Health Sciences
  - 10853 Le Conte Avenue
  - Los Angeles, CA 90095
  - Tel: 310 267-1870, Fax: 310 267-1890
  - Length: 1 Yr, ACGME Approved/Offered Positions: 3
  - Program ID: 04-05-21-076

**University of Southern California/LAC+USC Medical Center Program**

- **Sponsor:** University of Southern California/LAC-USC Medical Center
  - Kenneth Norris Jr Cancer Hospital and Research Institute
  - USC University Hospital
- **Program Director:** Ali Nemati, MD
  - 1510 San Pablo Street, Suite 203
  - Los Angeles, CA 90033
  - Tel: 213 443-2000, Fax: 323 442-6355
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-05-22-111

**Orange**

**University of California (Irvine) Program**

- **Sponsor:** University of California (Irvine) Medical Center
- **Program Director:** Shermeek Vakharia, MD
  - 101 The City Drive, South
  - Route 9A
  - Orange, CA 92868
  - Tel: 714 456-6347, Fax: 714 456-8746
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-05-31-062

**Sacramento**

**University of California (Davis) Health System Program**

- **Sponsor:** UC Davis Health System
  - University of California (Davis) Medical Center
- **Program Director:** Peter Moore, MD, PhD
  - Pain Management Academic Office
  - 480 Y Street, Suite 3020
  - Sacramento, CA 95817
  - Tel: 916 734-6049, Fax: 916 734-6837
  - Length: 1 Yr, ACGME Approved/Offered Positions: 5
  - Program ID: 04-05-21-064

**San Diego**

**University of California (San Diego) Program**

- **Sponsor:** University of California (San Diego) Medical Center
  - Veterans Affairs Medical Center (San Diego)
- **Program Director:** Mark S. Wallace, MD
  - Department of Anesthesiology
  - 9500 Gilman Drive, S202
  - La Jolla, CA 92033
  - Tel: 858 557-7036, Fax: 858 557-7036
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-05-21-047

**San Francisco**

**University of California (San Francisco) Program**

- **Sponsor:** University of California (San Francisco) School of Medicine
  - Mount Zion Medical Center of the University of California
  - Veterans Affairs Medical Center (San Francisco)
- **Program Director:** Pamela P. Palmer, MD, PhD
  - 2255 Post Street
  - San Francisco, CA 94114
  - Tel: 415 885-7248, Fax: 415 885-3883
  - Length: 1 Yr, ACGME Approved/Offered Positions: 5
  - Program ID: 04-05-31-082

**Stanford**

**Stanford University Program**

- **Sponsor:** Stanford University Hospital
  - **Program Director:** Raymond R. Gaeta, MD
  - 780 Welch Road
  - Suite 108
  - Palo Alto, CA 94304
  - Tel: 650 725-6802, Fax: 650 725-6802
  - Length: 1 Yr
  - Program ID: 04-05-21-059

**Colorado**

**Denver**

**University of Colorado Program**

- **Sponsor:** University of Colorado School of Medicine
  - Children's Hospital (The)
  - Veterans Affairs Medical Center (Denver)
  - **Program Director:** Daniel S. Rose, Jr, MD
  - Campus Box B113
  - 4200 E 9th Avenue
  - Denver, CO 80220
  - Tel: 303 372-6314, Fax: 303 372-6315
  - Length: 1 Yr, ACGME Approved/Offered Positions: 2
  - Program ID: 04-07-21-099

**Connecticut**

**New Haven**

**Yale-New Haven Medical Center Program**

- **Sponsor:** Yale New Haven Hospital
  - **Program Director:** Kevin Sam Chung, MD
  - 333 Cedar Street
  - PO Box 209051
  - New Haven, CT 06520
  - Tel: 203 785-2802, Fax: 203 785-6664
  - E-mail: kevin.chung@yale.edu
  - Length: 1 Yr
  - Program ID: 04-08-21-683

**District of Columbia**

**Washington**

**Georgetown University Hospital Program**

- **Sponsor:** Georgetown University Hospital
  - **Program Director:** Vanessa Ritch Mitchell, MD
  - 300 S St, NW
  - Washington, DC 20007
  - Tel: 202 784-2090, Fax: 202 784-1340
  - Length: 1 Yr
  - Program ID: 04-18-21-055
Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Jerry J Berger, MD*
Box 100524
1600 Archer Road
Gainesville, FL 32610
Tel: 352-322-1245 Fax: 352-322-7029
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 048-11-51-046

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Program Director: Tim J Lamer, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904-396-5629 Fax: 904-396-3877
E-mail: jax-anes-res@mayo.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-1-31-054

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Dennis J Pali, MD, MD*
Dept of Anesthesiology (R-370)
PO Box 01637
Miami, FL 33101
Tel: 305-585-6253 Fax: 305-585-8359
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 048-1-21-003

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Program Director: Rafael V Miguel, MD
Dept of Anesthesiology, MDC-59
1201 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813-844-7418 Fax: 813-844-7418
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-1-21-000

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Program Director: Anne M McKenzie-Brown, MD*
Dept of Anesthesiology, 3B South
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404-778-5582 Fax: 404-778-5194
Length: 1 yr
Program ID: 048-12-21-004

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Ines Berger, MD*
1120 15th Street
Augusta, GA 30912
Tel: 706 721-4544 Fax: 706 721-7753
E-mail: dlawkins@mcg.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-12-21-105

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Silvio Glusman, MD, PhD
Department of Anesthesiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312-856-3231 Fax: 312-856-9276
Length: 1 yr
Program ID: 048-16-21-005

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Horatio T Benton, MD
Department of Anesthesiology
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312-926-8106 Fax: 312-926-8206
Length: 1 yr
Program ID: 048-16-21-005

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Timothy R Lubenow, MD
1553 West Congress Parkway
Chicago, IL 60612
Tel: 312-942-9016 Fax: 312-943-8858
Length: 1 yr
Program ID: 048-16-21-095

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Friedi Pauze-Fisher, MD
1843 South Maryland Avenue
Chicago, IL 60637
Tel: 773 834-3643 Fax: 773 834-2218
Length: 1 yr
Program ID: 048-16-21-089

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Charles E Lazar, MD
Centre for Pain Management MC 945
313 South Wolcott Avenue
Chicago, IL 60612
Tel: 312-996-1129 Fax: 312-413-3153
E-mail: sharp@uic.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-16-31-006

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Program Director: William Patel, MD
1160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5074 Fax: 708 216-8207
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-16-31-078

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indianapolis Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Winhard Memorial Hospital
Program Director: Dennis L Wagner, MD*
1120 South Drive
Fowler Hall 204
Indianapolis, IN 46202
Tel: 317-274-0206 Fax: 317-274-0056
E-mail: lpanes@iu.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-17-21-007

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Richard W Rosenquist, MD
200 Hawkins Drive JCP
Iowa City, IA 52242
Tel: 319-335-7835 Fax: 319-355-3451
Length: 1 yr
Program ID: 048-18-21-007

Kentucky

Lexington

University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Program Director: Joseph R Holtman, PhD, MD
Dept of Anesthesiology, Room N-302
800 Rose Street
Lexington, KY 40536
Tel: 859-323-6068 Fax: 859-258-1824
E-mail: jrf@uky.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-20-31-035

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Program Director: Linda Luebbert, MD
Department of Anesthesiology and Perioperative Med
500 S Jackson Street
Louisville, KY 40202
Tel: 502-585-5851 Fax: 502-585-6056
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 048-20-12-148
Accredited Programs in Pain Medicine (Anesthesiology)

Louisiana
Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Randall C Cork, MD, PhD
Suite 301
550 Kings Highway
PO Box 33332
Shreveport, LA 71130
Tel: 318 675-7105 Fax: 318 675-4658
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-21-21-009

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Paul J Christo, MD
550 N Broadway
Suite 301
Baltimore, MD 21205
Tel: 410 955-1818 Fax: 410 562-6790
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 048-23-21-008

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Joel L Kent, MD
Suite 310
22 S Greene Street
Baltimore, MD 21201
Tel: 410 448-8524 Fax: 410 448-6825
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-23-31-009

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: Dominique H Schiffer, MD
6600 Georgia Avenue, NW
Bldg 2, Ward 64
Washington, DC 20017
Tel: 202 783-2930 Fax: 202 783-5991
Length: 1 yr
Program ID: 048-10-21-101
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Children's Hospital
Program Director: Christine G Feenstra-Audurain, MD
330 Brookline Avenue, SV-330
Boston, MA 02215
Tel: 617 667-0000 Fax: 617 667-0000
E-mail: rmayer@caregroup.harvard.edu
Length: 1 yr ACGME Approved/Offered Positions: 8
Program ID: 048-24-21-010

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Stefan S Nedeljkovic, MD
Department of Anesthesiology
75 Francis Street
Boston, MA 02115
Tel: 617 731-5453 Fax: 617 731-5453
E-mail: jyong@partners.org
Length: 1 yr ACGME Approved/Offered Positions: 8
Program ID: 048-24-31-043

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Program Director: Janet D Pearl, MD, MSc
730 Cambridge Street
Boston, MA 02135
Tel: 617 780-5101 Fax: 617 780-5467
Length: 1 yr ACGME Approved/Offered Positions: 9
Program ID: 048-24-13-112

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Gary J Brenner, MD, PhD
MGH Pain Center, WAC-333
15 Parkman Street
Boston, MA 02114
Tel: 617 724-3322 Fax: 617 724-2719
E-mail: gbrunner@partners.org
Length: 1 yr ACGME Approved/Offered Positions: 6
Program ID: 048-24-31-049

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Stuart A Dunbar, MD
Parker 2
750 Chestnut Street
Springfield, MA 01199
Tel: 413 794-3426 Fax: 413 794-5349
E-mail: kristen.kolb@bhs.org
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-24-31-011

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Ronald Wasserman, MD
Department of Anesthesiology
C213 Med Ia Building
Ann Arbor, MI 48109
Tel: 734 763-5459 Fax: 734 936-6585
Length: 1 yr
Program ID: 048-25-31-065

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Henry Kroll, MD
Anesthesia Fellowship Office, 18421 West Grand Blvd
Detroit, MI 48221
Tel: 313 916-9434 Fax: 313 916-9434
E-mail: nkroll1@hfhs.org
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-25-31-961

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Todd Liningner, MD
4531 St Antoine
DHUH, Annex 2T
Detroit, MI 48201
Tel: 313 745-6300 Fax: 313 745-4777
E-mail: tliningner@msm.com
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 048-25-11-109

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Richard H Rho, MD
200 First Street, NW
Rochester, MN 55905
Tel: 507 284-2077 Fax: 507 284-0120
E-mail: painfellowship@mayo.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 048-26-21-012

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Program Director: Ike Erbaker, MD, MPH
2500 North State Street
Department of Anesthesiology
Jackson, MS 39216
Tel: 601 984-6566 Fax: 601 984-5939
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 048-37-21-104

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Robert A Swam, MD
Department of Anesthesiology
660 S Euclid Avenue
St Louis, MO 63110
Tel: 314 747-0232 Fax: 314 266-2675
E-mail: swaram@maneet.wustl.edu
Length: 1 yr
Program ID: 048-28-21-013
New Hampshire

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
The Nebraska Medical Center
Program Director: Christopher M. Criscoello, MD
98455 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-585-7405 Fax: 402-585-7372
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 048-35-21-010

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Ralph D. Beasley, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-650-8001 Fax: 603-650-4199
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 048-32-21-044

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: William Grubb, MD
CAB, Suite 3100
132 Paterson Street
New Brunswick, NJ 08901
Tel: 732-236-7827 Fax: 732-236-6131
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 048-35-31-043

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program Director: Robert Zuiga, MD
2701 Frontier NE
Surge Building Room 110
Albuquerque, NM 87108
Tel: 505-272-3794 Fax: 505-272-1300
Length: 1 Yr Program ID: 048-34-21-015

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Program Director: Ronald Kaplan, MD
Department of Pain Medicine and Palliative Care
First Avenue at 16th Street
New York, NY 10032
Tel: 212-684-1479 Fax: 212-644-1503
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 048-35-21-062

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Yvette Abraham, MD
One Brooklyn Plaza
Brooklyn, NY 11212
Tel: 718-640-5596 Fax: 718-640-5067
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 048-35-21-009

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Lutheran Medical Center
University Hospital SUNY Health Science Center at Brooklyn
Program Director: Joshua L. Greenspan, MD
450 Clarkson Avenue
Box 6
Brooklyn, NY 11203
Tel: 718-780-2960 Fax: 718-780-1060
E-mail: jgreensp@chpnet.org
Length: 1 Yr Program ID: 048-35-31-056

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Roswell Park Cancer Institute
Program Director: Oscar De-Leon Casasola, MD
6th Floor, B Wing
3405 Bailey Avenue
Buffalo, NY 14215
Tel: 716-893-7311 Fax: 716-893-7340
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 048-35-31-017

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Program Director: Amy Hosny, MD
153 West 11th Street
New York, NY 10011
Tel: 212-604-2637 Fax: 212-604-2637
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 048-35-21-070

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Michael Weinberger, MD
622 West 168th Street
New York, NY 10032
Tel: 212-305-7114 Fax: 212-305-8885
E-mail: mweinbl@columbia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 048-35-31-045

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Program Director: Sudhir A. Dian, MD, MS
Anesthesiology Department
555 East 68th Street, Box 124
New York, NY 10021
Tel: 212-746-2775 Fax: 212-746-8563
E-mail: msdian@med.cornell.edu
Length: 1 Yr Program ID: 048-35-21-049

New York Presbyterian Hospital (Cornell Campus) Program A
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Kenneth Cobert, MD
Department of Anesthesiology
1275 York Avenue M308
New York, NY 10021
Tel: 212-349-9651 Fax: 212-717-3206
Length: 1 Yr Program ID: 048-35-11-073

New York University School of Medicine Program
Sponsor: New York University School of Medicine
NYU Hospitals Center
Program Director: Michel Y. Dubois, MD
Suite 902
317 East 34th street
New York, NY 10016
Tel: 212-201-0004 Fax: 212-685-5365
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 048-35-21-094

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
Program Director: Ronnie Hertz, MD, DDS
Department of Anesthesiology
428 West 55th Street
New York, NY 10019
Tel: 212-503-6227 Fax: 212-503-6217
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 048-35-11-018
<table>
<thead>
<tr>
<th>Accredited Programs in Pain Medicine (Anesthesiology)</th>
</tr>
</thead>
</table>

### Rochester
**University of Rochester Program**
- **Sponsor:** Strong Memorial Hospital of the University of Rochester
- **Prgm Director:** Rajbala Thakur, MD
- **Department of Anesthesiology**, Box 804
- **601 Elmwood Avenue**, Rochester, NY 14645
- **Tel:** 716-855-2852, **Fax:** 716-855-2721
- **Length:** 1 Yr
- **Program:** 048-35-21-035

### Stony Brook
**SUNY at Stony Brook Program**
- **Sponsor:** University Hospital-SUNY at Stony Brook
- **Prgm Director:** Carole Agin, MD
- **Health Sciences Center**, LA-900
- **Stony Brook, NY 11794
- **Tel:** 631-444-4234, **Fax:** 631-444-4152
- **Length:** 1 Yr
- **Program:** 048-35-11-067

### Syracuse
**SUNY Upstate Medical University Program**
- **Sponsor:** SUNY Upstate Medical University
- **Veterans Affairs Medical Center (Syracuse)**
- **Prgm Director:** F Sebastian Thomas, MD
- **750 East Adams Street**, Syracuse, NY 13210
- **Tel:** 315-464-4259, **Fax:** 315-464-4905
- **Length:** 1 Yr
- **Program:** 048-35-21-092

### Valhalla
**New York Medical College at Westchester Medical Center Program**
- **Sponsor:** New York Medical College
- **Sound Shore Medical Center of Westchester**
- **Prgm Director:** James P O’Connell, MD
- **Department of Anesthesiology**, Grasslands Road, M/W-Vent 2355
- **Valhalla, NY 10595
- **Tel:** 914-493-9520, **Fax:** 914-493-7027
- **E-mail:** raymond@wmc.com
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 5
- **Program:** 048-35-32-019

### North Carolina
**Chapel Hill**
**University of North Carolina Hospitals Program**
- **Sponsor:** University of North Carolina Hospitals
- **Prgm Director:** William S Blau, MD, PhD
- **The Dept of Anesthesiology, School of Medicine**, CB#7010, N2201 UNC Hospitals
- **Chapel Hill, NC 27599
- **Tel:** 919-966-5136, **Fax:** 919-966-4873
- **E-mail:** wblau@aims.unc.edu
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 2
- **Program:** 048-35-21-088

### Durham
**Duke University Hospital Program**
- **Sponsor:** Duke University Hospital
- **Veterans Affairs Medical Center (Durham)**
- **Prgm Director:** Billy K Huh, MD, MPh
- **923 Morreence Road, Room 232**, Durham, NC 27710
- **Tel:** 919-668-2388, **Fax:** 919-668-7094
- **E-mail:** huh0000@unc.duke.edu
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 2
- **Program:** 048-35-21-020

### Winston-Salem
**Wake Forest University School of Medicine Program**
- **Sponsor:** Wake Forest University Baptist Medical Center
- **Prgm Director:** William Spillane, MD
- **Department of Anesthesiology, Pain Management**, 1000 South Hawthorne Road
- **Winston-Salem, NC 27110
- **Tel:** 336-716-5330, **Fax:** 336-716-5537
- **Length:** 1 Yr
- **Program:** 048-36-21-036

### Ohio
**Cincinnati**
**University Hospital/University of Cincinnati College of Medicine Program**
- **Sponsor:** University Hospital Inc
- **Prgm Director:** Lucen Keene, MD
- **231 Albert Sabin Way**, PO Box 670531, Cincinnati, OH 45207
- **Tel:** 513-588-6556, **Fax:** 513-588-0995
- **E-mail:** donna.benesch@uc.edu
- **Length:** 1 Yr
- **Program:** 048-38-21-021

### Cleveland
**Case Western Reserve University/University Hospitals of Cleveland Program**
- **Sponsor:** University Hospitals of Cleveland
- **Prgm Director:** Mark V Boswell, MD, PhD
- **1100 Euclid Avenue**, Cleveland, OH 44106
- **Tel:** 216-444-2659, **Fax:** 216-444-2660
- **E-mail:** boswellm@earthlink.net
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 3
- **Program:** 048-38-21-097

### Oklahoma
**Oklahoma City**
**University of Oklahoma Health Sciences Center Program**
- **Sponsor:** University of Oklahoma College of Medicine
- **OU Medical Center**
- **OU Medical Center-Children’s Hospital
- **Prgm Director:** Badie S Mansour, MD**
- **920 S Young Blvd, RM WP 2530**, Oklahoma City, OK 73104
- **Tel:** 405-271-4004, **Fax:** 405-271-1216
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program:** 048-39-21-087

### Oregon
**Portland**
**Oregon Health & Science University Program**
- **Sponsor:** Oregon Health & Science University Hospital
- **Veterans Affairs Medical Center (Portland)**
- **Prgm Director:** David M Sibley, MD
- **Dept of Anesthesiology**, URS-2
- **3181 SW Sam Jackson Park Road**, Portland, OR 97239
- **Tel:** 503-494-0370, **Fax:** 503-494-3922
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 3
- **Program:** 048-40-21-023

### Pennsylvania
**Allentown**
**Drexel University College of Medicine (Lehigh Valley) Program**
- **Sponsor:** Drexel University College of Medicine (MCP Hahnemann)**
- **Lehigh Valley Hospital**
- **Medical College of Pennsylvania Hosp (Tenet Health System)**
- **Prgm Director:** Bruce D Nicholson, MD
- **1245 South Cedar Crest Boulevard, Suite 901**, Allentown, PA 18103
- **Tel:** 610-402-1764, **Fax:** 610-402-9080
- **Length:** 1 Yr
- **Program:** 048-41-23-110

### Hershey
**Penn State University/Milton S Hershey Medical Center Program**
- **Sponsor:** Milton S Hershey Medical Center
- **Prgm Director:** Wily Gordin, MD
- **Department of Anesthesiology, MC-H187**
- **PO Box 850**, Hershey, PA 17033
- **Tel:** 717-531-6680, **Fax:** 717-531-4804
- **Length:** 1 Yr
- **Program:** 048-41-21-024

### Philadelphia
**Temple University Hospital Program**
- **Sponsor:** Temple University Hospital
- **Prgm Director:** Rodger Barrette, MD**
- **3401 N Broad Street**
- **Dept of Anesthesia**, Philadelphia, PA 19140
- **Tel:** 215-707-3039, **Fax:** 215-707-8029
- **E-mail:** anaestes@blue.temple.edu
- **Length:** 1 Yr
- **Program:** 048-41-31-025
Accredited Programs in Pain Medicine (Anesthesiology)

**Thomas Jefferson University Program**
**Sponsor:** Thomas Jefferson University Hospital  
**Prgm Director:** Gregory H Pharo, DO  
**354 Chestnut Street, Suite T-160**  
Philadelphia, PA 19107  
Tel: 215 655-2108 Fax: 215 692-5806  
**Length:** 1 Yr  
**Program ID:** 048-41-21-041  

**University of Pennsylvania Program**  
**Sponsor:** University of Pennsylvania Health System  
**Prgm Director:** Dell R Burke, MD  
**330 Medical Office Building**  
Philadelphia, PA 19104  
Tel: 215 663-8650 Fax: 215 243-4616  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 048-41-11-026

**Pittsburgh**  
**University of Pittsburgh Medical Center Medical Education Program**  
**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program  
**UPMC Presbyterian/Shadyside**  
**Prgm Director:** Doris K Cope, MD  
**Suite 300 Medical Arts Building**  
Pittsburgh, PA 15215  
Tel: 412 784-5340 Fax: 412 784-5350  
**Length:** 1 Yr  
**Program ID:** 048-41-32-087

**Western Pennsylvania Hospital/Temple University Program**  
**Sponsor:** The Western Pennsylvania Hospital  
**Allegheny General Hospital**  
**Prgm Director:** Abraham J Kabazie, MD  
**4809 Friendship Avenue**  
Suite 450 MP  
Pittsburgh, PA 15224  
Tel: 412 576-5638 Fax: 412 576-5638  
**E-mail:** kabazie@wpahs.org  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 048-41-12-107

**South Carolina**  
**Charleston**  
**Medical University of South Carolina Program**  
**Sponsor:** Medical University of South Carolina College of Medicine  
**MUSC Medical Center**  
**Prgm Director:** Arthur R Smith, MD  
**105 Ashley Avenue**  
PO Box 250912  
Charleston, SC 29425  
Tel: 843 797-6947 Fax: 843 797-6948  
**E-mail:** smithar@musc.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 048-49-21-074

**Tennessee**  
**Nashville**  
**Vanderbilt University Program**  
**Sponsor:** Vanderbilt University Medical Center  
**Prgm Director:** Benjamin W Johnson, MD, MBA  
**Medical Arts Building, Suite 526**  
1211 21st Avenue, South  
Nashville, TN 37212  
Tel: 615 771-7560 Fax: 615 771-7560  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 048-47-21-038

**Texas**  
**Dallas**  
**University of Texas Southwestern Medical School Program**  
**Sponsor:** University of Texas Southwestern Medical School  
**Dallas County Hospital District-Parkland Memorial Hospital**  
Texas Scottish Rite Hospital for Children  
Veterans Affairs Medical Center (Dallas)  
**Prgm Director:** Leland Lou, MD  
**5550 Harry Hines Boulevard**  
Dallas, TX 75390  
Tel: 214 648-0960 Fax: 214 648-0963  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 048-48-21-052

**Galveston**  
**University of Texas Medical Branch Hospitals Program**  
**Sponsor:** University of Texas Medical Branch Hospitals  
**Prgm Director:** Courtney G Williams, MD  
**301 University Blvd**  
Galveston, TX 77555  
Tel: 409 772-1221 Fax: 409 772-1224  
**Length:** 1 Yr  
**Program ID:** 048-48-21-108

**Houston**  
**University of Texas at Houston (MD Anderson Cancer Center) Program**  
**Sponsor:** University of Texas Medical School at Houston  
**Memorial Hermann Hospital System**  
**University of Texas MD Anderson Cancer Center**  
**Prgm Director:** Madhu Narasimhan, MD  
**1515 Holcombe Boulevard**  
**Box 42**  
Houston, TX 77210  
Tel: 713 794-7246 Fax: 713 794-0177  
**E-mail:** talvarad@mail.mdanderson.org  
**Length:** 1 Yr  
**Program ID:** 048-48-21-095

**University of Texas at Houston Program**  
**Sponsor:** University of Texas Medical School at Houston  
**Memorial Hermann Hospital System**  
**University of Texas MD Anderson Cancer Center**  
**Prgm Director:** Madhu Narasimhan, MD  
**1515 Holcombe Boulevard**  
**Box 42**  
Houston, TX 77210  
Tel: 713 794-2881 Fax: 713 794-6137  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 048-48-21-029

**Lubbock**  
**Texas Tech University (Lubbock) Program**  
**Sponsor:** Texas Tech University Health Sciences Center at Lubbock  
**University Medical Center**  
**Prgm Director:** Gabor B Racz, MD  
**Dept of Anesthesiology**  
1201 4th Street  
Lubbock, TX 79430  
Tel: 806 743-2881 Fax: 806 743-2884  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 048-48-21-030

**San Antonio**  
**University of Texas Health Science Center at San Antonio Program**  
**Sponsor:** University of Texas Medical School at San Antonio  
**Audie L Murphy Memorial Veterans Hospital**  
**Prgm Director:** Somayajl Ramanamurthy, MD  
**Department of Anesthesiology**  
7103 Floyd Curl Drive  
San Antonio, TX 78220  
Tel: 210 567-4543 Fax: 210 567-4471  
**Length:** 1 Yr  
**Program ID:** 048-48-31-063

**Utah**  
**Salt Lake City**  
**University of Utah Program**  
**Sponsor:** University of Utah Medical Center  
**Primary Children's Medical Center**  
**Prgm Director:** Robert J Finnegan, MD  
**Department of Anesthesiology**  
56 North Medical Drive, Room 3C444  
Salt Lake City, UT 84132  
Tel: 801 581-6300 Fax: 801 581-4367  
**Length:** 1 Yr  
**Program ID:** 048-49-21-086

**Vermont**  
**Burlington**  
**University of Vermont Program**  
**Sponsor:** Fletcher Allen Health Care  
**Prgm Director:** James P R Rathmell, MD, MS  
**Department of Anesthesiology**  
111 Colchester Avenue  
Burlington, VT 05401  
Tel: 802 847-2415 Fax: 802 847-6324  
**Length:** 1 Yr  
**Program ID:** 048-50-21-069

**Virginia**  
**Charlottesville**  
**University of Virginia Program**  
**Sponsor:** University of Virginia Medical Center  
**Prgm Director:** John C Rowling, MD  
**Dept of Anesthesiology**  
PO Box e89710  
Charlottesville, VA 22908  
Tel: 434 824-2283 Fax: 434 862-0019  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 048-51-21-076

**Portsmouth**  
**Naval Medical Center (Portsmouth) Program**  
**Sponsor:** Naval Medical Center (Portsmouth)  
**Prgm Director:** Robert J Mendes, DO  
**Department of Anesthesiology**  
620 John Paul Jones Circle  
Portsmouth, VA 23708  
Tel: 757 855-5185 Fax: 757 953-6870  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 048-51-21-082

**US Armed Services Program**
Accredited Programs in Pain Medicine (Anesthesiology)

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Robert S Leflack, MD
1390 East Broad Street
PO Box 884459
Richmond, VA 23286
Tel: 804 823-0773  Fax: 804 823-4682
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 048-51-91-033

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Prgm Director: W Thomas Edwards, MD, PhD
Multidisciplinary Pain Center Box 356044
1530 NE Pacific
Seattle, WA 98195
Tel: 206 641-6525  Fax: 206 641-5627
Length: 1 yr
Program ID: 048-54-21-034

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Prgm Director: Hugh W Allen, MD
105 Seneca Street
8H-CHM
Seattle, WA 98101
Tel: 206 225-9580  Fax: 206 683-2307
Length: 1 yr
Program ID: 048-54-21-963

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Stanford J Huber, MD
3615 HSC PO Box 9194
Morgantown, WV 26506
Tel: 304 293-5411  Fax: 304 293-7607
Length: 1 yr  ACGME Approved/Offered Positions: 3
Program ID: 048-53-21-102

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: Stephen A Abrams, MD*
Department of Anesthesiology
6030 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 885-9124  Fax: 414 885-6147
E-mail: sAbrams@mcw.edu
Length: 1 yr  ACGME Approved/Offered Positions: 4
Program ID: 048-56-21-042

Pain Medicine (Neurology)

Georgia
Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Walton Rehabilitation Hospital
Prgm Director: Michael H Rivner, MD
1130 15th Street
BP 9115
Augusta, GA 30912
Tel: 706 721-2681  Fax: 706 721-8711
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 181-12-21-001

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Edward Covington, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5664  Fax: 216 444-7000
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 181-98-12-003

Pain Medicine (Physical Medicine and Rehabilitation)

California
Los Angeles
VA Greater Los Angeles Health Care System Program
Sponsor: VA Greater Los Angeles Healthcare System
UCLA Medical Center
Prgm Director: Quynh Pham, MD
11301 Wilshire Boulevard (w177)
Los Angeles, CA 90073
Tel: 310 268-4095
E-mail: dahoshi@mednet.ucla.edu
Length: 1 yr  ACGME Approved/Offered Positions: 2
Program ID: 341-65-31-003

District of Columbia
Washington
Georgetown University Hospital/National Rehabilitation Hospital Program
Sponsor: National Rehabilitation Hospital
Washington Hospital Center
Prgm Director: Malady S Kodgi, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-9442  Fax: 202 877-8194
Length: 1 yr  ACGME Approved/Offered Positions: 1
Program ID: 341-10-31-009

Maryland
Baltimore
Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Center for Pain Mgmt. and Rehabilitation-East York Office
Prgm Director: Michael B Furman, MD
5811 Pleasant Valley Road
York, PA 17402
Tel: 717 848-4500  Fax: 717 755-9416
E-mail: mbfurman@hotmail.com
Length: 1 yr  ACGME Approved/Offered Positions: 2
Program ID: 341-23-12-048
Massachusetts
Boston
Harvard Medical School/Spaulding Rehabilitation Hospital Program
Sponsor: Spaulding Rehabilitation Hospital
Massachusetts General Hospital
Prgm Director: Alec L. Melinger, MD
125 Nashua Street
Boston, MA 02114
Tel: 617 573-2125  Fax: 617 573-2769
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 441-24-13-004

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: J Steven Schults, MD
Dept of PM&R
325 E Eisenhower, Suite 100
Ann Arbor, MI 48108
Tel: 734 615-7201  Fax: 734 615-4244
E-mail: twileyw@med.umich.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 441-23-21-006

Oklahoma
Oklahoma City
Baylor University Medical Center (Oklahoma City) Program
Sponsor: Baylor University Medical Center
Sailor Anthony North Ambulatory Surgery Center
Baylor Institute for Rehabilitation
Prgm Director: Michael J Carl, MD
6006 North Santa Fe Avenue, Suite 200
Oklahoma City, OK 72118
Tel: 405 427-6776  Fax: 405 419-0646
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 441-49-13-005

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: David F. Drake, MD
PO Box 589661-0677
Richmond, VA 23298
Tel: 804 598-9381  Fax: 804 388-5074
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 441-51-21-001

Pain Medicine (Psychiatry)
Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Edward C Covington, MD
C-21
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5864  Fax: 216 444-7000
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 482-38-12-001

Pathology-Anatomic and Clinical
Alabama
Birmingham
Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: Arthur S Ludwig, MD
800 Montclair Road
Department of Pathology
Birmingham, AL 35211
Tel: 205 582-5352  Fax: 205 582-3736
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 300-01-21-017

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: C Bruce Alexander, MD
419 South 12th Street, WP 2230
Birmingham, AL 35233
Tel: 205 344-4393  Fax: 205 344-6490
Length: 4 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 300-01-31-015

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
Prgm Director: Joseph A Tucker, MD
University of South Alabama Medical Center
2451 Fillimingham Street
Mobile, AL 36617
Tel: 251 471-7786  Fax: 251 471-7984
E-mail: pathres@mostaff.edufor
Length: 4 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 300-01-11-019

Arizona
Phoenix
St Joseph's Hospital and Medical Center Program
Sponsor: St. Joseph's Hospital and Medical Center
Prgm Director: Jeffrey D Oliver, MD
Department of Pathology
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 408-6994  Fax: 602 408-7191
E-mail: joliver@ctwm.edu
Length: 1 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 300-03-15-022

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Richard E Sobonya, MD
1501 North Campbell Avenue
PO Box 240108
Tucson, AZ 85724
Tel: 520 626-3100  Fax: 520 626-2521
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: HMP, MGP
Program ID: 300-03-21-023
Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Harry H Brown, MD, MD*
4301 West Marbach, Ste 517
Department of Pathology
Little Rock, AR 72205
Tel: 501 326-5707 Fax: 501 686-5874
E-mail: gordonrenee@saans.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: BBK
Program ID: 300-04-21-204

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Pgm Director: Brian S Bull, MD
11234 Anderson Street
Department of Pathology & Lab Medicine, Room 3516
Loma Linda, CA 92355
Tel: 909 558-4189 Fax: 909 558-4189
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 300-04-21-024

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm Director: Wesley B Nichols, MD
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-0782 Fax: 310 423-0038
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-04-12-0380

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Pgm Director: Charles A Lassman, MD, PhD*
13-145B Center for Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 825-5376 Fax: 310 208-2508
E-mail: jbambya@mednet.ucla.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 300-04-11-0344

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Wesley Y Naritoku, MD, PhD
1200 North State Street, Room 2000
Los Angeles, CA 90033
Tel: 323 236-7144 Fax: 323 236-5925
E-mail: nwane@usc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 300-04-21-035

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Pgm Director: Philip M Carpenter, MD
Department of Pathology
101 The City Drive South
Orange, CA 92866
Tel: 714 456-5977 Fax: 714 456-5873
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPC
Program ID: 300-04-21-497

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Rajen Bansamroaj, MD
2935 Stockton Boulevard
Sacramento, CA 95819
Tel: 916 734-8611 Fax: 916 734-6408
E-mail: penny.young@ucdmc.ucdavis.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-04-11-025

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Pgm Director: CDR Michael M Quigley, MD, PhD
1920 Bob Wilson Drive
Laboratory Department
San Diego, CA 92114
Tel: 619 532-9232 Fax: 619 532-9408
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-04-12-0111
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: Roy W. Suggs, MD, ScD
Dept of Pathology Mail Code 8290
200 West Arbor Drive
San Diego, CA 92161
Tel: 619 543-9696 Fax: 619 543-3730
E-mail: jpmcHugh@ucsd.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-04-21-040

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Pgm Director: Patrick Treseler, MD, PhD
Department of Pathology
606 Panama Avenue, Box 0666
San Francisco, CA 94143
Tel: 415 474-1511 Fax: 415 553-1200
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 300-04-21-044

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Pgm Director: Stephen J Galli, MD
Department of Pathology, L 251
38021 Fisherman's Way
Stanford, CA 94305
Tel: 650 723-7215 Fax: 650 723-6902
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: MGT, PFT
Program ID: 300-04-21-064

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Pgm Director: Marcia E Cornford, MD, PhD
Department of Pathology
1000 W Carson St
Torrance, CA 90509
Tel: 310 223-2641 Fax: 310 223-5333
E-mail: mcornford@lahcs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-04-11-047

Colorado
Colorado Springs
Penrose-St Francis Healthcare System Program
Sponsor: Penrose-St Francis Healthcare System
Pgm Director: Douglas W Frankenmeid, MD
2000 North Cascade Avenue
Colorado Springs, CO 80907
Tel: 719 776-8161 Fax: 719 776-2166
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 300-04-12-016

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Pgm Director: Brad Brimhall, MD, MPH*
2000 East Ninth Avenue, Box B-316
Denver, CO 80206
Tel: 303 372-0584 Fax: 303 372-0582
E-mail: diane.colyer@ucdenver.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Program ID: 300-09-21-055

Connecticut
Danbury
Danbury Hospital Program
Sponsor: Danbury Hospital
Yale New Haven Hospital
Pgm Director: Ramon N Krawinkel, MD
34 Hospital Avenue
Danbury, CT 06810
Tel: 203 777-7315 Fax: 203 771-5343
E-mail: ramon.krawinkel@danbex.org
Length: 4 Yrs ACGME Approved/Offered Positions: 7
Program ID: 300-08-11-037
Accredited Programs in Pathology-Anatomic and Clinical

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Pgm Director: John D Beeth, MD*
PO Box 300975 JMMHC
1600 SW Archer Road
Gainesville, FL 32610
Tel: 352 846-5666 Fax: 352 846-2149
Length: 4 yrs
ACGME Approved/Offered Positions: 12
Subspecialties: SP
Program ID: 300-08-11-059

Jacksonville

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Pgm Director: Shaila Masood, MD
Department of Pathology
665 West Eighth Street
Jacksonville, FL 32209
Tel: 904 244-4387 Fax: 904 244-4169
E-mail: rebeljones@jax.ufl.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 10
Program ID: 300-11-12-073

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Pgm Director: Carmen E Gomez-Fernandez, MD*
1611 NW 12th Avenue
Holtz Center 2053
Miami, FL 33136
Tel: 305 585-7942 Fax: 305 364-9602
E-mail: rebeljones@jax.ufl.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 8
Program ID: 300-11-31-074

Orlando

Orlando Regional HealthCare Program
Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Pgm Director: Shuan Li, MD
1414 Kahl Avenue, MP44
Orlando, FL 32806
Tel: 407 541-5217
Length: 4 yrs
ACGME Approved/Offered Positions: 10
Program ID: 300-11-12-077

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Pgm Director: Stuart Flynn, MD
Department of Pathology
PO Box 298907
New Haven, CT 06520
Tel: 203 786-6444 Fax: 203 786-3598
E-mail: stuart.flynn@yale.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 26
Subspecialties: HMP, SP
Program ID: 300-08-31-102

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Pgm Director: James L. Messina, MD
12901 Bruce B Downs Blvd
MDC 11
Tampa, FL 33612
Tel: 813 974-3744 Fax: 813 974-5536
Length: 4 yrs
ACGME Approved/Offered Positions: 18
Program ID: 300-11-31-078

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Pgm Director: Charles W Sewell, MD
1364 Clifton Road, NE
Department of Pathology and Laboratory Medicine
Atlanta, GA 30322
Tel: 404 772-4383 Fax: 404 727-2519
E-mail: mmdojohn@emory.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 40
Subspecialties: MM
Program ID: 300-12-21-080

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Pgm Director: D Greer Falls, MD
Department of Pathology (BF-121)
1130 15th Street
Augusta, GA 30912
Tel: 706 731-7453 Fax: 706 721-7781
Length: 4 yrs
ACGME Approved/Offered Positions: 14
Program ID: 300-12-18-092

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Pgm Director: Donald S Karcher, MD
2300 Kye Street, NW
Ross Hall, Room 502
Washington, DC 20037
Tel: 202 994-3591 Fax: 202 994-2518
Length: 4 yrs
ACGME Approved/Offered Positions: 15
Program ID: 300-10-31-069

Howard University Program
Sponsor: Howard University Hospital
Pgm Director: Josephine J Marshalleck, MD
2041 Georgia Avenue, NW
Washington, DC 20050
Tel: 202 806-6823 Fax: 202 806-7022
Length: 4 yrs
ACGME Approved/Offered Positions: 8
Program ID: 300-10-11-064

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Pgm Director: David F Garvin, MD
3000 New Jersey Road, NW
Washington, DC 20007
Tel: 202 444-3592 Fax: 202 447-8834
Length: 4 yrs
ACGME Approved/Offered Positions: 15
Program ID: 300-10-12-008

Miami Beach

Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida Inc
Pgm Director: Morton J Robinson, MD
4300 Alton Road
Miami Beach, FL 33140
Tel: 305 674 0227
Length: 4 yrs
ACGME Approved/Offered Positions: 8
Program ID: 300-11-31-076

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kaiser Foundation Hospital (Moanalua)
Kapiolani Medical Center for Women and Children
Queen's Medical Center
St Francis Medical Center
Pgm Director: John M Hardman, MD
Biomed Tower D209A
1910 East-West Road
Honolulu, HI 96822
Tel: 808 587-8357 Fax: 808 587-8966
E-mail: pathres@hawaii.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 10
Program ID: 300-14-21-068

Hofrolulu

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kaiser Foundation Hospital (Moanalua)
Kapiolani Medical Center for Women and Children
Queen's Medical Center
St Francis Medical Center
Pgm Director: John M Hardman, MD
Biomed Tower D209A
1910 East-West Road
Honolulu, HI 96822
Tel: 808 587-8357 Fax: 808 587-8966
E-mail: pathres@hawaii.edu
Length: 4 yrs
ACGME Approved/Offered Positions: 10
Program ID: 300-14-21-068

Washington Hospital Center Program
Sponsor: Washington Hospital Center
Pgm Director: Erwin Brun, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-5327 Fax: 202 877-3820
Length: 4 yrs
ACGME Approved/Offered Positions: 10
Program ID: 300-18-12-071
Illinois

Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Burke E. Fieger, MD, MPH
Dept of Pathology
1025 W Harrison Street
Chicago, IL 60612
Tel: 312 946-7157 Fax: 312 946-2944
E-mail: bfireger@medicine.com
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-16-21-888

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: G Kenneth Haines, MD, Department of Pathology, Fineberg 7-343
251 E Huron Street
Chicago, IL 60611
Tel: 312 926-7575 Fax: 312 926-3127
E-mail: gkhaines@northwestern.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 300-16-21-094

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Vigne S Boddy, MD
1655 West Congress Parkway
Chicago, IL 60612
Tel: 312 945-3588 Fax: 312 945-3454
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-16-11-095

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: John Anastasi, MD
5841 S Maryland Avenue, MC 3083
Chicago, IL 60637
Tel: 773 702-6190 Fax: 773 702-1200
E-mail: john.anastasi@uchospitals.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-16-21-097

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Michelle B Stabile, MD, MPH
1811 West Polk Street, Room 446
Chicago, IL 60612
Tel: 312 996-7750 Fax: 312 996-7566
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: HH, SP
Program ID: 300-16-21-098

Evanston
McGaw Medical Center of Northwestern University (Evanston) Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Karen L Kaul, MD, PhD
2650 Ridge Avenue
Evanston, IL 60201
Tel: 847 570-2052 Fax: 847 733-6012
E-mail: kkaul@northwestern.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 11
Program ID: 300-16-21-412

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Eva H Wajcman, MD
500 S First Avenue
Bldg 103, Room 1217
Maywood, IL 60153
Tel: 708 227-2616 Fax: 708 227-3620
E-mail: vwhajcman@luke.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-16-21-394

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Indiana University Hospital Pathology
Prgm Director: Richard N Welch, MD
1100 W 3rd Street
300-17-21-111
Program ID: 300-16-21-111

Muncie
Ball Memorial Hospital Program
Prgm Director: Janet E Roepke, MD, PhD
Pathology Residency Program
5401 W University Avenue
Muncie, IN 47306
Tel: 765 751-0700 Fax: 765 747-4466
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: VP
Program ID: 300-16-21-114

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Parel D Beo, MD
Dept of Pathology
100 Medical Laboratories, 1198 ML
Iowa City, IA 52242
Tel: 319 358-4442 Fax: 319 358-4437
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-18-21-116

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Diane L Persons, MA, MA
3014 S Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-1720 Fax: 913 588-1777
E-mail: dperson2@kumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-16-21-117

Kentucky

Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Paul Bachner, MD
Department of Pathology & Laboratory Medicine
800 Rose Street, Suite MS-117
Lexington, KY 40536
Tel: 859 357-1446 Fax: 859 232-1560
E-mail: pbachner@lexmed.uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-10-21-120

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Joseph G Parker, MD, MS
350 South Jackson Street, C1105
Louisville, KY 40202
Tel: 502 853-3000 Fax: 502 853-1771
E-mail: japarker@louisville.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-20-21-121

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Veterans Medical Center of Louisiana at New Orleans
Prgm Director: Gary E Lipson, MD
Pathology Department
1501 Perdido Street
New Orleans, LA 70112
Tel: 504 668-6000 Fax: 504 668-6007
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-31-21-123

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: John K Knuse, MD
430 Tulane Avenue
Department of Pathology, SL-79
New Orleans, LA 70112
Tel: 504 988-1170 Fax: 504 988-7292
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 300-31-21-122
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>School/Program Name</th>
<th>Sponsor</th>
<th>Program Director(s)</th>
<th>Length</th>
<th>ACGME Approved/Offered Positions</th>
<th>Subspecialties</th>
<th>Program ID</th>
<th>Contact Information</th>
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<tr>
<td>Louisiana</td>
<td>Shreveport</td>
<td>Louisiana State University (Shreveport)</td>
<td>Sponsor: LSU Health Sciences Center-University Hospital</td>
<td>Prgm Director: Macario K Fowler, MD</td>
<td>1501 Kings Highway, PO Box 33932</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
<td>300-23-11-126</td>
<td>Tel: 318 675-7668 Fax: 318 675-7662</td>
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<tr>
<td>Maryland</td>
<td>Baltimore</td>
<td>Johns Hopkins University Program</td>
<td>Sponsor: Johns Hopkins University School of Medicine</td>
<td>Prgm Director: Edward F McCarthy, MD</td>
<td>600 North Wolfe Street Pathology 401</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 34 Subspecialties: SP</td>
<td>300-23-11-129</td>
<td>Tel: 410 614-9665 Fax: 410 614-9614</td>
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<tr>
<td>University of Maryland Program</td>
<td>Sponsor: University of Maryland Medical System</td>
<td>Mercy Medical Center Veterans Affairs Medical Center (Baltimore)</td>
<td>Prgm Director: Olga Inoff, MD</td>
<td>22 South Greene Street</td>
<td>Baltimore, MD 21201</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 48 Subspecialties: PCP</td>
<td>300-23-11-135</td>
<td>Tel: 410 228-5525 Fax: 410 228-5508</td>
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<td>Bethesda</td>
<td>National Capital Consortium Program</td>
<td>Sponsor: National Capital Consortium National Naval Medical Center (Bethesda)</td>
<td>Armed Forces Institute of Pathology Walter Reed Army Medical Center</td>
<td>Prgm Director: Carol F Adair, MD</td>
<td>Prgm Director: Paul F. Ader, MD</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 29 Subspecialties:</td>
<td>300-18-21-116</td>
<td>US Armed Services Program</td>
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<tr>
<td>National Institutes of Health Clinical Center Program</td>
<td>Sponsor: Clinical Center at the National Institutes of Health</td>
<td>Prgm Director: Lance A Liotta, MD, PhD BiLG 10, Rm 2A33 10 Center Drive</td>
<td>Bethesda, MD 20892</td>
<td>Tel: 301 496-3185 Fax: 301 496-0853</td>
<td>E-mail: <a href="mailto:ncamain@nih.gov">ncamain@nih.gov</a></td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 9 Subspecialties: EMP</td>
<td>300-18-21-115</td>
<td>US Armed Services Program</td>
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<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>Beth Israel Deaconess Medical Center/ Harvard Medical School Program</td>
<td>Sponsor: Beth Israel Deaconess Medical Center</td>
<td>Prgm Director: Laura C Collins, MD</td>
<td>Department of Pathology 589 Brookline Avenue</td>
<td>Boston, MA 02215</td>
<td>Tel: 617 667-7284 Fax: 617 667-7120</td>
<td>E-mail: <a href="mailto:lcollins@bidmc.harvard.edu">lcollins@bidmc.harvard.edu</a></td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 32 Subspecialties: SP</td>
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<td>Boston University Medical Center Program</td>
<td>Sponsor: Boston Medical Center</td>
<td>Prgm Director: Carl J O'Hara, MD</td>
<td>300-25-11-145</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 35 Subspecialties:</td>
<td>300-24-31-140</td>
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<td>Brigham and Women's Hospital Program</td>
<td>Sponsor: Brigham and Women's Hospital</td>
<td>Prgm Director: George W. Winship, MD</td>
<td>Department of Pathology 75 Francis Street</td>
<td>Boston, MA 02115</td>
<td>Tel: 617 732-6161 Fax: 617 335-6111</td>
<td>E-mail: <a href="mailto:marina@partners.org">marina@partners.org</a></td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 35 Subspecialties:</td>
</tr>
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<td></td>
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<td>Massachusetts General Hospital Program</td>
<td>Sponsor: Massachusetts General Hospital</td>
<td>Prgm Director: W Stephen Black-Schaffer, MD, MA</td>
<td>Dept of Pathology, WRN Building, Room 210</td>
<td>56 Street</td>
<td>Boston, MA 02114</td>
<td>Tel: 617 734-1463 Fax: 617 732-2326</td>
<td>E-mail: <a href="mailto:mighpath@partners.org">mighpath@partners.org</a></td>
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<tr>
<td></td>
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<td>Tufts-New England Medical Center Program</td>
<td>Sponsor: Tufts-New England Medical Center</td>
<td>Prgm Director: Nora M Laver, MD</td>
<td>760 Washington Street, NEIMCH Building</td>
<td>Boston, MA 02111</td>
<td>Tel: 617 666-1005 Fax: 617 666-8302</td>
<td>E-mail: <a href="mailto:niwah@tufts-nemc.org">niwah@tufts-nemc.org</a></td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 14 Subspecialties:</td>
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<td>Pittsfield Berkshire Medical Center Program</td>
<td>Sponsor: Berkshire Medical Center</td>
<td>Prgm Director: Rebecca L Johnson, MD</td>
<td>725 North Street</td>
<td>Pittsfield, MA 01201</td>
<td>Tel: 413 447-3665 Fax: 413 447-2067</td>
<td>E-mail: <a href="mailto:dmbibus@hshl.org">dmbibus@hshl.org</a></td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 8 Subspecialties:</td>
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<td>Springfield Baystate Medical Center/Tufts University School of Medicine Program</td>
<td>Sponsor: Baystate Medical Center</td>
<td>Prgm Director: Jean Henneberry, MD</td>
<td>Department of Pathology 750 Chestnut Street</td>
<td>Springfield, MA 01199</td>
<td>Tel: 413 794-5695 Fax: 413 794-5893</td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 10 Subspecialties:</td>
<td>300-24-31-141</td>
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<td>Worcester University of Massachusetts Program</td>
<td>Sponsor: University of Massachusetts Medical School UMass Memorial Health Care (Memorial Campus)</td>
<td>Prgm Director: Astrid Khan, MD</td>
<td>55 lake Avenue, North Worcester, MA 01605</td>
<td>Tel: 508 856-6124 Fax: 508 856-2088</td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: HMP, EMP</td>
<td>Program ID: 300-24-31-400</td>
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<tr>
<td>Michigan</td>
<td>Ann Arbor</td>
<td>University of Michigan Program</td>
<td>Sponsor: University of Michigan Hospitals and Health Centers</td>
<td>Prgm Director: Joseph C Pantone, MD</td>
<td>1500 E Medical Center Drive</td>
<td>Room 2G32/34</td>
<td>Ann Arbor, MI 48109</td>
<td>Tel: 734 763-4095 Fax: 734 763-4095</td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 22 Subspecialties:</td>
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<td>Detroit Henry Ford Hospital Program</td>
<td>Sponsor: Henry Ford Hospital</td>
<td>Prgm Director: Richard Zabo, MD</td>
<td>Department of Pathology 2700 West Grand Blvd</td>
<td>Detroit, MI 48202</td>
<td>Tel: 313 876-3194 Fax: 313 876-3585</td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 16 Subspecialties:</td>
<td>300-25-12-160</td>
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<td>St John Hospital and Medical Center Program</td>
<td>Sponsor: St John Hospital and Medical Center</td>
<td>Prgm Director: Basim M Al-Khafaji, MD</td>
<td>Department of Pathology 22101 Moross Road</td>
<td>Detroit, MI 48236</td>
<td>Tel: 313 843-3330 Fax: 313 847-4877</td>
<td>E-mail: <a href="mailto:suc.morrizhell@john.org">suc.morrizhell@john.org</a></td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 8 Subspecialties:</td>
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<td>Wayne State University/Detroit Medical Center Program</td>
<td>Sponsor: Wayne State University/Detroit Medical Center</td>
<td>Prgm Director: William J Kupsky, MD</td>
<td>540 East Canfield, Room 9574</td>
<td>Detroit, MI 48201</td>
<td>Tel: 313 577-2488 Fax: 313 577-2488</td>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 12 Subspecialties:</td>
<td>300-25-21-165</td>
</tr>
</tbody>
</table>

Graduate Medical Education Directory 2005-2006
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Michele T Rooney, MD
3601 West Thirteenth Mile Road
Royal Oak, MI 48073
Tel: 248 896-9654 Fax: 248 896-9654
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program Id: 300-35-11-178

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Program Director: William D DePond, MD
2301 Holmes Street
Kansas City, MO 64108
Tel: 816-404-0550 Fax: 816 404-0572
E-mail: william.depond@tmcmed.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program Id: 300-28-21-408

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: John F Sauer, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8989 Fax: 603 650-4645
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program Id: 300-32-21-198

New Jersey
Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Program Director: Jonathan F Sauer, MD
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 352-5762 Fax: 973 352-5564
E-mail: jhunter@lifb.com
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program Id: 300-31-21-119

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Program Director: Elisabeth R Flowers, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-1530 Fax: 601 984-1551
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program Id: 300-27-31-182

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Ellis Fischel Cancer Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Alan P Lomax, MD
One Hospital Drive
Columbia, MO 65212
Tel: 573 884-4612 Fax: 573 884-4612
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program Id: 300-28-21-185

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences Center
Veterans Affairs Medical Center (Albuquerque)
Program Director: Travis J Schlegel, MD
515 Camino de Salud, RN75 E5
Alta: Jeanne Lay
Albuquerque, NM 87131
Tel: 505 272-6726 Fax: 505 272-6726
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: BMR, PCP
Program Id: 300-34-21-218
New York

Albany

**Albany Medical Center Program**
Sponsor: Albany Medical Center  
St. Clare’s Hospital of Schenectady  
Veterans Affairs Medical Center (Albany)
Program Director: Ann B Boganianiec, MD  
Department of Pathology (MG-61)  
47 New Scotland Avenue, Albany, NY 12208  
Tel: 518-262-5455  Fax: 518-262-5861  
E-mail: boganianiec@mai.umc.edu  
Length: 4 Yrs  
Program: 300-35-21-219

Manhasset

**North Shore University Hospital/NYU School of Medicine Program**
Sponsor: North Shore University Hospital  
Program Director: Leonard B Kahn, M.D.,Ph.D.  
301 Community Drive  
Manhasset, NY 11030  
Tel: 516 566-3947  Fax: 516 566-4501  
Length: 4 Yrs  
Program: 300-35-11-228

Mineola

**Winthrop-University Hospital Program**
Sponsor: Winthrop-University Hospital  
Program Director: Virginia M Donovan, MD  
259 First Street  
Mineola, NY 11501  
Tel: 516 663-4584  
E-mail: residency@pathology.wuhn.org  
Length: 4 Yrs  
Program: 300-35-12-229

New Hyde Park

**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**
Sponsor: Long Island Jewish Medical Center  
Program Director: Leonard B Kahn, MD  
270-95 67th Avenue  
Room B-6  
New Hyde Park, NY 11040  
Tel: 718 470-7451  Fax: 718 470-4431  
Length: 4 Yrs  
Program: 300-35-12-229

New York

**Lenox Hill Hospital Program**
Sponsor: Lenox Hill Hospital  
Program Director: Harry L Iouchim, MD  
100 East 77th Street  
New York, NY 10021  
Tel: 212 634-2200  Fax: 212 434-2497  
E-mail: bioclinic@tenochthill.net  
Length: 4 Yrs  
Program: 300-35-12-249

**Mount Sinai School of Medicine Program**
Sponsor: Mount Sinai School of Medicine  
Program Director: John D Gilliesey, MD  
1233 York Avenue  
New York, NY 10021  
Tel: 212 834-4340  
E-mail: gilliesey@msnia.org  
Length: 4 Yrs  
Program: 300-35-21-259

**New York Presbyterian Hospital (Columbia Campus) Program**
Sponsor: New York Presbyterian Hospital  
Program Director: Charles O Marbee, MD  
630 West 168th Street  
New York, NY 10032  
Tel: 212 305-8903  Fax: 212 305-6509  
Length: 4 Yrs  
Program: 300-35-11-237

**New York Presbyterian Hospital (Cornell Campus) Program**
Sponsor: New York Presbyterian Hospital  
Program Director: Amy Chadbourn, MD  
525 East 63rd Street  
Room C-302  
New York, NY 10021  
Tel: 212 746-3442  Fax: 212 746-8132  
Length: 4 Yrs  
Program: 300-35-11-263

**New York University School of Medicine Program**
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Department of Pathology  
New York Presbyterian Hospital  
Program Director: Jeffrey W Flaherty, MD  
350 First Avenue (34-417D)  
New York, NY 10016  
Tel: 212 631-6455  Fax: 212 731-5535  
Length: 4 Yrs  
Program: 300-35-21-265

**St Luke’s-Roosevelt Hospital Center Program**
Sponsor: St. Luke’s-Roosevelt Hospital Center  
Beth Israel Medical Center  
Program Director: John R Proctor, MD  
1111 Amsterdam Ave at 114th Street  
New York, NY 10025  
Tel: 212 533-4352  Fax: 212 523-4539  
E-mail: josuea@chpnet.org  
Length: 4 Yrs  
Program: 300-35-21-299

**Rochester**

**University of Rochester Program**
Sponsor: Strong Memorial Hospital of the University of Rochester  
Program Director: Scott A Kirkley, MD  
600 Elmwood Avenue, Box S26  
Rochester, NY 14642  
Tel: 585 275-5279  Fax: 585 276-3089  
Length: 4 Yrs  
Program: 300-35-21-263

**Stony Brook**

**SUNY at Stony Brook Program**
Sponsor: University Hospital-SUNY at Stony Brook  
Program Director: Bernard P Lake, MD, MA  
Department of Pathology, HOS 2-766  
Stony Brook, NY 11794  
Tel: 631 444-2224  Fax: 631 444-3419  
Length: 4 Yrs  
Program: 300-35-21-396

**Buffalo**

**University at Buffalo Program**
Sponsor: University at Buffalo  
Kaleida Health System (Buffalo General Hospital)  
Kaleida Health System (Millard Fillmore Hospital)  
Program Director: Amy M Sandis, MD  
100 High Street  
Suite A-115  
Buffalo, NY 14203  
Tel: 716 859-5960  Fax: 716 859-4015  
Length: 4 Yrs  
Program: 300-35-21-224

**East Meadow**

**Nassau University Medical Center Program**
Sponsor: Nassau University Medical Center  
Program Director: Jona N Lin, MD  
2201 Hempstead Turnpike Box 47  
East Meadow, NY 11554  
Tel: 516 872-3901  Fax: 516 872-8894  
E-mail: alozola@numc.edu  
Length: 4 Yrs  
Program: 300-35-21-225

Brooklyn

**SUNY Health Science Center at Brooklyn Program**
Sponsor: SUNY Health Science Center at Brooklyn  
Kings County Hospital Center  
University Hospital-SUNY Health Science Center at Brooklyn  
Veterans Affairs Medical Center (Brooklyn)  
Program Director: Peter J Nowotowska, MD  
450 Clarkson Avenue  
Box 25  
Brooklyn, NY 11203  
Tel: 718 270-6522  Fax: 718 270-4524  
Length: 4 Yrs  
Program: 300-35-21-260

**Buffalo**

**University at Buffalo Program**
Sponsor: University at Buffalo  
Kaleida Health System (Buffalo General Hospital)  
Kaleida Health System (Millard Fillmore Hospital)  
Program Director: Amy M Sandis, MD  
100 High Street  
Suite A-115  
Buffalo, NY 14203  
Tel: 716 859-5960  Fax: 716 859-4015  
Length: 4 Yrs  
Program: 300-35-21-224
Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University Veterans Affairs Medical Center (Syracuse)
Program Director: Gustavo de la Rosa, MD*
675 East Adams Street
Syracuse, NY 13210
Tel: 315-443-8670 Fax: 315-443-4675
Length: 4 Yrs ACGME Approved/Offered Positions: 15 Program ID: 300-36-21-265

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Westchester Medical Center
Program Director: Muhammad B Zaman, MD
Basic Science Building
Department of Pathology - Room 413
Valhalla, NY 10595
Tel: 914-594-4130 Fax: 914-594-4163
E-mail: mdizam2@nymc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10 Program ID: 300-36-11-266

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Thomas W Bouldin, MD
CH 47255
Chapel Hill, NC 27599
Tel: 919-843-4586 Fax: 919-966-0718
Length: 4 Yrs ACGME Approved/Offered Positions: 15 Program ID: 300-36-11-267

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)
Program Director: Patrick J Buckley, MD, PhD
Box 3712
Durham, NC 27710
Tel: 919-684-6570 Fax: 919-684-1556
Length: 4 Yrs ACGME Approved/Offered Positions: 24 Program ID: 300-36-21-269

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: Peter J Keagel, MD
2100 Stantonsburg Road
PO Box 6292
Greenville, NC 27834
Tel: 252-744-4591 Fax: 252-744-8200
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 300-36-21-204

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: A Julian Garren, MD, PhD
Department of Pathology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-2560 Fax: 336-716-4856
Length: 4 Yrs ACGME Approved/Offered Positions: 20 Subspecialities: POP, HMP
Program ID: 300-96-11-270

Ohio
Akron
Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Program Director: Raymond E Clarke, MD
505 East Market Street
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330-397-3766 Fax: 330-397-4874
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 300-36-11-272

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Tril Robinson-Smith, MD
PO Box 700029
Cincinnati, OH 45207
Tel: 513-558-3289 Fax: 513-558-2289
E-mail: pathology@uc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 15 Program ID: 300-36-21-276

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Robert D Holfman, MD, PhD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-778-0161 Fax: 216-778-5701
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 300-36-11-279

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Carol F Farver, MD
Division of Pathology and Laboratory Medicine
6000 Euclid Avenue/EL1
Cleveland, OH 44195
Tel: 216-445-7865 Fax: 216-445-9535
Length: 4 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: POP
Program ID: 300-36-12-278

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Wendy Frankel, MD
N 308 Doan Hall
140 West 10th Avenue
Columbus, OH 43210
Tel: 614-293-2485 Fax: 614-293-7273
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 300-36-21-266

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Program Director: Aman Zaher, MD
9000 Arlington Avenue
Toledo, OH 43614
Tel: 419-333-4511 Fax: 419-333-3066
Length: 4 Yrs ACGME Approved/Offered Positions: 9 Program ID: 300-36-11-290

Youngstown
Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Program Director: Geoffrey Mendelsohn, MD
Northside Medical Center
50 Gypsy Lane
Youngstown, OH 44501
Tel: 330-884-5767 Fax: 330-884-3760
E-mail: geoffrey.mendelsohn@forumhealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 300-36-11-292

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Program Director: Michael L Talbert, MD*
Department of Pathology
460 Stanton L Young, MBSR 451
Oklahoma City, OK 73104
Tel: 405-271-2453 Fax: 405-271-3328
E-mail: Dianne.Wright@ouhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 15 Program ID: 300-36-21-295

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Richard M Scanlan, MD
Dept of Pathology, L-163
8181 SW Sam Jackson Park Road
Portland, OR 97223
Tel: 503-494-5779
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: HMP, MGP
Program ID: 300-40-11-302

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Ronald R Domen, MD
500 University Drive
PO Box 960
Hershey, PA 17033
Tel: 717-531-5146 Fax: 717-531-5021
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 300-41-11-308
Johnstown
Conemaugh Valley Memorial Hospital Program
Sponsor: Conemaugh Valley Memorial Hospital
Prgm Director: Sidney A Goldblatt, MD
1086 Franklin Street
Johnstown, PA 15955
Tel: 814 534-9418 Fax: 814 534-9072
E-mail: melcon@conemaugh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-41-21-397

Philadelphia
Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Cheryl A Ranau, MD
Broad and Vine Streets
Mail Stop 435
Philadelphia, PA 19102
Tel: 215 922-7764
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: HMP
Program ID: 300-41-21-316

Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Helen M Haupt, MD
8th and Spruce Streets
Philadelphia, PA 19107
Tel: 215 681-3344 Fax: 215 829-7564
E-mail: ammc@paphosp.com
Length: 4 Yrs ACGME Approved/Offered Positions: 11
Program ID: 300-41-11-318

Temple University Hospital Program
Sponsor: Temple University
Prgm Director: Henry Simpkins, MD, PhD
3400 North Broad Street
Philadelphia, PA 19140
Tel: 215 797-4353 Fax: 215 797-6654
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-41-11-321

Thomas Jefferson University Hospital Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Pamela R Edmonds, MD
125 South 11th Street
Room P 204 Pavillion Building
Philadelphia, PA 19107
Tel: 215 695-9224
E-mail: pamela.edmonds@jefferson.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 300-41-11-332

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Gordon Ye, MD
3400 Spruce Street
6 Founders
Philadelphia, PA 19104
Tel: 215 662-3211 Fax: 215 614-1856
E-mail: bodam@uphs.upenn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: SP
Program ID: 300-41-21-314

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Katherine M Janossy, MD
300 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-5087 Fax: 412 359-3608
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-41-12-323

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women’s Hospital
UPMC Presbyterian/Shadyside
Prgm Director: Gregory J Nauss, MD
Presbyterian Hospital C091
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-9699 Fax: 412 524-0614
E-mail: training_path@upmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: SP
Program ID: 300-41-21-324

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Prgm Director: Roman Velaz Rosario, MD
Department of Pathology
PO Box 365067
San Juan, PR 00906
Tel: 787 758-2525 Fax: 787 754-0710
Length: 4 Yrs ACGME Approved/Offered Positions: 11
Program ID: 300-42-21-385

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Miriam Hospital-Lifespan Women and Infants Hospital of Rhode Island
Prgm Director: Robert A Van Lewin, MD, PhD
563 Eddy St
Providence, RI 02903
Tel: 401 444-5981 Fax: 401 444-8514
E-mail: AGrave@lifespan.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-43-21-414

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: David Lewin, MD
165 Ashley Avenue, Suite 300
PO Box 250908
Charleston, SC 29425
Tel: 843 792-3212 Fax: 843 792-0556
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 300-45-21-332

South Dakota
Sioux Falls
University of South Dakota Program
Sponsor: University of South Dakota School of Medicine Royal C Johnson Veterans Affairs Medical Center
Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Joel A Ziebarth, MD
LGM Pathologista, PC
1400 West 22nd Street
Sioux Falls, SD 57105
Tel: 605 333-1780 Fax: 605 333-1066
E-mail: knoachen@lommaph.com
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 300-46-21-333

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: East Tennessee State University College of Medicine Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: John Schweitzer, MD
PO Box 70638
Johnson City, TN 37614
Tel: 423 430-6230 Fax: 423 438-9969
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-47-21-399

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: John C Neff, MD
1924 Alcoa Highway, Drawer 108
Knoxville, TN 37909
Tel: 865 544-8994 Fax: 865 544-8866
E-mail: jneff@utk.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: CP
Program ID: 300-47-11-335

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
St. Jude Children’s Research Hospital Veterans Affairs Medical Center (Memphis)
Prgm Director: John Duckworth, MD
109 Madison Avenue
Memphis, TN 38103
Tel: 901 448-6344 Fax: 901 448-6970
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: PP
Program ID: 300-47-12-396

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Mary N Zutter, MD
21st Avenue South at Garland
Department of Pathology, C0319 MCM
Nashville, TN 37232
Tel: 615 343-4882 Fax: 615 343-7023
E-mail: pathres.prog@vanderbilt.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Program ID: 300-47-21-341
## Texas

### Dallas

**Baylor University Medical Center Program**  
**Sponsor:** Baylor University Medical Center  
**Prgm Director:** Lesley Kresie, MD  
3500 Gaston Avenue  
Dallas, TX 75246  
Tel: 214-820-3300  
Fax: 214-820-3171  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 18  
**Program ID:** 300-48-12-343

### Galveston

**University of Texas Medical Branch Hospitals Program**  
**Sponsor:** University of Texas Medical Branch Hospitals  
**Prgm Director:** Juan P Olano, MD  
310 University Boulevard  
Galveston, TX 77550  
Tel: 409-772-9270  
Fax: 409-774-2400  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 25  
**Subspecialties:** PCT  
**Program ID:** 300-48-11-349

### Houston

**Baylor College of Medicine Program**  
**Sponsor:** Baylor College of Medicine  
**Prgm Director:** Charles F Timmons, MD, PhD  
6223 Harry Hines Boulevard  
Houston, TX 77030  
Tel: 713-798-0400  
Fax: 713-798-8974  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 22  
**Program ID:** 300-48-31-356

**University of Texas at Houston Program**  
**Sponsor:** University of Texas Medical School at Houston  
**Prgm Director:** Margaret O Ellman, MD  
6431 Fannin Street, MSB 2.120  
Houston, TX 77030  
Tel: 713-500-6430  
Fax: 713-500-6712  
E-mail: Margaret.O.Ellman@uh.tmc.edu  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 22  
**Program ID:** 300-48-11-352

### Lackland AFB

**San Antonio Uniformed Services Health Education Consortium Program**  
**Sponsor:** San Antonio Uniformed Services Health Education Consortium  
Brooke Army Medical Center  
Wilford Hall Medical Center (AFTC)  
**Prgm Director:** Thomas J Casey, MD, MBA*  
Department of Pathology  
3381 Roger Brooke Drive  
Fort Sam Houston, TX 78234  
Tel: 210-916-2821  
Fax: 210-916-2694  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 23  
**Program ID:** 300-48-11-417  
**US Armed Services Program**

### Lubbock

**Texas Tech University (Lubbock) Program**  
**Sponsor:** Texas Tech University Health Sciences Center at Lubbock  
Covenant Health System  
University Medical Center  
**Prgm Director:** Dale M Dunn, MD  
3901 4th Street  
Lubbock, TX 79430  
Tel: 910-743-2173  
Fax: 910-743-2152  
E-mail: John.Omalley@ttuhsc.edu  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 300-48-31-415

### San Antonio

**University of Texas Health Science Center at San Antonio Program**  
**Sponsor:** University of Texas Medical School at San Antonio  
Audie L Murphy Memorial Veterans Hospital (San Antonio)  
University Health System  
**Prgm Director:** Larry J Fowler, MD  
7703 Floyd Curl Drive  
San Antonio, TX 78229  
Tel: 210-667-4025  
Fax: 210-667-2478  
E-mail: Fowler@uthscsa.edu  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 16  
**Program ID:** 300-48-21-356

### Temple

**Texas A&M College of Medicine-Scott and White Program**  
**Sponsor:** Scott and White Memorial Hospital  
**Prgm Director:** V O Splattys, DO  
2411 South 36th Street  
Temple, TX 76508  
Tel: 254-774-7988  
Fax: 254-774-6038  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 9  
**Program ID:** 300-48-12-357

### Utah

### Salt Lake City

**University of Utah Program**  
**Sponsor:** University of Utah Medical Center  
**Prgm Director:** Chris Lehman, MD  
Department of Pathology  
30 North 1900 East  
Salt Lake City, UT 84132  
Tel: 801-585-6677  
Fax: 801-585-6666  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 19  
**Subspecialties:** MM, PP  
**Program ID:** 300-49-21-360

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**Vermont**

**Burlington**

**University of Vermont Program**  
**Sponsor:** Fletcher Allen Health Care  
**Prgm Director:** Abdelmenem Elhoseiny, MD*  
Department of Pathology and Laboratory Medicine  
111 Colchester Avenue  
Burlington, VT 05401  
Tel: 802-847-0382  
Fax: 802-847-3500  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 14  
**Subspecialties:** DMP  
**Program ID:** 300-56-11-361

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**Virginia**

**Charlottesville**

**University of Virginia Program**  
**Sponsor:** University of Virginia Medical Center  
**Prgm Director:** Mark W Wick, MD  
P.O. Box 850214  
2200 Jefferson Park Avenue  
Charlottesville, VA 22908  
Tel: 434-924-9635  
Fax: 434-924-9617  
E-mail: norris@virginia.edu  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 21  
**Subspecialties:** DMP, HMP  
**Program ID:** 300-51-11-362

**Norfolk**

**Eastern Virginia Medical School Program**  
**Sponsor:** Eastern Virginia Medical School  
Children's Hospital of the Kings Daughters  
Naval Medical Center (Portsmouth)  
Sentara Norfolk General Hospital  
**Prgm Director:** William F Glass, MD, PhD  
700 Olney Road  
P.O. Box 1890  
Norfolk, VA 23507  
Tel: 757-445-0250  
Fax: 757-445-5719  
E-mail: Glassw@evms.edu  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 8  
**Program ID:** 300-51-21-365

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**Richmond**

**Virginia Commonwealth University Health System Program**  
**Sponsor:** Virginia Commonwealth University Health System  
**Prgm Director:** Margaret M Grimes, MD  
P.O. Box 88862  
1101 E Marshall Street, Room 4096  
Richmond, VA 23288  
Tel: 804-258-6004  
Fax: 804-287-1079  
**Length:** 4 Yrs  
**ACGME Approved/Offered Positions:** 23  
**Subspecialties:** HMP, MGP, SP  
**Program ID:** 300-51-11-366
Accredited Programs in Pediatric Anesthesiology (Anesthesiology)

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Swedish Medical Center
University of Washington Medical Center
Prgm Director: Rochelle L Garcia, MD
Box 358100
1919 NE Pacific, NE110
Tel: 206 699-4000
Fax: 206 698-4693
E-mail: residency@pathology.washington.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 28
Program ID: 300-54-21-367

Pediatric Anesthesiology (Anesthesiology)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Jerral Cox, MD
1000 19th Avenue South
Birmingham, AL 35233
Tel: 205 938-0325
Fax: 205 938-9396
Length: 1 Yr
Program ID: 042-01-21-017

Tul: Madison
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington Medical Center
Prgm Director: Jerome B Myers, MD, PhD
Department of Pathology
MCOH-W
Tacoma, WA 98431
Tel: 253 968-1729
Fax: 253 968-1084
E-mail: jerome.myers@nw.ameddy.army.mil
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 300-54-12-009
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Charleston Area Medical Center/Charleston
West Virginia University Hospitals
Prgm Director: Jeffrey A Stead, MD
Robert C Byrd Health Sciences North
PO Box 9201
Morgantown, WV 26506
Tel: 304 293-3213
Fax: 304 293-1627
Length: 5 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 300-86-11-978

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Baby Rogers, MD
600 Highland Avenue, B4/243-2472 CSC
Madison, WI 53792
Tel: 608 255-1158
Fax: 608 255-1588
E-mail: jm.thornton@hosp.wisc.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 20
Program ID: 300-58-31-376

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Procter Memorial Lutheran Hospital
Prgm Director: Richard A Komorowski, MD
9210 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 866-8443
Length: 4 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 300-56-21-377

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Children's Hospital-Oakland
University of California (Davis) Medical Center
Prgm Director: Cathleen E Lammers, MD
Patient Support Services Blog #1280
3215 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-5311
Fax: 916 734-7580
E-mail: cnt hernandez.ucdavis.edu
Length: 1 Yr
Program ID: 042-05-21-024

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Maurice S Swaas, MD
Dept of Anesthesiology
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-8716
Fax: 415 590-4186
Length: 1 Yr
Program ID: 042-05-21-018

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Prgm Director: Chandra Ramamoorthy, MB, BS
Department of Anesthetics
505 Farmstall Drive
Stanford, CA 94305
Tel: 650 725-5705
Fax: 650 725-8544
Length: 1 Yr
Program ID: 040-05-31-019

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Rita Agarwal, MD
1086 E 19th Avenue
Denver, CO 80218
Tel: 303 316-6254
Fax: 303 337-3290
Length: 1 Yr
Program ID: 043-07-21-020

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Sarah Khan, MD
PO Box 208551
335 Cedar Street
New Haven, CT 06509
Tel: 203 785-2802
Fax: 203 785-6664
Length: 1 Yr
Program ID: 042-08-21-005

Graduate Medical Education Directory 2005-2006

891
Accredited Programs in Pediatric Anesthesiology (Anesthesiology)

**District of Columbia**

**Washington**

**George Washington University Program**
Sponsor: George Washington University School of Medicine
Children's National Medical Center
Pgm Director: Raadat S Hannafah, MD
111 Michigan Avenue
Washington, DC 20010
Tel: 202-884-3035  Fax: 202-884-5699
E-mail: rhannafah@cnmcc.org
Length: 1 Yr
Program ID: 042-19-21-006

**Florida**

**Jacksonville**

**Mayo School of Graduate Medical Education (Jacksonville) Program**
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Weldon Children's Hospital
Pgm Director: Stefanie P Schrum, MD
807 Children's Way
Jacksonville, FL 32207
Tel: 904-392-8832  Fax: 904-392-8840
E-mail: schrum@neomars.org
Length: 1 Yr
Program ID: 042-11-21-001

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Pgm Director: Norman J Halliday, MD
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 385-8510  Fax: 305 385-8559
E-mail: nhalliday@miamidademiami.edu
Length: 1 Yr
Program ID: 042-11-31-007

**Georgia**

**Atlanta**

**Emory University Program**
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Pgm Director: Carolyn F Bannister, MD
1400 Clifton Road
Atlanta, GA 30322
Tel: 404 778-6670  Fax: 404 778-1362
Length: 1 Yr
Program ID: 042-13-21-041

**Illinois**

**Chicago**

**McGaw Medical Center of Northwestern University Program**
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Pgm Director: Steven C Hall, MD
3300 Children's Plaza
Box #19
Chicago, IL 60614
Tel: 773-880-4414  Fax: 773-880-2331
Length: 1 Yr
Program ID: 042-16-21-011

**University of Illinois College of Medicine at Chicago Program**
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Pgm Director: Timothy B McDonald, MD, JD
Dept of Anesthesiology, M/C 515
1740 W Taylor Street
Chicago, IL 60612
Tel: 312-996-4020  Fax: 312-996-4019
E-mail: tmcod@uiuc.edu
Length: 1 Yr
Program ID: 042-16-21-025

**Indiana**

**Indianapolis**

**Indiana University School of Medicine Program**
Sponsor: Indiana University School of Medicine
Clark Ely Hospital for Children
Pgm Director: Gopal Krishna, MD
702 Barnhill Drive, #2001
Indianapolis, IN 46202
Tel: 317-274-0981  Fax: 317-274-0282
Length: 1 Yr
Program ID: 042-17-11-047

**Maryland**

**Baltimore**

**Johns Hopkins University Program**
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Deborah A Schweingruber, MD*
Dept of Anesthesiology, Mallock 912
860 North Wolfe Street
Baltimore, MD 21208
Tel: 410 955-2393  Fax: 410 955-5312
E-mail: dschweng@jhmi.edu
Length: 1 Yr
Program ID: 042-23-21-026

**Massachusetts**

**Boston**

**Children's Hospital/Harvard Medical School Program**
Sponsor: Children's Hospital
Pgm Director: David B Waisel, MD*
Dept of Anesthesiology, Perioperative & Pain Med
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6457  Fax: 617 730-0834
Length: 1 Yr
Program ID: 042-24-21-004

**Tufts-New England Medical Center Program**
Sponsor: Tufts-New England Medical Center
Pgm Director: Jonathan Griswold, MD, MS
Dept of Anesthesiology, Box 298
279 Washington Street
Boston, MA 02111
Tel: 617-636-0464  Fax: 617-636-5884
E-mail: jgriswold@tufts-nemc.org
Length: 1 Yr
Program ID: 042-24-21-026

**Michigan**

**Ann Arbor**

**University of Michigan Program**
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Paul I Reynolds, MD
Pediatric Anesthesiology, 3800 Mott, Box 2111
1500 E Medical Drive
Ann Arbor, MI 48109
Tel: 734-936-6986  Fax: 734-765-6651
E-mail: polaris@umich.edu
Length: 1 Yr
Program ID: 042-25-21-029

**Detroit**

**Wayne State University/Detroit Medical Center Program**
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Pgm Director: Maria M Z oste, MD
3901 Reuben Blvd
Detroit, MI 48201
Tel: 313 745-5400  Fax: 313 745-5448
Length: 1 Yr
Program ID: 042-25-21-026

**Minnesota**

**Rochester**

**Mayo School of Graduate Medical Education (Rochester) Program**
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
St Mary's Hospital of Rochester
Wolff Children's Hospital
Pgm Director: Randy P Flck, MD
Department of Anesthesiology, Mary Brigh 2 506G
200 First Street SW
Rochester, MN 55905
Tel: 507 284-2511  Fax: 507 285-3939
Length: 1 Yr
Program ID: 042-26-12-054

**Missouri**

**St Louis**

**Washington University/B-JH/SLCH Consortium Program**
Sponsor: Washington University/B-JHS/LCH Consortium
Pgm Director: David J Murray, MD
One Children's Place Street
St Louis, MO 63110
Tel: 314 456-2139  Fax: 314 456-2386
Length: 1 Yr
Program ID: 042-26-21-030

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Graduate Medical Education Directory 2005-2006

832
<table>
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Phone</th>
<th>Fax</th>
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<th>Length</th>
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<tbody>
<tr>
<td>New Mexico</td>
<td>University of New Mexico Program</td>
<td>University of New Mexico School of Medicine</td>
<td>Michele Mora, MD, MPH</td>
<td>505 272-2610</td>
<td>505 272-1300</td>
<td><a href="mailto:anesthesiology@salud.unm.edu">anesthesiology@salud.unm.edu</a></td>
<td>1 Yr</td>
<td>042-34-21-012</td>
</tr>
<tr>
<td>New York</td>
<td>Buffalo University at Buffalo Program</td>
<td>Kaleida Health System (Women and Children's Hosp of Buffalo)</td>
<td>Jerrod Lerman, MD*</td>
<td>716 878-7701</td>
<td>716 878-7316</td>
<td><a href="mailto:kaleidahs@buffalo.edu">kaleidahs@buffalo.edu</a></td>
<td>1 Yr</td>
<td>042-33-21-005</td>
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<tr>
<td>New York</td>
<td>New York Presbyterian Hospital (Columbia Campus) Program</td>
<td>New York Presbyterian Hospital (Columbia Campus)</td>
<td>Lena Sun, MD</td>
<td>716 220-0303</td>
<td>716 220-3205</td>
<td><a href="mailto:newyorkp@pgh.com">newyorkp@pgh.com</a></td>
<td>1 Yr</td>
<td>042-35-31-014</td>
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<td>Rochester</td>
<td>University of Rochester Program</td>
<td>Strong Memorial Hospital of the University of Rochester</td>
<td>Ashwani K Chhibber, MD</td>
<td>585 275-2143</td>
<td>585 274-7271</td>
<td><a href="mailto:newyork@rochester.org">newyork@rochester.org</a></td>
<td>1 Yr</td>
<td>042-35-21-027</td>
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<tr>
<td>North Carolina</td>
<td>University of North Carolina Hospitals</td>
<td>University of North Carolina Hospitals</td>
<td>Robert D Valley, MD</td>
<td>919 966-5136</td>
<td>919 966-4873</td>
<td><a href="mailto:ucnorthcarolina@med.unc.edu">ucnorthcarolina@med.unc.edu</a></td>
<td>1 Yr</td>
<td>042-35-31-040</td>
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<tr>
<td>Ohio</td>
<td>Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program</td>
<td>University of Cincinnati College of Medicine</td>
<td>C Dean Karth, MD</td>
<td>513 636-4406</td>
<td>513 636-7337</td>
<td><a href="mailto:cincinnati.ck@health.uc.edu">cincinnati.ck@health.uc.edu</a></td>
<td>1 Yr</td>
<td>042-38-21-009</td>
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<tr>
<td>Cleveland</td>
<td>Case Western Reserve University/University Hospitals of Cleveland Program</td>
<td>University Hospitals of Cleveland</td>
<td>Mark M Goldfinger, MD</td>
<td>216 844-7300</td>
<td>216 844-7381</td>
<td><a href="mailto:amcclinics@case.edu">amcclinics@case.edu</a></td>
<td>1 Yr</td>
<td>042-38-21-015</td>
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<tr>
<td>Columbus</td>
<td>Cleveland Clinic Foundation Program</td>
<td>Cleveland Clinic Foundation</td>
<td>Lena 31578, MD</td>
<td>216 444-0276</td>
<td>216 444-9247</td>
<td><a href="mailto:amcclinics@case.edu">amcclinics@case.edu</a></td>
<td>1 Yr</td>
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<tr>
<td>Columbus</td>
<td>Ohio State University Hospital Program</td>
<td>Ohio State University Hospital Children's Hospital (Columbus)</td>
<td>David Tingley, MD, MBA*</td>
<td>614 722-4300</td>
<td>614 722-4230</td>
<td><a href="mailto:ohio.state@ohio.edu">ohio.state@ohio.edu</a></td>
<td>1 Yr</td>
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<tr>
<td>Oregon</td>
<td>Oregon Health &amp; Science University Program</td>
<td>Oregon Health &amp; Science University Hospital</td>
<td>Kirk Laibani, MD</td>
<td>503 418-5661</td>
<td>503 444-4516</td>
<td><a href="mailto:ohsu@ohsuhsc.edu">ohsu@ohsuhsc.edu</a></td>
<td>1 Yr</td>
<td>042-44-22-052</td>
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<td>Pennsylvania</td>
<td>Hershey Penn State University/Milton S Hershey Medical Center Program</td>
<td>Milton S Hershey Medical Center</td>
<td>Kim L Walker, MD*</td>
<td>515 936-0025</td>
<td>919 936-4873</td>
<td><a href="mailto:newmexico@psu.edu">newmexico@psu.edu</a></td>
<td>1 Yr</td>
<td>042-41-21-048</td>
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<tr>
<td>Philadelphia</td>
<td>Children's Hospital of Philadelphia/University of Pennsylvania Program</td>
<td>Children's Hospital of Philadelphia</td>
<td>Alan Jay Schwartz, MD, MS</td>
<td>215 699-1899</td>
<td>215 699-1415</td>
<td><a href="mailto:Philadelphia@chop.edu">Philadelphia@chop.edu</a></td>
<td>1 Yr</td>
<td>042-41-31-044</td>
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<tr>
<td>Pittsburgh</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>Univ of Pittsburgh Medical Center Medical Education Program</td>
<td>Alan Jay Schwartz, MD, MS</td>
<td>212 347-3344</td>
<td>212 347-3344</td>
<td><a href="mailto:pittmed@upmc.edu">pittmed@upmc.edu</a></td>
<td>1 Yr</td>
<td>042-41-21-032</td>
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<tr>
<td>Nashville</td>
<td>Vanderbilt University Program</td>
<td>Vanderbilt University Medical Center</td>
<td>Ira S Lindsman, MD, MD*</td>
<td>515 936-0025</td>
<td>919 936-4873</td>
<td><a href="mailto:newmexico@psu.edu">newmexico@psu.edu</a></td>
<td>1 Yr</td>
<td>042-41-21-048</td>
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<tr>
<td>State</td>
<td>City</td>
<td>Program Name</td>
<td>Sponsor</td>
<td>Program Director</td>
<td>Phone</td>
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<td>Texas</td>
<td>Corpus Christi</td>
<td>University of Texas Medical Branch Hospitals (Corpus Christi) Program</td>
<td>Sponsor: University of Texas Medical Branch Hospitals&lt;br&gt;Driscoll Children's Hospital</td>
<td>Prgm Director: Adolph J Koska, MD, PhD&lt;br&gt;3560 S Alameda&lt;br&gt;Corpus Christi, TX 78411</td>
<td>Tel: 361 694-5445 Fax: 361 694-5449</td>
<td>Length: 1 Yr</td>
<td>Program ID: 04-4-21-030</td>
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<td>Dallas</td>
<td>University of Texas Southwestern Medical School Program</td>
<td>Sponsor: University of Texas Southwestern Medical School&lt;br&gt;Children's Medical Center of Dallas&lt;br&gt;Cook-Pediatrics Children's Medical Center</td>
<td>Prgm Director: John K Hall, MD*&lt;br&gt;6323 Harry Hines Blvd&lt;br&gt;Dallas, TX 75390</td>
<td>Tel: 214 648-7834 Fax: 214 648-7660</td>
<td>Length: 1 Yr</td>
<td>Program ID: 04-4-21-037</td>
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<td>Houston</td>
<td>Baylor College of Medicine Program</td>
<td>Sponsor: Baylor College of Medicine&lt;br&gt;Children's Hospital&lt;br&gt;Texas Children's Hospital</td>
<td>Prgm Director: Stephen A Stayer, MD*&lt;br&gt;5650 Fannin St&lt;br&gt;Houston, TX 77030</td>
<td>Tel: 713 824-5800 Fax: 713 824-5801</td>
<td>E-mail: <a href="mailto:rscoffice@anesmail.anesth.bcm.tmc.edu">rscoffice@anesmail.anesth.bcm.tmc.edu</a></td>
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<td>Washington</td>
<td>University of Washington Program</td>
<td>Sponsor: University of Washington School of Medicine&lt;br&gt;Children's Hospital and Regional Medical Center&lt;br&gt;University of Washington Medical Center</td>
<td>Prgm Director: Bruce Bert, MD&lt;br&gt;Mail Stop PG-1&lt;br&gt;4800 Sand Point Way NE&lt;br&gt;Seattle, WA 98105</td>
<td>Tel: 206 887-3885 Fax: 206 887-3935</td>
<td>E-mail: <a href="mailto:casey.jones@seattlechildrens.org">casey.jones@seattlechildrens.org</a></td>
<td>Length: 1 Yr</td>
<td>Program ID: 04-5-21-038</td>
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<td>Wisconsin</td>
<td>Milwaukee</td>
<td>Medical College of Wisconsin Affiliated Hospitals Program</td>
<td>Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.&lt;br&gt;Children's Hospital of Wisconsin</td>
<td>Prgm Director: Eric J Walbergh, MD&lt;br&gt;P.O.Box 1997&lt;br&gt;9000 West Wisconsin Avenue&lt;br&gt;Milwaukee, WI 53201</td>
<td>Tel: 414 256-3500 Fax: 414 256-6092</td>
<td>E-mail: <a href="mailto:walbergh@mwc.edu">walbergh@mwc.edu</a></td>
<td>Length: 1 Yr</td>
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</table>

**Pediatric Cardiology (Pediatrics)**

### California

#### Los Angeles

**Children's Hospital Los Angeles Program**

**Sponsor:** Children's Hospital Los Angeles<br>Prgm Director: Alan S. Lewis, MD<br>Division of Cardiology, MS #4<br>4650 Sunset Boulevard<br>Los Angeles, CA 90027<br>Phone: 323 699-4837 Fax: 323 671-1513<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-66-11-001

#### UCLA Medical Center Program**

**Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine<br>Prgm Director: Vivek Allada, MD<br>Division of Pediatric Cardiology<br>B4-477 MDCB, 10832 Le Conte Avenue<br>Los Angeles, CA 90095<br>Phone: 310 794-9786 Fax: 310 825-9234<br>Length: 3 Yrs ACGME Approved/Offered Positions: 7<br>Program ID: 325-66-21-002

#### San Diego

**University of California (San Diego) Program**

**Sponsor:** University of California (San Diego) Medical Center<br>Children's Hospital and Health Center<br>Prgm Director: Mark W Coccia, MD*<br>2006 Children Way MC 6464<br>San Diego, CA 92120<br>Phone: 858 668-5805 Fax: 858 571-7903<br>Length: 3 Yrs ACGME Approved/Offered Positions: 3<br>Program ID: 325-66-11-003

### San Francisco

**University of California (San Francisco) Program**

**Sponsor:** University of California (San Francisco) School of Medicine<br>University of California (San Francisco) Medical Center<br>Prgm Director: Michael M Brook, MD<br>505 Parnassus Ave, Room M-1365<br>Box 0130<br>San Francisco, CA 94143<br>Phone: 415 476-5316 Fax: 415 502-8719<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-66-21-004

### Stanford

**Stanford University Program**

**Sponsor:** Stanford University Hospital<br>Lucile Salter Packard Children's Hospital at Stanford<br>Prgm Director: George F Van Buren, MD<br>750 Welch Road, Suite 305<br>Palo Alto, CA 94304<br>Phone: 650 735-7911 Fax: 650 735-8543<br>E-mail: vanhare@stanford.edu<br>Length: 3 Yrs ACGME Approved/Offered Positions: 5<br>Program ID: 325-66-21-005

**Colorado**

#### Denver

**University of Colorado Program**

**Sponsor:** University of Colorado School of Medicine<br>Children's Hospital (Tes<br>Prgm Director: Kak-Chen Chan, MD<br>9550 East 19th Avenue, Box 8110<br>Denver, CO 80218<br>Phone: 303 837-3440 Fax: 303 837-3565<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-67-21-004

### Connecticut

#### New Haven

**Yale-New Haven Medical Center Program**

**Sponsor:** Yale-New Haven Hospital<br>Prgm Director: John Fahey, MD<br>Department of Pediatrics<br>333 Cedar Street, PO Box 209064<br>New Haven, CT 06520<br>Phone: 203 763-2023 Fax: 203 737-2186<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-68-11-006

### District of Columbia

#### Washington

**Children's National Medical Center/George Washington University Program**

**Sponsor:** Children's National Medical Center<br>Prgm Director: Craig A Sable, MD<br>111 Michigan Avenue NW<br>Washington, DC 20010<br>Phone: 202 884-2023 Fax: 202 884-5700<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-66-21-007

### Florida

#### Gainesville

**University of Florida Program**

**Sponsor:** University of Florida College of Medicine<br>Shands Hospital at the University of Florida<br>Prgm Director: Kenneth O Schonberger, MD<br>1000 SW Archer Rd - MD 303<br>Gainesville, FL 32610<br>Phone: 352 392-6548 Fax: 352 392-6547<br>Length: 3 Yrs ACGME Approved/Offered Positions: 3<br>Program ID: 325-11-11-008

### Miami

**Jackson Memorial Hospital/Jackson Health System Program**

**Sponsor:** Jackson Memorial Hospital/Jackson Health System<br>Prgm Director: Grace S Wolf, MD<br>P.O.Box 010800 (B-76)<br>East Tower - Room 5043<br>Miami, FL 33181<br>Phone: 305 585-6883 Fax: 305 324-5612<br>Length: 3 Yrs ACGME Approved/Offered Positions: 6<br>Program ID: 325-11-21-009
### Georgia
#### Atlanta
**Emory University Program**
- **Sponsor:** Emory University School of Medicine
- **Children's Healthcare of Atlanta at Eggleston**
- **Program Director:** Derek A. Fyfe, MD, PhD
- **Department of Pediatrics**
- **52 Executive Park South, Suite 5200**
- **Atlanta, GA 30329**
- **Tel:** 404.712.6210 **Fax:** 404.712.6021
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 9
- **Program ID:** 325-13-11-010

### Augusta
**Medical College of Georgia Program**
- **Sponsor:** Medical College of Georgia
- **Program Director:** William A. Lutin, MD, PhD
- **1120 15th Street, BA3600W**
- **Augusta, GA 30912**
- **Tel:** 706 721 3376 **Fax:** 706 721 3838
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 325-12-11-011

### Illinois
#### Chicago
**McGaw Medical Center of Northwestern University Program**
- **Sponsor:** McGaw Medical Center of Northwestern University
- **Children's Memorial Hospital**
- **Program Director:** Sarah H. Kieffer, MD
- **2300 Children's Plaza**
- **Mail Code 21**
- **Chicago, IL 60614**
- **Tel:** 773 898 4211 **Fax:** 773 890 8111
- **E-mail:** swilhelm@childrensmemorial.org
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 6
- **Program ID:** 325-16-11-013

**University of Chicago Program**
- **Sponsor:** University of Chicago Hospitals
- **Program Director:** R. J. Abdulla, MD
- **5858 S Maryland Avenue, MC:4051**
- **Chicago, IL 60637**
- **Tel:** 773 222 6759 **Fax:** 773 222 5301
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 6
- **Program ID:** 325-16-11-074

#### Oak Lawn
**Advocate Christ Medical Center Program**
- **Sponsor:** Advocate Christ Medical Center
- **Program Director:** Earl P. Ow, MD
- **Hope Children's Hospital**
- **4440 W 95th St**
- **Oak Lawn, IL 60453**
- **Tel:** 708 346 5590 **Fax:** 708 346 4068
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 4
- **Program ID:** 325-16-11-087

### Indiana
#### Indianapolis
**Indiana University School of Medicine Program**
- **Sponsor:** Indiana University School of Medicine
- **Pritzker School of Medicine**
- **Program Director:** Mark C. Johnson, MD
- **Department of Pediatrics**
- **300 Longwood Avenue**
- **Boston, MA 02115**
- **Tel:** 317 355-8585 **Fax:** 317 355-8625
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 21
- **Program ID:** 325-34-11-022

### Iowa
#### Iowa City
**University of Iowa Hospitals and Clinics Program**
- **Sponsor:** University of Iowa Hospitals and Clinics
- **Program Director:** Thomas B. Scholz, MD
- **Department of Pediatrics**
- **5220 Hickman Road**
- **Iowa City, IA 52242**
- **Tel:** 319 556-3750 **Fax:** 319 556-4270
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 4
- **Program ID:** 325-15-11-015

### Louisiana
#### New Orleans
**Tulane University Program**
- **Sponsor:** Tulane University School of Medicine
- **Medical Center of Louisiana at New Orleans**
- **Tulane University Hospital and Clinics**
- **Program Director:** Nancy Ross-Acosta, MD
- **Department of Pediatrics**
- **1430 Tulane Avenue**
- **New Orleans, LA 70112**
- **Tel:** 504 866-6251 **Fax:** 504 864-2650
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 6
- **Program ID:** 325-21-21-064

### Maryland
#### Baltimore
**Johns Hopkins University Program**
- **Sponsor:** Johns Hopkins University School of Medicine
- **Johns Hopkins Hospital**
- **Program Director:** Anne M. Hurwitz, MD
- **Department:** Pediatrics
- **880 Edmondson Path**
- **Baltimore, MD 21287**
- **Tel:** 410 955-8597 **Fax:** 410 955-0987
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 325-23-11-021

### Massachusetts
#### Boston
**Children’s Hospital/Boston Medical Center Program**
- **Sponsor:** Children’s Hospital
- **Program Director:** James E. Lock, MD
- **300 Longwood Avenue**
- **Boston, MA 02115**
- **Tel:** 617 355-8500 **Fax:** 617 355-8255
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 21
- **Program ID:** 325-34-11-022

### Michigan
#### Ann Arbor
**University of Michigan Program**
- **Sponsor:** University of Michigan Hospitals and Health Centers
- **Program Director:** Robert D. Ross, MD
- **Department of Pediatrics**
- **1500 East Medical Center Drive**
- **Ann Arbor, MI 48109**
- **Tel:** 734 764-1478 **Fax:** 734 764-1470
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 12
- **Program ID:** 325-25-11-023

### Minnesota
#### Minneapolis
**University of Minnesota Program**
- **Sponsor:** University of Minnesota Medical School
- **Children's Hospitals & Clinics - St Paul**
- **Fairview-University Medical Center**
- **Program Director:** Elizabeth A. Braunlin, MD
- **620 Delaware Street, SE**
- **MMC 94**
- **Minneapolis, MN 55455**
- **Tel:** 612 626-2755 **Fax:** 612 627-2647
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 325-26-11-024

### Missouri
#### St Louis
**Washington University School of Medicine Program**
- **Sponsor:** Washington University/B-JH/SLCH
- **Program Director:** Mark C. Johnson, MD
- **One Children’s Place**
- **St Louis, MO 63110**
- **Tel:** 314 454-6035 **Fax:** 314 454-2361
- **E-mail:** johnson_m@kids.wustl.edu
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 9
- **Program ID:** 325-29-11-027
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<td>Great Neck</td>
<td>North Shore-Long Island Jewish Health System/Schneider Children’s Hospital Program</td>
<td>North Shore-Long Island Jewish Health System Schneider Children's Hospital at North Shore University Hospital</td>
<td>Frederick Z. Bierman, MD 26-01 76th Avenue New Hyde Park, NY 11040 Tel: 718 470-7305 Fax: 718 347-5864 Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 325-38-21-030</td>
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<td>Mount Sinai</td>
<td>Mount Sinai School of Medicine Program</td>
<td>Mount Sinai School of Medicine Mount Sinai Medical Center</td>
<td>Ina A Parmen, MD One Hewlett L. Levy Place, Box 1201 New York, NY 10029 Tel: 212 241-6450 Fax: 212 534-3259 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 325-38-11-086</td>
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<td>New York Presbyterian Hospital Program (Columbia Campus)</td>
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<td>Walton M. Gerscovich, MD 3365 Broadway, Room 2 North New York, NY 10032 Tel: 212 395-3282 Fax: 212 395-4428 Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 325-35-11-034</td>
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<td>New York University School of Medicine Program</td>
<td>New York University School of Medicine Bellevue Hospital Center</td>
<td>Marcelo Ausleder, MD 520 First Avenue Suite 9U New York, NY 10016 Tel: 212 263-8940 Fax: 212 263-8950 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 325-35-21-035</td>
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<td>Rochester</td>
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<td>University of Rochester Program</td>
<td>Strong Memorial Hospital of the University of Rochester</td>
<td>Roger P Verrillo, MD Pediatric Cardiology, Box 631 601 Elmwood Avenue Rochester, NY 14642 Tel: 585 275-6900 Fax: 585 275-7436 E-mail: <a href="mailto:pearl_bloom@urmc.rochester.edu">pearl_bloom@urmc.rochester.edu</a> Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 325-35-21-035</td>
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<td>Syracuse</td>
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<td>SUNY Upstate Medical University Program</td>
<td>SUNY Upstate Medical University Crouse Hospital</td>
<td>Winston E Gaum, MD* 725 Irving Avenue Suite 804 Syracuse, NY 13210 Tel: 315 464-5888 Fax: 315 464-5761 E-mail: <a href="mailto:gewo@upstate.edu">gewo@upstate.edu</a> Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 325-35-21-053</td>
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<td>North Carolina</td>
<td>Durham</td>
<td>Duke University Hospital Program</td>
<td>Duke University Hospital</td>
<td>Bruce A Armstrong, MD PO Box 3090 DUMC Division of Pediatric Cardiology Durham, NC 27710 Tel: 919 681-0316 Fax: 919 681-7507 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 325-36-11-037</td>
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<td>Cincinnati</td>
<td>Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program</td>
<td>Cincinnati Children’s Hospital Medical Center</td>
<td>Robert L. Spicer, MD 3333 Burnett Avenue Cincinnati, OH 45229 Tel: 513 636-1198 Fax: 513 636-3665 E-mail: <a href="mailto:robert.spicer@ucmrcc.org">robert.spicer@ucmrcc.org</a> Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 325-38-11-038</td>
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<td>Ohio</td>
<td>Cleveland</td>
<td>Case Western Reserve University/University Hospitals of Cleveland Program</td>
<td>University Hospitals of Cleveland</td>
<td>Ernest S Swith, MD 11100 Euclid Avenue Cleveland, OH 44106 Tel: 216 844-3275 Fax: 216 844-5478 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 325-36-11-039</td>
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<tr>
<td>Pennsylvania</td>
<td>Philadelphia</td>
<td>Children's Hospital of Philadelphia Program</td>
<td>Children’s Hospital of Philadelphia</td>
<td>Paul M Weinberg, MD 34th St and Civic Center Blvd Philadelphia, PA 19104 Tel: 215 590-2374 Fax: 215 590-5825 E-mail: <a href="mailto:weinberg@email.chop.edu">weinberg@email.chop.edu</a> Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 325-41-11-041</td>
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<td>Portland</td>
<td>Oregon Health &amp; Science University Program</td>
<td>Oregon Health &amp; Science University Hospital</td>
<td>Grant H Burch, MD 707 SW Gaines Road, CBRC P Portland, OR 97229 Tel: 503 494-2192 Fax: 503 494-2924 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 325-40-11-040</td>
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<td>Oregon</td>
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<td>St Christopher's Hospital for Children Program</td>
<td>St Christopher's Hospital for Children</td>
<td>Lee Vogel, MD Heart Center for Children Erie Avenue at Front Street Philadelphia, PA 19134 Tel: 215 427-3819 Fax: 215 427-3822 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 325-41-11-042</td>
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<td>Pittsburgh</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>University of Pittsburgh Medical Center Medical Education Program</td>
<td>Girish S Shirali, MD* 5000 Ross Street at De Soto Street Pittsburgh, PA 15213 Tel: 412 641-1660 Fax: 412 641-1660 Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 325-41-11-043</td>
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<td>South Carolina</td>
<td>Charleston</td>
<td>Medical University of South Carolina Program</td>
<td>Medical University of South Carolina College of Medicine</td>
<td>Girish S Shirali, MD* 165 Ashley Avenue Room 601 Children’s Hospital Charleston, SC 29425 Tel: 843 792-2586 Fax: 843 792-3294 E-mail: <a href="mailto:shirali@musc.edu">shirali@musc.edu</a> Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 325-46-11-044</td>
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Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Program Director: James A. Johns, MD
Vanderbilt Children's Hospital, Suite 5230
2200 Children's Way
Nashville, TN 37232
Tel: 615 322-7447 Fax: 615 322-2110
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-47-11-045

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Program Director: Lynn Maleoy, MD
3323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 456-2333 Fax: 214 456-6154
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-48-21-058

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Program Director: Steven R. Neish, MD
Pediatric Cardiology
6621 Fannin Street, MC 19341
Houston, TX 77030
Tel: 713 794-6623 Fax: 713 794-1901
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 325-48-11-047

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Program Director: Susan P. Etheredge, MD
100 North Medical Drive, Suite 1500
Salt Lake City, UT 84132
Tel: 801 588-2656 Fax: 801 588-2877
E-mail: pseither@hsc.uchsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-48-13-072

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Program Director: Paul Matherne, MD
PO Box 900366
Charlottesville, VA 22908
Tel: 434 924-5646 Fax: 434 924-5656
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 325-51-21-020

Richmond

Virginia Commonwealth University

Health System Program

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: William B. Moskowitz, MD
PO Box 905543
Richmond, VA 23229
Tel: 804 828-8143 Fax: 804 828-8517
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-01-11-061

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.
Children's Hospital of Wisconsin
Program Director: Peter Frommelt, MD
5701 Watertown Plank Rd
PO Box 25509
Milwaukee, WI 53208
Tel: 414 266-7564 Fax: 414 266-2294
E-mail: mitchell@chw.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-48-12-078

Pediatric Critical Care Medicine (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Program Director: Marquette K. Winkler, MD
1900 1st Avenue, South
ACGME
Richmond, AL 35233
Tel: 205 938-5087 Fax: 205 975-6606
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 325-01-31-040

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Program Director: Stephen M. Schumaker, MD
Critical Care Medicine, Slot 512 12
800 Marshall St
Little Rock, AR 72205
Tel: 501 364-1850 Fax: 501 364-3188
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-04-21-006

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Program Director: Shamel A Abd-Allah, MD
11175 Campus St, A1117
Dept of Peds, Pediatric Critical Care Medicine
Loma Linda, CA 92355
Tel: 909 558-4250 Fax: 909 558-0303
E-mail: sabdallah@llu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-05-31-067

Los Angeles

Children's Hospital Los Angeles Program

Sponsor: Children's Hospital Los Angeles
Program Director: Christopher J. Newth, MD
4650 Sunset Boulevard MS #12
Los Angeles, CA 90027
Tel: 323 464-3557 Fax: 323 664-0728
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 325-06-31-047

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Irwin Weiss, MD
Department of Pediatrics
Box 051752
Los Angeles, CA 90095
Tel: 310 825-6723 Fax: 310 794-6623
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-05-31-029

Graduate Medical Education Directory 2005-2006

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## Accredited Programs in Pediatric Critical Care Medicine (Pediatrics)

### San Diego
**Naval Medical Center (San Diego) Program**  
Sponsor: Naval Medical Center (San Diego)  
Children's Hospital and Health Center  
Pgm Director: Bradley M Peterson, MD  
3020 Children's Way MC 6965  
San Diego, CA 92134  
Tel: 858 695-5893  
Fax: 858 279-8415  
Length: 3 Yrs  
Program ID: 323-05-21-042  
US Armed Services Program

### San Francisco
**University of California (San Francisco) Program**  
Sponsor: University of California (San Francisco) School of Medicine  
Children's Hospital-Oakland  
University of California (San Francisco) Medical Center  
Pgm Director: Scott J Soder, MD, MS  
505 Parnassus Avenue, M-680  
Campus Box 0120  
San Francisco, CA 94143  
Tel: 415 476-5103  
Fax: 415 502-4186  
E-mail: sannsmed@pediatrics.ucsf.edu  
Length: 3 Yrs  
Program ID: 323-05-21-021

### Stanford
**Stanford University Program**  
Sponsor: Stanford University Hospital  
Lucile Packard Children's Hospital at Stanford  
Pgm Director: Joseph Y DeCarlo, MD  
750 Welch Road - Suite 315  
Palo Alto, CA 94304  
Tel: 650 723-5485  
Fax: 650 725-8801  
Length: 3 Yrs  
Program ID: 323-05-21-056

### Torrance
**Los Angeles County-Harbor-UCLA Medical Center Program**  
Sponsor: Los Angeles County-Harbor-UCLA Medical Center  
Children's Hospital of Orange County  
Pgm Director: Richard B Mink, MD  
1000 West Carson Street, Box 491  
Torrance, CA 90006  
Tel: 310 222-4000  
Fax: 310 320-2271  
Length: 3 Yrs  
Program ID: 323-05-21-038

### Colorado
**Denver University of Colorado Program**  
Sponsor: University of Colorado School of Medicine  
Children's Hospital (The)  
National Jewish Medical and Research Center  
Pgm Director: Emily L Dobyns, MD  
The Children's Hospital  
1060 R 18th Ave, B509  
Denver, CO 80218  
Tel: 303 861-6211  
Fax: 303 764-8074  
E-mail: dobyns.emily@njhc.org  
Length: 3 Yrs  
Program ID: 323-07-21-004

### Connecticut
**New Haven Yale-New Haven Medical Center Program**  
Sponsor: Yale-New Haven Hospital  
Pgm Director: Clifford W Bogoe, MD  
PO Box 398064  
New Haven, CT 06520  
Tel: 203 785-4661  
Fax: 203 785-5823  
Length: 3 Yrs  
Program ID: 323-05-21-036

### Delaware
**Wilmington Thomas Jefferson University-duPont Hospital for Children Program**  
Sponsor: Thomas Jefferson University Hospital  
Alfred I duPont Hospital for Children  
Pgm Director: Scott Patfill, MD  
1016 Rockland Road  
PO Box 269  
Wilmington, DE 19899  
Tel: 302 651-5380  
Fax: 302 661-5365  
E-mail: spatfill@email.ohio.edu  
Length: 3 Yrs  
Program ID: 323-05-21-021

### District of Columbia
**Washington Children's National Medical Center/George Washington University Program**  
Sponsor: Children's National Medical Center  
Pgm Director: Christiane O Corriveau, MD, MA*  
1111 Michigan Avenue, NW  
Suite 3-100  
Washington, DC 20010  
Tel: 202 884-3190  
Fax: 202 884-5724  
Length: 3 Yrs  
Program ID: 323-10-21-035

### Florida
**Gainesville University of Florida Program**  
Sponsor: University of Florida College of Medicine  
St Amanda Hospital at the University of Florida  
Pgm Director: Arno L Bartlesky, MD  
PO Box 100266  
Pediatric Critical Care Medicine  
Gainesville, FL 32607  
Tel: 352 265-0462  
Fax: 352 265-0463  
Length: 3 Yrs  
Program ID: 323-10-21-039

### Miami
**Jackson Memorial Hospital/Jackson Health System Program**  
Sponsor: Jackson Memorial Hospital/Jackson Health System  
Pgm Director: G P Costello, MD  
PO Box 014900 (R-131)  
Miami, FL 33101  
Tel: 360 865-3901  
Fax: 360 235-0290  
E-mail: mbarreto@med.miami.edu  
Length: 3 Yrs  
Program ID: 323-11-21-012

### Miami Children's Hospital Program
Sponsor: Miami Children's Hospital  
Pgm Director: Balagangadhar R Totapally, MD*  
3100 SW 82nd Avenue  
Miami, FL 33155  
Tel: 305 663-3639  
Fax: 305 663-0630  
Length: 3 Yrs  
Program ID: 323-11-21-061

### Georgia
**Atlanta Emory University Program**  
Sponsor: Emory University School of Medicine  
Children's Healthcare of Atlanta at Egleston  
Pgm Director: Atul Vats, MD  
1405 Clifton Road, NE  
Atlanta, GA 30322  
Tel: 404 785-6987  
Fax: 404 785-6233  
Length: 3 Yrs  
Program ID: 323-12-21-030

### Augustana
**Medical College of Georgia Program**  
Sponsor: Medical College of Georgia  
Pgm Director: Lyle R Fisher, MD*  
1445 Harper Street, BT 2641  
Augusta, GA 30912  
Tel: 706 721-4402  
Fax: 706 721-7872  
Length: 3 Yrs  
Program ID: 323-12-21-010

### Illinois
**Chicago McGaw Medical Center of Northwestern University Program**  
Sponsor: McGaw Medical Center of Northwestern University  
Children's Memorial Hospital  
Pgm Director: Denise M Goodman, MD, MS  
Div of Pediatric Critical Care, #73  
2500 Children's Plaza  
Chicago, IL 60614  
Tel: 773 838-4780  
Fax: 773 838-6300  
Length: 3 Yrs  
Program ID: 323-10-21-036

**University of Chicago Program**  
Sponsor: University of Chicago Hospitals  
University of Chicago Children's Hospital  
Pgm Director: John M Bowen, MD  
9541 S Maryland Avenue, MC4644  
Chicago, IL 60637  
Tel: 773 838-4780  
Fax: 773 702-4041  
E-mail: jbowen@peds.bsd.uchicago.edu  
Length: 3 Yrs  
Program ID: 323-10-21-030

### Oak Lawn
**Advocate Christ Medical Center Program**  
Sponsor: Advocate Christ Medical Center  
Pgm Director: Lisa Z Toren, MD  
4440 West 56th Street  
Room 3104H  
Oak Lawn, IL 60453  
Tel: 708 346-5825  
Fax: 708 346-4712  
Length: 3 Yrs  
Program ID: 323-16-21-073

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Graduate Medical Education Directory 2005-2006
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<td>Missouri</td>
<td>St Louis Washington University/B-JH/SLCH Consortium Program</td>
<td>St Louis Children's Hospital</td>
<td>St Louis</td>
<td>3 yrs</td>
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<td>University of Iowa Hospitals and Clinics Program</td>
<td>Kosair Children's Hospital (Norton Healthcare, Inc)</td>
<td>Louisville</td>
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Notes:
- ACGME = Accreditation Council on Graduate Medical Education
- ID = Identifying number
- GME = Graduate Medical Education
- Medical = Medicine
- Pediatrics = Pediatrics
- Program = Program Name
- Sponsor = Short name of sponsor
- City = City of sponsor
- Length = Number of years
- Program ID = Identification number
- E-mail = E-mail address of program director
- Phone = Telephone number of program director
- Fax = Facsimile number of program director
- Program Director = Name of program director
- Director = Name of director
- Director = Name of director
Accredited Programs in Pediatric Critical Care Medicine (Pediatrics)

New York
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Katherine Biagas, MD
Department of Pediatrics
630 W 168th Street, CHN 19
New York, NY 10032
Tel: 212 305-9458 Fax: 212 342-2283
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 323-39-31-075

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Bruce M Greenwald, MD
Department of Pediatrics
632 East 68 Street
Room M-626
New York, NY 10016
Tel: 212 746-0056 Fax: 212 746-8302
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 323-39-31-087

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Heidi V Connolly, MD
Department of Pediatrics
501 Elmwood Avenue, Box 067
Rochester, NY 14642
Tel: 585 275-8138 Fax: 585 275-3707
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 323-39-31-083

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Keith C Kocks, MD, MS*
Div of Critical Care Medicine
Department of Pediatrics, CB#7221
Chapel Hill, NC 27599
Tel: 919 846-7405 Fax: 919 966-5164
E-mail: kkoks@med.unc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 5 Program ID: 323-39-31-010

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Craig B Weldon, MD*
Box 3046
Durham, NC 27710
Tel: 919 681-9544 Fax: 919 681-8857
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 323-39-31-088

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Neil W Kooy, MD*
Division of Critical Care Medicine
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4259 Fax: 513 636-4287
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 323-39-21-015

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Michael R Anderson, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3310 Fax: 216 844-5122
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 323-39-21-061

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Jill A Fitch, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3477 Fax: 614 722-3443
E-mail: halmail@chi.osu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 2 Program ID: 323-39-22-079

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Vinay M Nadkarni, MD
Dept of Anesthesiology & Critical Care Medicine
34th & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1890 Fax: 215 590-4227
Length: 3 Yrs ACGME Approved/Offered Positions: 13 Program ID: 323-41-21-014

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Robert S Clark, MD
3705 Fifth Avenue at DeSoto Street
Pittsburgh, PA 15213
Tel: 412 692-5164 Fax: 412 692-6076
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 323-41-21-026

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine/Critical Care Medicine Center of Puerto Rico and the Caribbean
University Pediatric Hospital
Prgm Director: Ricardo L Garcia-De Jesus, MD
PO Box 90306
San Juan, PR 90306
Tel: 787 777-3525 Fax: 787 751-6306
E-mail: rigarcia@cs.unr.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 323-42-31-009

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine/LeBonheur Children's Medical Center
Prgm Director: Stephanie A Stargel, MD*
50 N Dunlap Street
4th Floor Pediatrics
Memphis, TN 38103
Tel: 901 572-3132 Fax: 901 572-5168
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 323-47-21-027

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Kevin B Churchill, MD
714 Medical Arts Building
1211 21st Avenue South
Nashville, TN 37212
Tel: 615 936-0446 Fax: 615 936-3467
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 323-47-21-062

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Steven S Kerns, MD
3233 Harry Hines Blvd
Dallas, TX 75335
Tel: 214 456-7360 Fax: 214 456-7504
E-mail: steven.kerns@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13 Program ID: 323-48-21-041

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Mona L McPherson, MD, MPH
Department of Pediatrics
6551 Fannin, W76-106
Houston, TX 77030
Tel: 713 798-6250 Fax: 713 798-6259
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 323-48-31-044
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Pgm Director: Beatrice S Gua, MD
6431 Fannin, MSB 3.330
Houston, TX 77030
Tel: 713 500-5660  Fax: 713 500-0653
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 323-48-19-079

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Christian Santa Rosa Health Care Corporation
Pgm Director: Richard P Taylor, MD, MS
Pediatric Critical Care, MC 7829 - Department of P 7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5314  Fax: 210 567-5311
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 323-48-21-073

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Pgm Director: Madolin K Witte, MD
Department of Pediatrics
100 North Medical Drive
Salt Lake City, UT 84113
Tel: 801 588-3286  Fax: 801 588-3287
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 323-49-31-000

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Allan Doctor, MD
Department of Pediatrics
800-9000
Charlottesville, VA 22908
Tel: 434 982-1707  Fax: 434 982-3843
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 323-51-21-926

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Pgm Director: Sue S Streedhar, MD*
Box 905200, MCV Station
Richmond, VA 23298
Tel: 804 828-6964  Fax: 804 828-6662
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 323-51-21-925

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: Harris P Barden, MD
4810 Sand Point Way, NE, 981-1
Seattle, WA 98105
Tel: 206 987-3140  Fax: 206 987-3006
Length: 3 Yrs  ACGME Approved/Offered Positions: 7
Program ID: 323-54-21-013

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: Gregory A Hollman, MD
314470
600 Highland Avenue
Madison, WI 53792
Tel: 608 256-3922  Fax: 608 256-7013
E-mail: ghollman@facstaff.wisc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 323-54-31-001

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.
Children's Hospital of Wisconsin
Pgm Director: Karen J McFarland, MD
900 West Wisconsin Avenue
PO Box 1897, MS 681
Milwaukee, WI 53226
Tel: 414 256-3960  Fax: 414 256-3650
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 323-56-21-002

Pediatric Emergency Medicine
(Emergency Medicine)

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Pgm Director: T Kent Denmark, MD
Dept of Emergency Medicine A-108
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-7688  Fax: 909 558-0121
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 114-05-21-002

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego) Children's Hospital and Health Center
Scripps Mercy Hospital
University of California (San Diego) Medical Center
Pgm Director: David J Guglia, MD
6020 Children's Way, MC 0757
San Diego, CA 92123
Tel: 619 668-8938  Fax: 619 668-7431
E-mail: tkle@ucsd.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 114-05-31-007
US Armed Services Program

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Hartford Hospital
Pgm Director: John C Brancazo, MD
222 Washington Street
Farmington, CT 06010
Tel: 860 545-0187  Fax: 860 545-9202
E-mail: jbrancazo@comcast.net
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 114-06-31-006

Florida
Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Baptist Medical Center
Shands-Jacksonville Medical Center
Pgm Director: Madeline M Joseph, MD
600 West 8th Street
Jacksonville, FL 32209
Tel: 904 444-4948  Fax: 904 444-4908
E-mail: pedemergmed@jax.ufl.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 114-11-21-004

Accredited Programs in Pediatric Emergency Medicine (Emergency Medicine)

Graduate Medical Education Directory 2005-2006
## Accredited Programs in Pediatric Emergency Medicine (Emergency Medicine)

<table>
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<tr>
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<th>Program Name</th>
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Florida

Miami

Miami Children's Hospital Program
Sponsor: Miami Children's Hospital
Prgm Director: Marie Y Limaye, MD
310 SW 62nd Avenue
Miami, FL 33155
Tel: 305 666-6511 Fax: 305 662-3891
Length: 3 Yrs
Program ID: 324-11-31-006

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Prgm Director: Harold E Simon, MD
Egleston Children's Hospital
1405 Clifton Road
Atlanta, GA 30322
Tel: 404 785-7142 Fax: 404 785-7898
Length: 3 Yrs
Program ID: 324-13-21-007

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Elizabeth C Powell, MD, MPH*
Pediatric Emergency Medicine #62
2900 Children's Plaza
Chicago, IL 60614
Tel: 773 880-9245 Fax: 773 880-8267
Length: 3 Yrs
Program ID: 324-16-21-008

Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kentucky Children's Hospital (Norton Healthcare, Inc.)
Prgm Director: In Kim, MD
Department of Pediatrics
511 S Floyd Street, Suite 300
Louisville, KY 40202
Tel: 502 629-7212 Fax: 502 629-0991
E-mail: in.kim@louisville.edu
Length: 3 Yrs
Program ID: 324-20-31-009

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Teresa Carlin, MD
600 North Wolfe Street
CMSC 144
Baltimore, MD 21287
Tel: 410 614-6145 Fax: 410 614-7339
E-mail: tcarlin@jhmi.edu
Length: 3 Yrs
Program ID: 324-23-21-010

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Prgm Director: Richard G Bachur, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6624 Fax: 617 355-6835
E-mail: richard.bachur@childrens.harvard.edu
Length: 3 Yrs
Program ID: 324-24-21-011

Michigan

Detroit

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Nirmala Biju, MD
3901 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 746-5360
Length: 3 Yrs
Program ID: 324-23-21-012

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - Minneapolis
Children's Hospitals & Clinics - St. Paul
Prgm Director: Paula C Fink, MD
2525 Chicago Avenue, South
Minneapolis, MN 55414
Tel: 612 813-5843 Fax: 612 813-7362
Length: 3 Yrs
Program ID: 324-26-11-015

Missouri

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: Christopher S Kennedy, MD
3401 Gillham Rd
Kansas City, MO 64108
Tel: 816 234-0865 Fax: 816 234-3039
Length: 3 Yrs
Program ID: 324-23-21-017

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Karen Santucci, MD
20 York Street, Room WP 143
New Haven, CT 06520
Tel: 203 688-7970 Fax: 203 688-4195
Length: 3 Yrs
Program ID: 324-09-21-045

Delaware

Wilmington

Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Alfred duPont Hospital for Children
Prgm Director: Magdy W Atta, MD
1600 Rockland Road
PO Box 360
Wilmington, DE 19899
Tel: 302 651-4296 Fax: 302 651-4227
Length: 3 Yrs
Program ID: 324-41-11-032

District of Columbia

Washington

Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
Prgm Director: James M Chamberlain, MD*
Children's National Medical Center
111 Michigan Avenue, NW Room 1459
Washington, DC 20010
Tel: 202 884-3263 Fax: 202 881-3873
Length: 3 Yrs
Program ID: 324-16-21-005

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Mark G Robach, MD
1500 E 16th Avenue, B251
Denver, CO 80218
Tel: 303 315-3888 Fax: 303 764-8992
Length: 3 Yrs
Program ID: 324-07-21-004

Accredited Programs in Pediatric Emergency Medicine (Pediatrics)
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Program Director: Albert K Nakatinin, MD, MPH
1465 S Grand Boulevard
St Louis, MO 63104
Tel: 314 577-2030 Fax: 314 288-1165
Length: 3 Years ACGME Approved/Offered Positions: 3
Program ID: 324-36-11-018

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital St Louis Children's Hospital
Program Director: David M Jaffs, MD
One Children's Place - Room 4S 50
St Louis, MO 63110
Tel: 314 454-3341 Fax: 314 454-4946
Email: Albert Einstein
Sponsor: Albert Einstein College of Medicine
Program
Program ID: 324-28-21-018

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Jeffrey B Arnet, MD
Pediatric Emergency Medicine
111 East 310th Street
Bronx, NY 10467
Tel: 718 918-5312 Fax: 718 796-8485
Length: 3 Years ACGME Approved/Offered Positions: 3
Program ID: 324-35-21-018

Albert Einstein College of Medicine Program A
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacob medical Center
Program Director: Ellen P Crain, MD, PhD
11258-Jacob medical Center
1400 Pelham Parkway South
Bronx, NY 10467
Tel: 718 918-5312 Fax: 718 918-7062
Length: 3 Years ACGME Approved/Offered Positions: 3
Program ID: 324-35-31-020

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kalsid Health System (Women and Children's Hospital of Buffalo)
Prgm Director: Niel F Miele, MD
219 Bryant Street
Buffalo, NY 14222 Tel: 716 898-7100 Fax: 716 888-5874
Email: nmiele@upa.chob.edu
Length: 3 Years ACGME Approved/Offered Positions: 3
Program ID: 324-35-12-022

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish
Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Program Director: Robert P Gochman, MD
Schneider Children's Hospital
588-01 16th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7640 Fax: 718 962-9057
Email: rgochman@optonline.net
Length: 3 Years ACGME Approved/Offered Positions: 6
Program ID: 324-36-12-025

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Karin Sadow, MD
1 Gustave Levy Place
Box 1630
New York, NY 10029
Tel: 212 241-1150 Fax: 212 241-2130
Length: 3 Years ACGME Approved/Offered Positions: 2
Program ID: 324-35-12-047

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Program Director: Peter S Dayan, MD
228 W 168th Street, PB: 117
New York, NY 10032
Tel: 212 305-8550 Fax: 212 305-6732
Length: 3 Years ACGME Approved/Offered Positions: 3
Program ID: 324-35-31-023

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Methodist Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Shari L Platt, MD*
550 East 58th Street
Emergency Medicine / Box 573
New York, NY 10021
Tel: 212 746-3451 Fax: 212 746-4883
Email: slp@nih.med.cornell.edu
Length: 3 Years ACGME Approved/Offered Positions: 1
Program ID: 324-35-21-024

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Michael A Mojica, MD
New Bellevue Room - W3 East 5
First Avenue & 27th Street
New York, NY 10016
Tel: 212 666-6147 Fax: 212 565-8118
Email: mmojica@yahoo.com
Length: 3 Years ACGME Approved/Offered Positions: 8
Program ID: 324-35-31-026

Ohio
Akron
Children's Hospital Medical Center of Akron/NUEDUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Program Director: Maria L Samando, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-0460 Fax: 330 543-3761
Length: 3 Years ACGME Approved/Offered Positions: 6
Program ID: 324-36-21-027

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Constance M McAnerney, MD, MS
Division of Emergency Medicine
3332 Burnet Avenue, OHS-4
Cincinnati, OH 45229
Tel: 513 636-7966 Fax: 513 636-7967
Length: 3 Years ACGME Approved/Offered Positions: 9
Program ID: 324-35-31-028

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Deanna Dabl-Grove, MD*
11190 Euclid Avenue
Cleveland, OH 44106
Tel: 216 397-5176 Fax: 216 844-8233
Length: 3 Years
Program ID: 324-35-31-049

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Program Director: Mary J A Bowman, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 222-4386 Fax: 614 722-4380
Length: 3 Years ACGME Approved/Offered Positions: 12
Program ID: 324-38-11-029

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Joel Fein, MD*
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1944 Fax: 215 590-4454
Email: jfein@email.chop.edu
Length: 3 Years ACGME Approved/Offered Positions: 9
Program ID: 324-41-21-030
Graduate Medical Education Directory 2005-2006

### Pediatrics

#### Pennsylvania

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**

**Sponsor:** Universtity of Pittsburgh Medical Center Medical Education Program

**Program:** Children's Hospital of Pittsburgh

**Program Director:** Raymond D Pietetti, MD, MPh

**Address:** 3705 Fifth Avenue

**Tel:** 412 692-7060 **Fax:** 412 692-6540

**Length:** 3 Yrs **Program ID:** 524-41-31-046

**Length:** 3 Yrs **Program ID:** 524-41-31-046

**Rhode Island**

**Providence**

**Brown University Program**

**Sponsor:** Rhode Island Hospital-Island

**Program Director:** Dale W Steele, MD

**Pediatric Emergency Medicine**

**Address:** 535 Eddy Street Post Box 159

**Providence, RI 02903**

**Tel:** 401 444-6880 **Fax:** 401 444-2683

**Length:** 3 Yrs **Program ID:** 524-49-21-000

**Length:** 3 Yrs **Program ID:** 524-49-21-000

**Tennessee**

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine

**Program Director:** Camilla B Forsythe, MD

**Address:** 50 North Dunlap

**Memphis, TN 38103**

**Tel:** 901 579-5086 **Fax:** 901 579-5025

**Length:** 3 Yrs **Program ID:** 524-47-21-042

**Length:** 3 Yrs **Program ID:** 524-47-21-042

**Texas**

**Dallas**

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School

**Program:** Children's Medical Center of Dallas

**Program Director:** Susan Scott, MD

**Address:** 5533 Harry Hines Boulevard

**Dallas, TX 75390**

**Tel:** 214 456-8112 **Fax:** 214 456-7796

**Length:** 3 Yrs **Program ID:** 524-49-21-004

**Length:** 3 Yrs **Program ID:** 524-49-21-004

**Houston**

**Baylor College of Medicine Program**

**Sponsor:** Baylor College of Medicine

**Texas Children's Hospital**

**Program Director:** Charles G Macias, MD, MPh

**Address:** 6611 Fannin St, Suite A210, HC 1-1481

**Houston, TX 77030**

**Tel:** 832 824-5416 **Fax:** 832 824-5426

**E-mail:** phenomack@texaschildrenshospital.org

**Length:** 3 Yrs **Program ID:** 524-48-31-005

**Length:** 3 Yrs **Program ID:** 524-48-31-005

**Utah**

**Salt Lake City**

**University of Utah Program**

**Sponsor:** University of Utah Medical School

**Program:** Primary Children's Medical Center

**Program Director:** Nanette C Dudley, MD

**Address:** 100 North Medical Drive

**Salt Lake City, UT 84113**

**Tel:** 801 587-6070 **Fax:** 801 587-6585

**Length:** 3 Yrs **Program ID:** 524-49-31-044

**Length:** 3 Yrs **Program ID:** 524-49-31-044

**Virginia**

**Falls Church**

**Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program**

**Sponsor:** Inova Fairfax Hospital

**Program Director:** Maybelle Kou, MD

**Address:** 11200 Old Georgetown Road

**Falls Church, VA 22042**

**Tel:** 703 776-3100 **Fax:** 703 776-2983

**Length:** 3 Yrs **Program ID:** 524-41-21-080

**Length:** 3 Yrs **Program ID:** 524-41-21-080

**Norfolk**

**Eastern Virginia Medical School Program**

**Sponsor:** Eastern Virginia Medical School

**Program Director:** Michael P Forier, MD

**Address:** 921 Children's Lane

**Norfolk, VA 23507**

**Tel:** 757 688-8020 **Fax:** 757 688-7268

**Length:** 3 Yrs **Program ID:** 524-31-11-087

**Length:** 3 Yrs **Program ID:** 524-31-11-087

**Washington**

**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine

**Children's Hospital and Regional Medical Center**

**Program Director:** Eileen J Klein, MD

**Address:** 4800 Sand Point Way NE

**Seattle, WA 98195**

**Tel:** 206 249-3599 **Fax:** 206 739-2070

**Length:** 3 Yrs **Program ID:** 524-64-21-038

**Length:** 3 Yrs **Program ID:** 524-64-21-038

**Wisconsin**

**Milwaukee**

**Medical College of Wisconsin Affiliated Hospitals Program**

**Sponsor:** Medical College of Wisconsin Affiliated Hospitals Inc

**Address:** Children's Hospital of Wisconsin

**Program Director:** Christine M Walsh-Kelly, MD

**Address:** 900 W Wisconsin Avenue

**Milwaukee, WI 53263**

**Tel:** 414 266-3615 **Fax:** 414 266-3655

**Length:** 3 Yrs **Program ID:** 524-56-21-099

**Length:** 3 Yrs **Program ID:** 524-56-21-099

**Pediatric Endocrinology (Pediatrics)**

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**

**Sponsor:** University of Alabama Hospital

**Children's Hospital of Alabama**

**Program Director:** Kenneth L McCormick, MD

**Address:** 1600 7th Avenue, South, ACC 608

**Birmingham, AL 35233**

**Tel:** 205 934-9107 **Fax:** 205 638-8211

**Length:** 3 Yrs **Program ID:** 524-01-81-073

**Arizona**

**Phoenix**

**Phoenlic Children's Hospital/Maricopa Medical Center Program**

**Sponsor:** Phoenix Children's Hospital

**Program Director:** Khalid S Hassan, MD

**Address:** 1919 East Thomas Road

**Phoenix, AZ 85016**

**Tel:** 602 544-0935 **Fax:** 602 544-0610

**E-mail:** khasan@phoenixchildren.com

**Length:** 3 Yrs **Program ID:** 524-03-12-072

**Arkansas**

**Little Rock**

**University of Arkansas for Medical Sciences Program**

**Sponsor:** University of Arkansas College of Medicine

**Arkansas Children's Hospital**

**Program Director:** J Paul Printnik, MD

**Address:** 800 Marshall Street

**Little Rock, AR 72202**

**Tel:** 501 364-1430 **Fax:** 501 364-6296

**Length:** 3 Yrs **Program ID:** 524-04-21-940

**California**

**Los Angeles**

**Children's Hospital Los Angeles Program**

**Sponsor:** Children's Hospital Los Angeles

**Program Director:** Mitchell E Geffner, MD

**Division of Endocrinology**

**Address:** 4660 Sunset Boulevard MS 61

**Los Angeles, CA 90027**

**Tel:** 323 660-7002 **Fax:** 323 663-1349

**Length:** 3 Yrs **Program ID:** 524-05-11-001
Accredited Programs in Pediatric Endocrinology (Pediatrics)

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Vincenzo Cohen, MD
22-315 MCDC
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 266-5844 Fax: 310 206-5943
Length: 3 yrs AGME Approved/Offered Positions: 6
Program ID: 326-05-21-003

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Michael E Gottschalk, MD, PhD
Dept of Peds, Div of Endocrinology
9500 Gilman Drive, 0831
La Jolla, CA 92033
Tel: 858 966-4032 Fax: 858 966-6227
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-05-21-004

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Walter L Miller, MD
Department of Pediatrics
888 8th Ave, Box 206
San Francisco, CA 94143
Tel: 415 476-2598 Fax: 415 476-6260
Length: 3 yrs AGME Approved/Offered Positions: 4
Program ID: 326-05-21-005

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Prgm Director: Laura K Bachrach, MD
Dept of Pediatrics, Room S-302
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 735-5791 Fax: 650 725-8375
E-mail: lbach@stanford.edu
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-05-21-003

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Jo Anne Brasel, MD
Box 446
1000 West Carson Street
Torrance, CA 90609
Tel: 310 223-1971 Fax: 310 593-0627
E-mail: brasel@labmed.org
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-05-11-006

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Prgm Director: Philip S Zaitz, MD, PhD*
1056 E 18th Avenue
Box B-365
Denver, CO 80218
Tel: 303 861-6195 Fax: 303 864-5079
Length: 3 yrs AGME Approved/Offered Positions: 6
Program ID: 326-07-21-007

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Prgm Director: Elizabeth Estrada, MD*
Div of Pediatric Endocrinology
251 Washington Street
Hartford, CT 06106
Tel: 860 545-9370 Fax: 860 545-9371
Length: 3 yrs AGME Approved/Offered Positions: 1
Program ID: 326-08-21-005

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Thomas O Carpenter, MD
Department of Pediatrics
PO Box 206504
New Haven, CT 06510
Tel: 203 785-4648 Fax: 203 737-1998
Length: 3 yrs AGME Approved/Offered Positions: 4
Program ID: 326-08-21-005

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Janeil E Silverstein, MD*
J Hillis Miller Health Center
Box 100296
Gainesville, FL 32610
Tel: 352 334-1280 Fax: 352 334-1286
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-11-31-008

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Prgm Director: John S Parks, MD, PhD
Department of Pediatrics
3040 Ridgewood Dr, NE
Atlanta, GA 30322
Tel: 404 727-5703 Fax: 404 727-3423
E-mail: jpark@emory.edu
Length: 3 yrs AGME Approved/Offered Positions: 1
Program ID: 326-12-21-043

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Donald Zimmerman, MD
5300 Children's Plaza # 84
Chicago, IL 60614
Tel: 773 896-4440 Fax: 773 896-4063
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-15-21-006

University of Chicago Program
Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Prgm Director: Sally Radovich, MD
Children's Hospital
5841 S Maryland Avenue MC5053
Chicago, IL 60637
Tel: 773 702-6432 Fax: 773 702-4433
Length: 3 yrs AGME Approved/Offered Positions: 6
Program ID: 326-16-11-010

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Songyu Fang, MD
Department of Pediatrics
840 S Wood Street, M/C 456
Chicago, IL 60612
Tel: 312 996-1768 Fax: 312 996-6218
Length: 3 yrs AGME Approved/Offered Positions: 3
Program ID: 326-16-11-010

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: John S Parks, MD
Riley Hospital for Children
782 Barnhill Drive, Room 5980
Indianapolis, IN 46292
Tel: 317 274-3888 Fax: 317 274-3888
E-mail: jpark@iu.edu
Length: 3 yrs AGME Approved/Offered Positions: 4
Program ID: 326-17-21-002

906
Graduate Medical Education Directory 2005-2006
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**Accredited Programs in Pediatric Endocrinology (Pediatrics)**

Iowa City: University of Iowa Hospitals and Clinics Program
- Sponsor: University of Iowa Hospitals and Clinics
- Program Director: Eva Tsaklikis, MD
- Department of Pediatrics
- 220 Hawkins Drive
- Iowa City, IA 52242
- Tel: 319 356-1833 Fax: 319 356-8170
- Length: 3 Yrs ACGME Approved/Offered Positions: 1
- Program ID: 326-18-11-011

Bethesda: National Capital Consortium Program
- Sponsor: National Capital Consortium National Naval Medical Center (Bethesda)
- Walter Reed Army Medical Center
- Program Director: Gary L. Francis, MD, PhD
- Department of Pediatrics
- 4301 Jones Bridge Road
- Bethesda, MD 20814
- Tel: 301 355-9715 Fax: 301 355-6775
- Length: 3 Yrs ACGME Approved/Offered Positions: 6
- Program ID: 326-10-11-041
- US Armed Services Program

Kosair Children's Hospital (Norton Healthcare, Inc)
- Program Director: Pamela Clark, MD
- 521 South Floyd Street, Suite S14
- Louisville, KY 40202
- Tel: 502 585-4374 Fax: 502 585-4150
- Length: 2 Yrs Program ID: 326-20-21-079

Massachusetts

Boston: Children's Hospital/Boston Medical Center Program
- Sponsor: Children's Hospital
- Program Director: Joseph A. Majzoub, MD
- 300 Longwood Avenue
- Karp 4 125
- Boston, MA 02115
- Tel: 617 919-2800 Fax: 617 910-0044
- Length: 3 Yrs ACGME Approved/Offered Positions: 9
- Program ID: 326-24-11-014

Massachusetts General Hospital Program
- Sponsor: Massachusetts General Hospital
- Program Director: Lynn L. Lovinsky, MD
- 55 Kneeland Street
- Boston, MA 02114
- Tel: 617 726-7970 Fax: 617 726-3044
- Length: 3 Yrs ACGME Approved/Offered Positions: 6
- Program ID: 326-24-21-018

Michigan

Ann Arbor: University of Michigan Program
- Sponsor: University of Michigan Hospitals and Health Centers
- Program Director: Della M. Saavedra, MD, PhD
- CS Mott Children's Hospital
- Room B12105 Medical Professional Bldg
- Ann Arbor, MI 48109
- Tel: 734 764-5175 Fax: 734 615-3350
- Length: 3 Yrs ACGME Approved/Offered Positions: 8
- Program ID: 326-25-21-016

New York

Bronx: Albert Einstein College of Medicine Program
- Sponsor: Albert Einstein College of Medicine of Yeshiva University
- Montefiore Medical Center-Henry and Lucy Moses Division
- Montefiore Medical Center-Weller Hospital
- Program Director: Joan Di Martino-Nardi, MD, PhD
- Division of Pediatric Endocrinology and Metabolism
- 1111 10th Avenue
- Bronx, NY 10467
- Tel: 718 920-4554 Fax: 718 920-5120
- Length: 3 Yrs ACGME Approved/Offered Positions: 3
- Program ID: 326-30-01-020
Accredited Programs in Pediatric Endocrinology (Pediatrics)

Brooklyn
SUNY Health Science Center at Brooklyn
Program
Sponsor: SUNY Health Science Center at Brooklyn
Maimonides Medical Center
Program Director: Sverdla Ten, MD
Tel: 718-283-7949 Fax: 718-635-7946
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-35-21-022

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hospital of Buffalo)
Program Director: Teresa Quattrin, MD
510 Bryant Street
Buffalo, NY 14232
Tel: 716-878-7088 Fax: 716-888-3827
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-021

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at North Shore University Hosp
Program Director: Phyllis W Speiser, MD
400 Lakeville Road
Suite 180
New Hyde Park, NY 11040
Tel: 718-470-3266 Fax: 718-470-4565
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-044

Minneapolis
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Mariano Castro-Magana, MD
130 Minnecola Blvd, Suite 210
Minneapolis, MN 55101
Tel: 612-681-2000 Fax: 612-693-3070
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 325-35-31-057

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Robert Rapaport, MD
One Gustave L Levy Place, Box 1616
New York, NY 10029
Tel: 212-648-6015 Fax: 212-648-3563
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-11-023

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Maria G Nogales, MD
525 E 68th Street
New York, NY 10021
Tel: 212-746-4288 Fax: 212-746-3887
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 325-35-21-049

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Raphael David, MD
550 First Avenue
New York, NY 10016
Tel: 212-263-0645 Fax: 212-663-2713
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-045

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook
Program Director: Thomas A Wilson, MD
Department of Pediatrics
Stony Brook, NY 11794
Tel: 631-444-3450 Fax: 631-444-6945
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-061

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Augustin J D'Ecole, MD
Division of Pediatric Endocrinology
CB #7039, 3841 Biomedical Building
Chapel Hill, NC 27599
Tel: 919-866-4455 Fax: 919-866-2423
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-36-21-029

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Michael S Freemark, MD
Department of Pediatric Endocrinology
300 Ely Rd, Box 3809
Durham, NC 27710
Tel: 919-684-3772 Fax: 919-684-3613
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-36-21-026

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Steven D Chernausek, MD
Division of Endocrinology
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513-559-4744 Fax: 513-586-7486
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-027

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Mark R Palmiter, MD, PhD
Division of Pediatric Endocrinology and Metabolism
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-3661 Fax: 216-444-8999
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-38-21-028

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program Director: Kenneth C Copeland, MD
940 NE 13th Street, CH 282425
Oklahoma City, OK 73104
Tel: 405-271-9764 Fax: 405-271-3983
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-35-12-077

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Program Director: Bruce A Boston, MD
Department of Pediatrics
307 SE 2nd Avenue
Portland, OR 97239
Tel: 503-494-1837 Fax: 503-494-1933
E-mail: bostonbr@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-46-12-201

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Charles A Stanley, MD
34th & Civic Center Boulevard
Abramson Research Center, 4th Floor, Room 602
Philadelphia, PA 19104
Tel: 215-349-3429 Fax: 215-590-1605
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 326-41-21-032

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Trent Health System)
Program Director: Francesco De Luca, MD
Eric Avenue at Front Street
Philadelphia, PA 19134
Tel: 215-427-8100 Fax: 215-427-8105
E-mail: Francesco.deLuca@trenta.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-41-31-078
Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: Selma F Witchel, MD*
Length: 3 Yrs
Tel: 412 692-5173  Fax: 412 692-5804
Program ID: 326-21-033

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Perrin C White, MD
Pittsburgh, TX 75336
Tel: 214 648-7561  Fax: 214 648-9772
E-mail: Perrin.White@UTSouthwestern.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 326-48-21-082

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Pgm Director: Charles M Boney, MD
Length: 50 N
Lebonehur Children's Medical Center
Program
Charleston, SC 29425
Sponsor: Providence, Div of Pediatric Endocrinology
503 Eddy Street
Providence, RI 02903
Tel: 401 444-5504  Fax: 401 444-2534
E-mail: charlotte_Boney@brown.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-61-11-09

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Pgm Director: Richard W Furlanetto, MD, PhD*
MUSC Medical Center
96 Jonathan Lucas Street
P O Box 259068
Charleston, SC 29425
Tel: 843 792-6807  Fax: 843 792-0548
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-45-21-076

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Pgm Director: George A Buchannan, MD
50 N Dunlap
Memphis, TN 38103
Tel: 901 572-3392  Fax: 901 572-5198
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-47-31-086

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: William E Russell, MD
1911 Wright Drive North
Nashville, TN 37232
Tel: 615 322-7427  Fax: 615 343-5845
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-47-21-036

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Pgm Director: Mary A Murray, MD
915 Atwood Drive #100
Salt Lake City, UT 84108
Tel: 801 587-3055  Fax: 801 587-9607
Length: 3 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 326-49-21-074

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: William L Clarke, MD
PO Box 802386
Charlottesville, VA 22908
Tel: 434 924-9181  Fax: 434 924-9181
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-51-11-09

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: Catherine Phibaker, MD
5200 Sand Point Way, NE, MI-3
Seattle, WA 98105
Tel: 206 987-5037  Fax: 206 987-8020
Length: 3 Yrs
Program ID: 326-54-21-081

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: David S Allen, MD
600 Highland Ave 1444S
Madison, WI 53792
Tel: 608 263-5535  Fax: 608 263-0440
Length: 3 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 326-46-21-056

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Pgm Director: Paolo Palma-Siato, MD
Department of Pediatrics MRPC
8701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 346-6100  Fax: 414 266-5749
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 326-58-12-050

*Allopathic or Osteopathic program accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)

**Program is approved and offered by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA)

(PIgrm Sponsor)
Accredited Programs in Pediatric Gastroenterology (Pediatrics)

Piedmont Gastroenterology (Pediatrics)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Program Director: Frank T. Sinaida, MD
LAC/USC Medical Center
1420 N Mission Road
Los Angeles, CA 90033
Tel: 213-234-4380
Fax: 213-234-4380
Length: 3 Yrs
Program ID: 332-06-21-061

California

Los Angeles
Children's Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
Program Director: Alice A. Franklin, MD, PhD
LAC/USC Medical Center
1420 N Mission Road
Los Angeles, CA 90033
Tel: 213-234-4380
Fax: 213-234-4380
Length: 3 Yrs
Program ID: 332-06-21-061

UCAL Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Marvin A. Arment, MD
10833 Wilshire Boulevard
Los Angeles, CA 90024
Tel: 310-201-3600
Fax: 310-201-3600
Length: 3 Yrs
Program ID: 332-06-21-061

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Program Director: Joel E. Lavine, MD
1050 Health Science Drive
San Diego, CA 92103
Tel: 619-452-7504
Fax: 619-452-7577
Length: 3 Yrs
Program ID: 332-05-11-055

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Melvin H. Heyman, MD, MPH
3333 California Street, 5th Floor
San Francisco, CA 94118
Tel: 415-476-5903
Fax: 415-476-1343
Length: 3 Yrs
Program ID: 332-06-21-047

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
University Hospital
Program Director: John A. Kern, MD
LUCID/USC Medical Center
750 Welch Road, Suite 116
Palo Alto, CA 94304
Tel: 650-733-5070
Fax: 650-438-5068
Length: 3 Yrs
Program ID: 332-08-14-005

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Program Director: Judith A. O'Connor, MD
1055 E 18th Avenue, B200
Denver, CO 80218
Tel: 303-661-6600
Fax: 303-774-9025
E-mail: oconnor@children.org
Length: 3 Yrs
Program ID: 332-07-21-006

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale New Haven Hospital
Program Director: Fredric Daum, MD
333 Cedar Street, FNP 468
P.O. Box 00004
New Haven, CT 06510
Tel: 203-785-4569
Fax: 203-777-1384
E-mail: daum@yale.edu
Length: 3 Yrs
Program ID: 332-08-21-007

Delaware

Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Joel E. Lavine, MD
1050 Health Science Drive
Wilmington, DE 19899
Tel: 302-651-5828
Fax: 302-651-5838
Length: 3 Yrs
Program ID: 332-08-21-007

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Joel M. Andres, MD
3100 SW 3rd Street, MC 4065
Gainesville, FL 32610
Tel: 352-392-8410
Fax: 352-392-8417
Length: 3 Yrs
Program ID: 332-11-21-011

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Program Director: Marian D. Pfefferkorn, MD
1022 Barnhill Drive, Room HOC 4210
Indianapolis, IN 46223
Tel: 317-274-5714
Fax: 317-274-6521
Length: 3 Yrs
Program ID: 332-17-21-013

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: John F. Thompson, MD
1601 NW 12th Avenue, Room 3005A
Miami, FL 33125
Tel: 305-443-6180
Fax: 305-443-2617
Length: 3 Yrs
Program ID: 332-11-21-067

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Program Director: Rose Romero, MD
2015 Uppergate, NE
Atlanta, GA 30322
Tel: 404-727-4021
Fax: 404-727-4026
Length: 3 Yrs
Program ID: 332-12-21-007

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Program Director: B. U. Li, MD
2000 Children's Plaza, #57
Chicago, IL 60614
Tel: 773-880-4340
Fax: 773-880-4366
E-mail: bli@northwestern.edu
Length: 3 Yrs
Program ID: 332-16-21-006

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Stefano Guandalini, MD
5841 S Maryland Avenue, MC 4620
Chicago, IL 60637
Tel: 773-702-6418
Fax: 773-702-6665
Length: 3 Yrs
Program ID: 332-16-21-012

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Joel M. Andres, MD
3100 SW 3rd Street, MC 4065
Gainesville, FL 32610
Tel: 352-392-8410
Fax: 352-392-8417
Length: 3 Yrs
Program ID: 332-11-21-011
Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Warren P Bishop, MD
Department of Pediatrics
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-3960 Fax: 319 353-8967
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-18-21-063

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Carolyn A Sullivan, MD
Department of Pediatrics
4901 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 782-0056 Fax: 202 785-9364
E-mail: carolyn.sullivan@wra.army.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-19-21-010
US Armed Services Program

Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Thomas C Stephens, MD
Dept of Ped Gastroenterology
571 S Floyd Street, Room 325
Louisville, KY 40202
Tel: 502 852-3894 Fax: 502 852-4090
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 333-20-21-014

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Massachusetts General Hospital
Prgm Director: Wayne L Lencer, MD
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-8560 Fax: 617 730-0498
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 333-24-21-018

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Aubrey Katz, MD
750 Washington Street, NEMC #313
Boston, MA 02111
Tel: 617 630-8130 Fax: 617 630-8718
E-mail: akatz2@tufts-nemc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 333-24-21-017

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: James Lopez, BA, MD*
1500 E Medical Center Dr
DSB222 MPP
Ann Arbor, MI 48109
Tel: 734 636-8550 Fax: 734 636-7359
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 333-25-21-019

Detroit

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center/Children's Hospital of Michigan
Prgm Director: Vasundhara Tolia, MD
3001 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5685
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 333-25-21-020

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Harvey L Sharp, MD
MMC 165
420 Delaware Street SE
Minneapolis, MN 55405
Tel: 612 626-1133 Fax: 612 626-0839
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 333-26-21-048

Missouri

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: James F Daniel, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-1016 Fax: 816 346-1238
E-mail: jmdaniel@cmh.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-26-11-046

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: Phillip I Tarr, MD
One Children's Place
St Louis, MO 63110
Tel: 314 268-2848 Fax: 314 268-2865
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 333-26-31-023

Nebraska

 Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
The Nebraska Medical Center
Prgm Director: Thomas M Attard, MD*
985160 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-2412 Fax: 402 559-9525
E-mail: tatgard@ummc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 333-26-21-024
Accredited Programs in Pediatric Gastroenterology (Pediatrics)

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Benny and Lucy Moses Division
Prgm Director: Barry K. Wener, MD
3425 Bainbridge Ave
Bronx, NY 10467
Tel: 718 741-3225 Fax: 718 515-5426
E-mail: bwener@aiol.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-35-21-050

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Stanley E. Fisher, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718 270-1011 Fax: 718 270-1665
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 333-35-21-056

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Susan S. Baker, MD, PhD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7198 Fax: 716 888-3842
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-35-13-060

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Toba Weinstein, MD
269-01 76th Rd
New Hyde Park, NY 11040
Tel: 718 470-0400 Fax: 718 962-2680
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 333-35-31-027

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Keith J. Benkov, MD
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6416 Fax: 212 831-7974
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-35-11-029

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: William B. Toren, MD
600 West 168th Street
New York, NY 10032
Tel: 212 655-7020 Fax: 212 305-8655
E-mail: wt2156@columbia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 333-35-21-090

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Robyn B. Sockell, MD
535 E 68th Street, M-610
New York, NY 10021
Tel: 212 746-9320 Fax: 212 746-8177
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-35-32-029

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Thomas M. Rossi, MD
601 Elmwood Avenue
Box 667
Rochester, NY 14621
Tel: 585 275-2451 Fax: 585 275-9185
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-35-21-064

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Westchester Medical Center
Prgm Director: Stuart H. Berens, MD
Department of Pediatrics
Division of Gastroenterology and Nutrition
Valhalla, NY 10595
Tel: 914 594-4610 Fax: 914 594-4392
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 333-35-31-063

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Katherine Freeman, MD
200 Mason Farm Road, CB 7220
Bioinformatics Building
Chapel Hill, NC 27599
Tel: 919 966-1493 Fax: 919 966-8641
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 333-36-21-032

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Mitchell B. Cohen, MD
333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4415 Fax: 513 636-5681
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 333-35-21-033

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Giudia Cheltnam, MD
Dept of Pediatric Gastroenterology
2101 Adelbert Road
Cleveland, OH 44106
Tel: 216 844-1765 Fax: 216 844-3897
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 333-38-11-030

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Lori Mahajan, MD
950 Euclid Avenue, Desk A111
Cleveland, OH 44195
Tel: 216 445-1572 Fax: 216 444-2974
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 333-35-31-064

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Steven H. Erdman, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3411 Fax: 614 722-3544
E-mail: erdmans@pediatrics.osu-state.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 333-35-12-062

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Elizabeth B. Rand, MD
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 569-3247 Fax: 215 569-3689
E-mail: greenw@email.chop.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 333-34-21-088.
Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
Pgm Director: Mark E Lowe, MD, MPH
5705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 606-5160 Fax: 412 692-7355
E-mail: mark.lowe@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-41-21-040

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children’s Hospital of Wisconsin
Pgm Director: Steven L Werlin, MD
8701 Watertown Plank Road
Division of Pediatric Gastroenterology
Milwaukee, WI 53226
Tel: 414 266-3659 Fax: 414 266-3676
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-56-21-046

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Women and Infants Hospital of Rhode Island
Pgm Director: Neal S Leleiko, MD, PhD
651 Eddy Street
Providence, RI 02903
Tel: 401 444-4917 Fax: 401 444-4748
E-mail: rholderl@lifespan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-49-31-041

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: D Street Folk, MD
S-4322 Medical Center North
21st and Garland Ave
Nashville, TN 37232
Tel: 615 322-7449 Fax: 615 343-8915
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-47-21-042

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Pgm Director: Norberto Rodrigues-Baez, MD
1935 Medical Plaza
Dallas, TX 75335
Tel: 214 456-8001 Fax: 214 456-8006
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-48-11-046

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children's Hospital
Pgm Director: Mark A Gilger, MD
6621 Fannin Street, MC: CC1010.00
Houston, TX 77030
Tel: 832 835-3668 Fax: 832 835-3633
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 332-48-21-043

Pediatric Hematology/Oncology (Pediatrics)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Pgm Director: Roger L Berkow, MD
Children’s Hospital of Alabama
1600 7th Avenue South, Ste 551
Birmingham, AL 35233
Tel: 205 693-6425 Fax: 205 693-6977
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-01-21-043

California
Los Angeles
Childrens Hospital Los Angeles Program
Sponsor: Children’s Hospital Los Angeles
Pgm Director: Walter E Lang, MD
Division of Hematology-Oncology
4650 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 655-2975 Fax: 323 664-8455
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 327-05-11-001

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Pgm Director: Stephen A Peig, MD
Div of Hematology-Oncology
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-6708 Fax: 310 206-8089
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-05-21-003

Oakland
Children’s Hospital-Oakland Program
Sponsor: Children’s Hospital-Oakland
Pgm Director: Caroline A Hastings, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 438-3631 Fax: 510 438-3916
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 327-05-31-056

Orange
Children’s Hospital of Orange County Program
Sponsor: Children’s Hospital of Orange County
Pgm Director: Gay Young, MD
455 S Main Street
Orange, CA 92668
Tel: 714 532-8459 Fax: 714 532-8711
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-06-21-057
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Institution</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Tel</th>
<th>Fax</th>
<th>E-mail</th>
<th>Length</th>
<th>Program ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>San Francisco</td>
<td>University of California (San Francisco) School of Medicine</td>
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<tr>
<td></td>
<td></td>
<td>Pgm Director: Katherine R Matting, MD</td>
<td>Box 0166, San Francisco, CA 94143</td>
<td>Tel: 415 502-7861</td>
<td>Fax: 415 502-7861</td>
<td><a href="mailto:matthylky@pediatrics.ucsf.edu">matthylky@pediatrics.ucsf.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 6 Program ID: 327-05-21-006</td>
<td></td>
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<tr>
<td>Florida</td>
<td>Gainesville</td>
<td>University of Florida Program</td>
<td>Sponsor: University of Florida College of Medicine</td>
<td>Pgm Director: Stephen F Hunger, MD</td>
<td>502-392-4732</td>
<td>Fax: 502-392-8725</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 0 Program ID: 327-11-01-010</td>
</tr>
<tr>
<td>Georgia</td>
<td>Atlanta</td>
<td>Emory University Program</td>
<td>Sponsor: Emory University School of Medicine</td>
<td>Pgm Director: Thomas C Ashby, MD</td>
<td>404 727-1688</td>
<td>Fax: 404 727-3681</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 6 Program ID: 327-12-21-041</td>
</tr>
<tr>
<td>Iowa</td>
<td>Iowa City</td>
<td>University of Iowa Hospitals and Clinics</td>
<td>Sponsor: University of Iowa Hospitals and Clinics</td>
<td>Pgm Director: Thomas W Loew, MD</td>
<td>502-782-7020</td>
<td>Fax: 502-782-7020</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 3 Program ID: 327-16-11-013</td>
</tr>
<tr>
<td>Louisiana</td>
<td>New Orleans</td>
<td>Louisiana State University Program</td>
<td>Sponsor: Louisiana State University School of Medicine</td>
<td>Pgm Director: Rajasekharan P Warrier, MD</td>
<td>504 588-4561</td>
<td>Fax: 504 588-3078</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 5 Program ID: 327-21-21-045</td>
</tr>
<tr>
<td>Maryland</td>
<td>Baltimore</td>
<td>Johns Hopkins University Program</td>
<td>Sponsor: Johns Hopkins University School of Medicine</td>
<td>Pgm Director: Kenneth J Cohen, MD</td>
<td>410 614-5055</td>
<td>Fax: 410 614-0528</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 18 Program ID: 327-22-21-041</td>
</tr>
<tr>
<td>Bethesda</td>
<td>National Capital Consortium Program</td>
<td>Sponsor: National Capital Consortium</td>
<td>National Naval Medical Center (Bethesda)</td>
<td>Pgm Director: Col Gary Oates, MD</td>
<td>202 782-0411</td>
<td>Fax: 202 782-7020</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 5 Program ID: 327-10-31-044</td>
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<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>Children's Hospital/Boston Medical Center Program</td>
<td>Sponsor: Children's Hospital</td>
<td>Pgm Director: Samuel E Lux, MD</td>
<td>617 730-3093</td>
<td>Fax: 617 730-0232</td>
<td><a href="mailto:warrier@medcenter.ufl.edu">warrier@medcenter.ufl.edu</a></td>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 19 Program ID: 327-24-11-015</td>
</tr>
</tbody>
</table>

Accredited Programs in Pediatric Hematology/ Oncology (Pediatrics)
Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Daniel S Wechter, MD, PhD
1500 East Medical Center Drive
L1110 Women's Hospital, Box 0238
Ann Arbor, MI 48109
Tel: 734 764-7122  Fax: 734 615-0444
E-mail: dwechsl@umich.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 327-25-21-016

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Prgm Director: Jeanette Pullen, MD
350 North State Street
Jackson, MS 39216
Tel: 601 984-5220  Fax: 601 984-5379
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 327-27-13-055

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health Butternuth Campus
Prgm Director: Albert S Corrinelli, MD
100 Michigan Street NE 206
Grand Rapids, MI 49503
Tel: 616 391-2085  Fax: 616 391-8872
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 327-25-19-076

Missouri
Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: Gerald M Woods, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3255  Fax: 816 865-1700
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 327-26-11-060

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: Robert J Hayashi, MD
Pediatric Hematology-Oncology
One Children's Place, CB 8116
St Louis, MO 63110
Tel: 314 454-6005  Fax: 314 454-2750
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 327-28-11-020

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Prasad Mathew, MD
Department of Pediatrics, ACC 3rd Floor
Albuquerque, NM 87131
Tel: 505 272-4461  Fax: 505 272-8660
Length: 3 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 327-34-21-070

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Adam Levy, MD
Section of Pediatric Hematology-Oncology
3415 Bainbridge Avenue
Bronx, NY 10467
Tel: 718 741-3542  Fax: 718 930-6506
E-mail: allevy@montefiore.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 327-35-21-071

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
King's County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Shindehar P Rao, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11208
Tel: 718 270-1692  Fax: 718 270-1692
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 327-35-21-022

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Prgm Director: Martin L Brecher, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7349  Fax: 716 888-3801
E-mail: martin.brecher@roswellpark.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 327-35-21-021

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at Long Island Jewish Med Ctr
Prgm Director: Jeffrey M Lipton, MD, PhD
Long Island Jewish Medical Center
266-01 76th Ave
New Hyde Park, NY 11040
Tel: 718 470-3460  Fax: 718 343-4642
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 327-36-21-293

New York
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Mitchell S Cairo, MD
168 Fort Washington Avenue, HPS 506
New York, NY 10032
Tel: 212 265-8516  Fax: 212 365-4848
E-mail: mc1310@columbia.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 327-36-11-027

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
Prgm Director: Paul A Meyers, MD
Memorial Sloan Kettering Cancer Ctr
1275 York Avenue
New York, NY 10021
Tel: 212 330-5952  Fax: 212 717-3447
E-mail: wernerw@mskcc.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 327-35-21-024

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Prgm Director: Margaret Karpatkin, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6428  Fax: 212 263-5089
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 327-35-21-026
Accredited Programs in Pediatric Hematology/Oncology (Pediatrics)

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Andrea S Hinkle, MD
601 Elmwood Avenue
Box: 777
Rochester, NY 14642
Tel: 658-276-6115 Fax: 658-273-1009
E-mail: andrea_hinkle@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-38-21409

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Julie Blatt, MD
Department of Pediatrics
CB#7220, Burnett-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-6566 Fax: 919 966-7529
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-38-21408

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Susan G Eresman, MD
Box 2616
Room 222, Bull Bldg Trent Drive
Durham, NC 27710
Tel: 919 684-3401 Fax: 919 681-7950
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-38-21409

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: David A Williams, MD
3333 Burnet Avenue
MLC7045
Cincinnati, OH 45229
Tel: 513 636-1281 Fax: 513 636-3549
E-mail: bonnie.ison@chmcc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-38-21430

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Sarah W Alexander, MD
Rainbow Babies and Children's Hospital
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3345 Fax: 216 844-5481
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-38-21431

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Michael G Levin, MD
The Cleveland Clinic
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-3577 Fax: 216 444-3577
Length: 3 Yrs
Program ID: 327-38-21078

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Kathryn J Klopheinstein, MD*
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3553 Fax: 614 722-3659
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-38-21442

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Linda C Ecker, MD
3181 SW Sam Jackson Park Rd
CDRCP
Portland, OR 97239
Tel: 503 494-1545 Fax: 503 404-0714
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-48-21072

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: John M Maris, MD
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2651 Fax: 215 590-3770
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 327-41-21032

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tennis Health System)
Prgm Director: Carlton D Dampier, MD*
Section of Hematology/Oncology
Erie Avenue at Front Street
Philadelphia, PA 19116
Tel: 215 437-4281 Fax: 215 437-4281
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-41-20051

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Arthur K Ritchey, MD
3700 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 624-5055 Fax: 412 624-7683
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-41-20066

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgm Director: Pedro J Santiago-Borrero, MD
GPO Box 360967
San Juan, PR 00936
Tel: 787 777-3566 Fax: 787 751-5812
E-mail: psantiago@centennialpr.net
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 327-42-21065

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Sandra J Meech, MD*
Multiphasic Building, 1st floor
563 Eddy Street
Providence, RI 02903
Tel: 401 444-5171 Fax: 401 444-8815
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-43-21063

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Julio G Barredo, MD
Room 601 Rutledge Towers
135 Rutledge Avenue
Charleston, SC 29425
Tel: 843 768-2957 Fax: 843 768-8912
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-48-21068

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
St Jude Children's Research Hospital
Prgm Director: Jeffrey E Rubnitz, MD, PhD
Department of Hematology/Oncology
332 North Lauderdale
Memphis, TN 38110
Tel: 901 415-2598 Fax: 901 531-9006
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 327-47-21064

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: James A Whitlock, MD
Div of Ped Hematology-Oncology
387 Preston Research Bldg, 2230 Pierce Avenue
Nashville, TN 37232
Tel: 615 343-1767 Fax: 615 343-1767
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-47-21036

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Graduate Medical Education Directory 2005-2006
<table>
<thead>
<tr>
<th>Location</th>
<th>Program Details</th>
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<tr>
<td><strong>Texas</strong></td>
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<tr>
<td><strong>Dallas</strong></td>
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</table>
| University of Texas Southwestern Medical School Program | Sponsor: University of Texas Southwestern Medical School  
Childers Medical Center of Dallas  
Prgm Director: Patrick J Leavy, MD  
Department of Pediatrics  
5323 Harry Hines Blvd  
Dallas, TX 75230  
Tel: 214 648-3122  
Fax: 214 648-3122  
E-mail: patrick.leavy@utsouthwestern.edu  
Length: 3 Yrs  
Program ID: 327-49-21-046 |
| **Houston**             |                                                                                 |
| Baylor College of Medicine Program | Sponsor: Baylor College of Medicine  
Texas Children's Hospital  
Prgm Director: David O Poplack, MD  
Texas Children's Hospital  
6631 Fannin Street, CC1410.00  
Houston, TX 77030  
Tel: 713 823-4326  
Fax: 713 823-4299  
Length: 3 Yrs  
Program ID: 327-49-21-037 |
| University of Texas at Houston Program | Sponsor: University of Texas Medical School at Houston  
University of Texas M D Anderson Cancer Center  
Prgm Director: Laura L Worth, MD, Ph.D  
Division of Pediatrics-Unit 853  
1515 Holcombe Boulevard  
Houston, TX 77030  
Tel: 713 563-5444  
Fax: 713 563-5407  
Length: 3 Yrs  
Program ID: 327-49-21-038 |
| **Utah**                |                                                                                 |
| Salt Lake City          |                                                                                 |
| University of Utah Program | Sponsor: University of Utah Medical Center  
Primary Children's Medical Center  
Prgm Director: David M Vinhup, MD  
106 N Medical Drive  
Salt Lake City, UT 84113  
Tel: 801 865-6961  
Fax: 801 867-9415  
E-mail: david.vinhup@hci.utah.edu  
Length: 3 Yrs  
Program ID: 327-49-21-020 |
| **Virginia**            |                                                                                 |
| Charlottesville         |                                                                                 |
| University of Virginia Program | Sponsor: University of Virginia Medical Center  
Prgm Director: Nancy L McDaniel, MD  
University of Virginia Health System  
PO Box 500386  
Charlottesville, VA 22908  
Tel: 804 963-5105  
Fax: 804 963-1297  
Length: 3 Yrs  
Program ID: 327-51-21-069 |
| **Washington**          |                                                                                 |
| Seattle                 |                                                                                 |
| University of Washington Program | Sponsor: University of Washington School of Medicine  
Children's Hospital and Regional Medical Center  
Fred Hutchinson Cancer Research Center  
Prgm Director: Irwin D Bernstein, MD  
1100 Fairview Avenue N, D0-375  
Seattle, WA 98109  
Tel: 206 667-4886  
Fax: 206 667-6084  
Length: 3 Yrs  
Program ID: 327-64-21-049 |
| **Wisconsin**           |                                                                                 |
| Madison                 |                                                                                 |
| University of Wisconsin Program | Sponsor: University of Wisconsin Hospital and Clinics  
Prgm Director: Carol Diamond, MD  
K4-405 CSC  
600 Highland Avenue  
Madison, WI 53792  
Tel: 608 255-5308  
Fax: 608 250-0721  
Length: 3 Yrs  
Program ID: 327-54-21-059 |
| Medical College of Wisconsin Affiliated Hospitals Program | Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc  
Children's Hospital of Wisconsin  
Prgm Director: J Paul Scott, MD  
MACC Fund Research Center  
8701 Watertown Plank Road  
Milwaukee, WI 53222  
Tel: 414 337-6231  
Fax: 414 397-3804  
Length: 3 Yrs  
Program ID: 327-54-21-063 |
| **Arkansas**            |                                                                                 |
| Little Rock             |                                                                                 |
| University of Arkansas for Medical Sciences Program | Sponsor: University of Arkansas College of Medicine  
Arkansas Children's Hospital  
Prgm Director: Gordon E Schutze, MD  
800 Marshall Street  
Little Rock, AR 72202  
Tel: 501 364-1416  
Fax: 501 364-3551  
Length: 3 Yrs  
Program ID: 328-94-21-002 |
| **California**          |                                                                                 |
| Los Angeles             |                                                                                 |
| Cedars-Sinai Medical Center Program | Sponsor: Cedars-Sinai Medical Center  
Prgm Director: Deborah Lehman, MD  
9700 Beverly Blvd #4121  
Los Angeles, CA 90048  
Tel: 310 425-4471  
Fax: 310 423-8234  
E-mail: finances@chscn.org  
Length: 3 Yrs  
Program ID: 335-05-21-066 |
| Childrens Hospital Los Angeles Program | Sponsor: Childrens Hospital Los Angeles  
Prgm Director: Wilbert H Mason, MD, MPH  
4650 Sunset Boulevard, MS #61  
Los Angeles, CA 90027  
Tel: 323 669-2569  
Fax: 323 660-2561  
Length: 3 Yrs  
Program ID: 335-05-21-004 |
| UCLA Medical Center Program | Sponsor: UCLA Medical Centers/UCLA David Geffen School of Medicine  
UCLA Medical Center  
Prgm Director: Paul A Krosgstad, MD, MS  
10832 Le Conte Avenue  
MC-0B Room 22 441  
Los Angeles, CA 90095  
Tel: 310 625-5355  
Fax: 310 206-4764  
Length: 3 Yrs  
Program ID: 335-05-11-004 |
Accredited Programs in Pediatric Infectious Diseases (Pediatrics)

Oakland
Children's Hospital-Oakland Program
Sponsor: Children's Hospital-Oakland
Prgm Director: Brian P Lee, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 435-3335  Fax: 510 604-3057
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 335-06-12-006

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Stephen A Spector, MD
Stein Clinical Research Building, Room 430
9500 Gilman Drive, MC 0672
La Jolla, CA 92038
Tel: 858 534-7170  Fax: 858 534-7141
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 335-06-13-007

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Prgm Director: Peggy Sue Weintraub, MD
500 Parnassus Avenue, M4U East Room 407
San Francisco, CA 94143
Tel: 415 476-8016  Fax: 415 476-1343
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 335-06-25-008

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Prgm Director: Yvonne A Mallando, MD
Department of Pediatrics MC 0308
386 Packard Drive
Stanford, CA 94305
Tel: 650 725-5682  Fax: 650 725-8040
Length: 3 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 335-06-25-009

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Margaret A Keller, MD
1000 W Carson Street, N-25
Torrance, CA 90509
Tel: 310 222-4175  Fax: 310 320-2271
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 335-06-21-010

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Myron J Levin, MD
1055 E 10th Avenue
Denver, CO 80218
Tel: 303 315-4630  Fax: 303 315-4627
Length: 3 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 335-07-21-011

Connecticut
New Haven
Yale-New Haven Medical Center
Prgm Director: Emanuel Miller, MD
50 Forest Street, Box 211
New Haven, CT 06520
Tel: 203 785-4758  Fax: 203 785-6961
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 335-08-21-012

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
Prgm Director: Barbara A Jantausch, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-6151  Fax: 202 884-3850
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 335-10-21-013

Florida
Jacksonville
University of Florida Health Science Center/Jacksonville Children's Hospital Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Wolfson Children's Hospital
Prgm Director: Ana M Alvarez, MD
Pediatrics Dept
655 W 8th St, LRC 3rd FL
Jacksonville, FL 32209
Tel: 904 644-3831  Fax: 904 644-3841
E-mail: denise.bivens@jax.ufl.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 335-11-21-015

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital
Prgm Director: Charles D Mitchell, MD
1660 NW 10th Avenue, Room 258
Batchelor Children's Research Institute
Miami, FL 33136
Tel: 305 243-2755  Fax: 305 243-5662
E-mail: cmitchel@med.miami.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 335-11-01-064

Kentucky
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Gary S Marshall, MD
571 South Floyd Street, Suite 300
Louisville, KY 40202
Tel: 502 852-3939  Fax: 502 852-3939
Length: 3 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 335-25-21-021

Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane Hospital for Children
Tulane University Hospital and Clinics
Prgm Director: James B Robinson, MD
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 889-5122  Fax: 504 889-2613
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 335-25-21-032
Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Kwang S Kim, MD
600 North Wolfe Street/Farh 355
Baltimore, MD 21287
Tel: 410-614-3817 Fax: 410-614-1491
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-23-21-023

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: James P Nataro, MD, MBA
655 West Baltimore Street, Room 480 HSF
Baltimore, MD 21201
Tel: 410-706-9335 Fax: 410-706-6205
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-23-31-024

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Pgm Director: Martin G Gottioli, MD
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301-286-8711 Fax: 301-595-8998
E-mail: mottolini@usahs.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-19-31-014

Massachusetts

Boston

Children’s Hospital/Boston Medical Center Program
Sponsor: Children’s Hospital
Pgm Director: Robert N Hussin, MD
300 Longwood Avenue
Eliot Building, Enders 761
Boston, MA 02115
Tel: 617-912-3900 Fax: 617-730-0254
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-24-31-025

Children’s Hospital/Boston Medical Center Program A
Sponsor: Children’s Hospital
Boston Medical Center
Pgm Director: Stephen I Polton, MD
1 Boston Medical Center Place
Boston, MA 02118
Tel: 617-534-7408 Fax: 617-534-5806
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-24-31-026

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Janet R Giladorf, MD
1500 East Medical Center Drive
L2225, Women’s 0244
Ann Arbor, MI 48109
Tel: 734-763-2440 Fax: 734-936-7035
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-25-21-027

Detroit

Wayne State University/Detroit Medical Center/Children’s Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Pgm Director: Basim I Assar, MD
5901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313-745-5663 Fax: 313-993-8846
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 335-25-31-028

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Pgm Director: Patricia Ferrieri, MD
420 Delaware Street SE
MMC-296
Minneapolis, MN 55455
Tel: 612 624-1112 Fax: 612 624-8027
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-26-21-029

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Pgm Director: Thomas G Boyle, MD, MPH
200 First Street SW
Rochester, MN 55905
Tel: 507 255-8464 Fax: 507 255-7767
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-26-12-069

Missouri

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children’s Mercy Hospital
Pgm Director: Denise Bratcher, DO
3401 Gillham Road
Kansas City, MO 64108
Tel: 816-234-3081 Fax: 816-346-1328
E-mail: dbratcher@cmh.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-28-31-068

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children’s Hospital
Pgm Director: Joseph W St Geme, MD
One Children’s Place
St Louis, MO 63110
Tel: 314 286-2887 Fax: 314 286-2885
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-28-21-020

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children’s Hospital
Creighton University Medical Center (West - SJH)
Pgm Director: Jose R Romero, MD
Department of Pediatrics
962155 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-8883 Fax: 402-559-9333
E-mail: jromero@unmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-33-21-112

New Jersey

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Pgm Director: Barry Dushoffsky, MD
PO Box 179, 185 S Orange Avenue
Newark, NJ 07101
Tel: 973 972-5666 Fax: 973 972-6443
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-32-21-062

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: Nathan Litalman, MD
111 East 210th Street
Department of Pediatrics
Bronx, NY 10467
Tel: 718 741-2470 Fax: 718 654-6492
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-21-034

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Pgm Director: Margaret R Hammerschlag, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718 270-3097 Fax: 718 270-1085
E-mail: mhammerschlag@pol.net
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 335-35-11-036
Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Pgm Director: Lorry G Rubin, MD
260-01 78th Avenue
New Hyde Park, NY 11040
Tel: 718 470-9480 Fax: 718 470-0887
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 335-35-13-087

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine Mount Sinai Medical Center
Pgm Director: Roberto Posada, MD
One Gustave L Levy Place, Box 1657
New York, NY 10029
Tel: 212 241-1468 Fax: 212 426-8138
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 335-35-13-038

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Lisa Salzman, MD, MPH
660 W 187th Street, (P14 W Room 471)
New York, NY 10032
Tel: 212 746-3235 Fax: 212 686-9941
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Joseph J Stavola, MD
525 East 68th Street
Box 196
New York, NY 10021
Tel: 212 746-3235 Fax: 212 746-8716
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-22-039

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center NYU Hospitals Center
Pgm Director: Henry J Pohlack, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-8197 Fax: 212 263-7906
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-21-065

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Mary T Caserta, MD
601 Elmwood Avenue, Box 689
Rochester, NY 14642
Tel: 585 275-5944 Fax: 585 373-1194
E-mail: mary_caserta@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-31-041

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Pgm Director: Lucy R Postelli, MD
Department of Pediatrics
HSC T 111 069
Stony Brook, NY 11794
Tel: 631 444-7692 Fax: 631 444-7292
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 335-35-31-063

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
St Joseph's Hospital Health Center
Pgm Director: Leonard S Weiner, MD
700 East Adams Street
Syracuse, NY 13210
Tel: 315 464-6331 Fax: 315 464-7364
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 335-35-11-042

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Coleen K Cunningham, MD
Box 5496, DUMC
2200 West Main St, Suite 2008
Durham, NC 27710
Tel: 919 684-3355 Fax: 919 684-0258
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 335-36-31-044

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Beverly L Connolly, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-5832 Fax: 513 636-7588
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-38-21-045

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Grace A Mcconney, MD
11100 Euclid Avenue
Mail Stop 8A
Cleveland, OH 44106
Tel: 216 844-3646 Fax: 216 844-8362
E-mail: mcconney.grace@uchiohio.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-38-31-046

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Johanna Goldfarb, MD
9500 Euclid Avenue - Desk A120
Cleveland, OH 44195
Tel: 216 445-6983 Fax: 216 445-7782
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 335-38-13-067

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Pgm Director: Michael T Brady, MD
Department of Pediatrics
700 Children's Drive, ED 583
Columbus, OH 43205
Tel: 614 722-4451 Fax: 614 722-4458
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-38-12-071

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Pgm Director: Theoklis E Zaoutis, MD
34th Street and Civic Center Blvd
Abramsen Research Building, Room 1202
Philadelphia, PA 19104
Tel: 215 302-5770 Fax: 215 580-0426
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-41-21-047

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Pgm Director: Sarah S Long, MD
Erie Avenue at Front Street, Suite 1112
Philadelphia, PA 19134
Tel: 215 427-5204 Fax: 215 427-8889
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 335-41-81-049

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Pgm Director: Marian G Michaels, MD, MPH
1705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 683-7428 Fax: 412 602-8409
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-41-11-049

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital/Lifespan
Women and Infants Hospital of Rhode Island
Pgm Directors: David L Pugatch, MD
503 Eddy Street
Providence, RI 02903
Tel: 401 444-8580 Fax: 401 444-5560
E-mail: DPugatch@Lifespan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-43-21-090
Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
St Jude Children's Research Hospital
Prgm Director: Jerry Shipher, MD
332 N Lauderdale Street
Memphis, TN 38105
Tel: 901 496-2377 Fax: 901 496-3099
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 335-47-21-061

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: George H McCracken, MD
5233 Harry Hines Boulevard
Dallas, TX 75335
Tel: 214 648-2643 Fax: 214 648-2961
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-48-21-058

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tsanee Charnmaire, MD
361 University Boulevard
Galveston, TX 77555
Tel: 409 772-2708 Fax: 409 747-1753
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-48-21-054

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children's Hospital
The Woman's Hospital of Texas
Prgm Director: Judith B Campbell, MD
One Baylor Plaza, Room 302A
Houston, TX 77030
Tel: 713 798-4790 Fax: 713 798-7249
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 335-48-11-055

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Thomas G Cleary, MD
Department of Pediatrics - Ped Infectious Diseases
6431 Fannin, JFB 1.739
Houston, TX 77030
Tel: 713 506-6714 Fax: 713 506-5688
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 335-48-12-056

Utah
Salt Lake City

Utah Salt Lake City University Program
Sponsor: University of Utah
Prgm Director: Susan Linney, MD
Program ID: 335-48-21-106

Virginia
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Sentara Norfolk General Hospital
Prgm Director: Stephen Buescher, MD
655 W Brambleton Avenue
Norfolk, VA 23510
Tel: 757 668-6476 Fax: 757 668-6476
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-51-21-058

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Beth C Marshall, MD
1101 East Marshall Street
PO Box 800163
Richmond, VA 23284
Tel: 804 828-1898 Fax: 804 827-4575
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-51-31-059

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Craig B Babcock, MD, PhD
4800 Sand Point Way NE, #406
Seattle, WA 98105
Tel: 206 887-2073 Fax: 206 887-7311
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-54-21-060

Pediatric Nephrology (Pediatrics)

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Elaine S Kam, MD
8700 Beverly Blvd
Suite 1100 W
Los Angeles, CA 90048
Tel: 310 433-4747 Fax: 310 433-4676
E-mail: elaine.kam@csbhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-05-21-062

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Robert E Ellinger, MD
Box 051752
Los Angeles, CA 90095
Tel: 310 206-6087 Fax: 310 206-0412
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 328-05-21-062

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Jacques M Lemire, MD
8000 Gilman Dr
La Jolla, CA 92037
Tel: 858 543-5418 Fax: 858 543-3075
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-05-21-067

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Anthony A Portale, MD
533 Parnassus Avenue, Room 1555
San Francisco, CA 94143
Tel: 415 476-3423 Fax: 415 476-0976
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 328-05-11-022

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Prgm Director: Peter G Virgin, MD
Department of Pediatrics, G306
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-7063 Fax: 650 498-6714
E-mail: yeats@stanford.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-05-21-029
### Accredited Programs in Pediatric Nephrology (Pediatrics)

#### Connecticut

**New Haven**
- **Yale-New Haven Medical Center Program**
  - **Sponsor:** Yale-New Haven Hospital
  - **Program Director:** Norman J Siegel, MD
  - **Department of Pediatrics:** 330 Cedar Street, PO Box 20604
  - **New Haven, CT 06520**
  - **Tel:** 203 785-6463  Fax: 203 785-3462
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-08-21-004

#### Maryland

**Baltimore**
- **Johns Hopkins University Program**
  - **Sponsor:** Johns Hopkins University School of Medicine
  - **Program Director:** Susan L Feucht, MD, PhD
  - **600 N Wolfe Street, Park 665**
  - **Baltimore, MD 21287**
  - **Tel:** 410 655-2467  Fax: 410 614-3580
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6  **Program ID:** 328-23-13-056

#### Florida

**Gainesville**
- **University of Florida Program**
  - **Sponsor:** University of Florida College of Medicine
  - **Shands Hospital at the University of Florida**
  - **Program Director:** Vikas B Dhamdhere, MD
  - **Division of Pediatric Nephrology**
  - **PO Box 102965, JHMIC**
  - **Gainesville, FL 32610**
  - **Tel:** 352 392-4384  Fax: 352 392-7107
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-11-31-006

**Miami**
- **Jackson Memorial Hospital/Jackson Health System Program**
  - **Sponsor:** Jackson Memorial Hospital/Jackson Health System
  - **Program Director:** Guston E Zilleruelo, MD
  - **Department of Pediatrics:** 1511 NW 183rd Street
  - **Miami, FL 33180**
  - **Tel:** 305 585-6726  Fax: 305 585-7025
  - **E-mail:** GZilleruelo@med.miami.edu
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-11-21-092

#### Illinois

**Chicago**
- **McGaw Medical Center of Northwestern University Program**
  - **Sponsor:** McGaw Medical Center of Northwestern University
  - **Children's Memorial Hospital**
  - **Program Director:** Craig B Langman, MD
  - **2000 Children's Plaza, Box 37**
  - **Chicago, IL 60614**
  - **Tel:** 773 327-3890  Fax: 773 327-3937
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6  **Program ID:** 328-16-21-030

#### Louisiana

**New Orleans**
- **Tulane University Program**
  - **Sponsor:** Tulane University School of Medicine
  - **Medical Center of Louisiana at New Orleans**
  - **Tulane Hospital for Children**
  - **Program Director:** Samir S El-Dahr, MD
  - **1430 Tulane Avenue**
  - **New Orleans, LA 70112**
  - **Tel:** 504 988-5377  Fax: 504 988-1852
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-21-21-009

#### Massachusetts

**Boston**
- **Children's Hospital/Boston Medical Center Program**
  - **Sponsor:** Children's Hospital
  - **Program Director:** William E Harmon, MD
  - **300 Longwood Avenue**
  - **Boston, MA 02115**
  - **Tel:** 617 355-6129  Fax: 617 705-0066
  - **E-mail:** william.harmon@childrens.harvard.edu
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6  **Program ID:** 328-24-11-010

**Massachusetts General Hospital Program**
- **Sponsor:** Massachusetts General Hospital
  - **Program Director:** Julie B Inginger, MD
  - **WACC 700**
  - **15 Parkman Street**
  - **Boston, MA 02114**
  - **Tel:** 617 732-2098  Fax: 617 736-3044
  - **E-mail:** jginger@partners.org
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-24-21-048

#### Michigan

**Ann Arbor**
- **University of Michigan Program**
  - **Sponsor:** University of Michigan Hospitals and Health Centers
  - **Program Director:** David B Kershaw, MD
  - **Mott F865/2097**
  - **1311 Simpson Road East**
  - **Ann Arbor, MI 48109**
  - **Tel:** 734 936-4210  Fax: 734 763-6097
  - **E-mail:** dkershaw@umich.edu
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6  **Program ID:** 328-25-21-034

#### Minnesota

**Minneapolis**
- **University of Minnesota Program**
  - **Sponsor:** University of Minnesota Medical Center Fairview
  - **University Medical Center**
  - **Program Director:** Clifford B Kaufman, MD
  - **Department of Pediatrics**
  - **420 Delaware Street SE, Mayo Mail Code 49I**
  - **Minneapolis, MN 55455**
  - **Tel:** 612 626-2922  Fax: 612 626-2701
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 4  **Program ID:** 328-26-21-055

#### Missouri

**Kansas City**
- **University of Missouri at Kansas City Program**
  - **Sponsor:** University of Missouri-Kansas City School of Medicine
  - **Children's Mercy Hospital**
  - **Program Director:** Uri S Alon, MD
  - **2401 Gillham Road**
  - **Kansas City, MO 64108**
  - **Tel:** 816 234-3010  Fax: 816 234-3494
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-26-11-038

#### St Louis**

**Washington University/B-JH/SLCH Consortium Program**
- **Sponsor:** Washington University/B-JH/SLCH Consortium
  - **St Louis Children's Hospital**
  - **Program Director:** Stanley P Henb, MD, PhD
  - **Suite 1W 32, St Louis Children's Hospital**
  - **One Children's Place**
  - **St Louis, MO 63110**
  - **Tel:** 314 454-6643  Fax: 314 454-4831
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6  **Program ID:** 328-28-21-031

#### New York

**Bronx**
- **Albert Einstein College of Medicine Program**
  - **Sponsor:** Albert Einstein College of Medicine of Yeshiva University
  - **Montefiore Medical Center-Henry and Lucy Moses Division**
  - **Program Director:** Frederick J Kaskel, MD, PhD
  - **Division of Pediatric Nephrology**
  - **111 E 210th Street**
  - **Bronx, NY 10467**
  - **Tel:** 718 652-1120  Fax: 718 652-8138
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 7  **Program ID:** 328-35-21-011

**Brooklyn**
- **SUNY Health Science Center at Brooklyn Program**
  - **Sponsor:** SUNY Health Science Center at Brooklyn University Hospital-SUNY Health Science Center at Brooklyn
  - **Program Director:** Morris J Schoneman, MD
  - **450 Clarkson Avenue, Box 49**
  - **Brooklyn, NY 11203**
  - **Tel:** 718 570-1626
  - **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 3  **Program ID:** 328-35-21-012
<table>
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length</th>
<th>ACGME Approved/Offered Positions</th>
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</thead>
<tbody>
<tr>
<td><strong>Ohio</strong></td>
<td>Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program</td>
<td>Sponsor: Cincinnati Children's Hospital Medical Center</td>
<td>Program Director: John J Bissler, MD</td>
<td>3333 Burnet Avenue MLC 7022 Nephrology Cincinnati, OH 45229</td>
<td>Tel: 513 636-4631 Fax: 513 636-7407 Email: <a href="mailto:john.bissler@chmc.org">john.bissler@chmc.org</a> Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Cincinnati</strong></td>
<td>Case Western Reserve University/University Hospitals of Cleveland Program</td>
<td>Sponsor: University Hospitals of Cleveland</td>
<td>Program Director: Ira D Davis, MD</td>
<td>11100 Euclid Avenue Cleveland, OH 44106</td>
<td>Tel: 216 844-1389 Fax: 216 844-9977 Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Columbus</strong></td>
<td>Children's Hospital/Ohio State University Program</td>
<td>Sponsor: Children's Hospital (Columbus)</td>
<td>Program Director: John D Malin, MD</td>
<td>700 Children’s Drive Columbus, OH 43205</td>
<td>Tel: 614 722-4360 Fax: 614 722-6482 Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Philadelphia</strong></td>
<td>Children's Hospital of Philadelphia Program</td>
<td>Sponsor: Children's Hospital of Philadelphia</td>
<td>Program Director: Kevin Meyers, MD</td>
<td>Division of Nephrology 34th Street &amp; Civic Center Blvd Philadelphia, PA 19104</td>
<td>Tel: 215 590-3449 Fax: 215 590-3705 Email: <a href="mailto:meyerke@email.chop.edu">meyerke@email.chop.edu</a> Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Pennsylvania</strong></td>
<td>University of Pennsylvania Program</td>
<td>Sponsor: University of Pennsylvania Hospital</td>
<td>Program Director: Ronald J Portman, MD</td>
<td>4631 Parnassus Street, MSB 5.124 Houston, TX 77030</td>
<td>Tel: 713 500-5670 Fax: 713 500-6580 Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td>University of Texas Southwestern Medical School Program</td>
<td>Sponsor: University of Texas Southwestern Medical School</td>
<td>Program Director: Michel J. Baum, MD</td>
<td>3333 Harry Hines Blvd Dallas, TX 75390</td>
<td>Tel: 214 648-3438 Fax: 214 648-2034 Email: <a href="mailto:michel.baum@utsouthwestern.edu">michel.baum@utsouthwestern.edu</a> Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Galveston</strong></td>
<td>University of Texas Medical Branch Hospitals Program</td>
<td>Sponsor: University of Texas Medical Branch Hospitals</td>
<td>Program Director: Alok Kalia, MD</td>
<td>Children’s Hosp, Dept of Pediatrics 301 University Blvd Galveston, TX 77556</td>
<td>Tel: 409 772-5258 Fax: 409 772-5203 Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Houston</strong></td>
<td>Baylor College of Medicine Program</td>
<td>Sponsor: Baylor College of Medicine</td>
<td>Program Director: Brian D. Brewer, MD</td>
<td>One Baylor Plaza Houston, TX 77030</td>
<td>Tel: 713 798-3860 Fax: 713 798-3899 Length: 3 Yrs</td>
</tr>
<tr>
<td><strong>Charlottesville</strong></td>
<td>University of Virginia Program</td>
<td>Sponsor: University of Virginia Medical Center</td>
<td>Program Director: Victoria F. Norwood, MD</td>
<td>Children’s Medical Center PO Box 80058 Charlottesville, VA 22908</td>
<td>Tel: 434 243-2906 Fax: 434 243-5506 Length: 3 Yrs</td>
</tr>
</tbody>
</table>
Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Allison A Eddy, MD
Division of Nephrology, Room M112
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 887-3534  Fax: 206 887-3636
E-mail: mary.caverly@seattlechildrens.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 928-54-21-042

Pondiatric Orthopaedics
(Orthopaedic Surgery)

California
Los Angeles
Orthopaedic Hospital Program
Sponsor: Orthopaedic Hospital
Prgm Director: M Mark Hoffer, MD
5200 S Flower Street, Suite 200
Los Angeles, CA 90067
Tel: 310 742-4557
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 265-05-21-043

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Prgm Director: Jeffrey Thomson, MD
392 Washington Street
Hartford, CT 06106
Tel: 860 145-8643
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 265-06-21-020

Delaware
Wilmington
duPont Hospital for Children Program
Sponsor: Alfred I duPont Hospital for Children
Prgm Director: William U Mackenzie, MD
1600 Rockland Road
PO Box 269
Wilmington, DE 19899
Tel: 302 651-5890
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 265-09-31-084

Florida
Jacksonville
Nemours Children's Clinic Program
Sponsor: Nemours Children's Clinic
Prgm Director: S Jay Cunningham, MD
897 Children's Way
Jacksonville, FL 32207
Tel: 904 390-3670  Fax: 904 390-3660
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 265-11-31-026

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: John Sarwark, MD
2300 Children's Plaza, Box 66
Chicago, IL 60614
Tel: 773 237-1231  Fax: 773 237-1166
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 265-16-21-019

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Arnold Palmer Hospital for Children and Women
Nemours Children's Clinic
Orlando Regional Medical Center
Prgm Director: Charles T Joyce, MD
Division of Pediatric Orthopaedics
83 W Columbia St
Orlando, FL 32806
Tel: 407 850-7518  Fax: 407 850-7550
E-mail: gregorio@nemours.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 246-11-12-037

Tampa
Shriners Hospitals for Children (Tampa) Program
Sponsor: Shriners Hospitals for Children (Tampa)
Prgm Director: Dennis P Grogan, MD
12502 Pine Drive
Tampa, FL 33612
Tel: 813 975-7130  Fax: 813 975-7129
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 266-11-31-085

Georgia
Atlanta
Children's Healthcare of Atlanta Scottish Rite Program
Sponsor: Children's Healthcare of Atlanta
Prgm Director: John S Blaco, MD
5445 Meridian Mark Road
Suite 310
Atlanta, GA 30342
Tel: 404 355-1933  Fax: 404 356-7094
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 265-12-21-022

Hawaii
Honolulu
Shriners Hospitals for Children (Honolulu) Program
Sponsor: Shriners Hospitals for Children (Honolulu)
Prgm Director: Allen H Rapey, MD
1310 Punahou Street
Honolulu, HI 96826
Tel: 808 951-3638  Fax: 808 942-8673
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 265-14-21-029
Kentucky
Lexington
Shriners Hospital for Children Program
Sponsor: Shriners Hospitals for Children (Lexington)
University of Kentucky Hospital
Pgm Director: Chester M Tylkowski, MD
1900 Richard Road
Lexington, KY 40502
Tel: 859-256-3101 Fax: 859-268-5036
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 265-20-01-041

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: New York University School of Medicine Hospital for Joint Diseases Orthopaedic Institute
Pgm Director: Wallace B Lehman, MD
301 East 17th Street
New York, NY 10006
Tel: 212-598-6403 Fax: 212-589-6684
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 265-35-13-007

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Alvin H Crawford, MD
3333 Burnet Avenue
MLC 2017
Cincinnati, OH 45229
Tel: 513-636-4786 Fax: 513-636-3028
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 265-35-21-039

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Pgm Director: Martin Torch, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614-722-3390 Fax: 614-722-3373
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 265-35-22-044

Oregon
Portland
Shriners Hospitals for Children (Portland) Program
Sponsor: Shriners Hospitals for Children (Portland)
Pgm Director: J Ivan Krajbich, MD
3101 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503-221-3424 Fax: 503-221-3489
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 266-46-21-005

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Children's Seashore House
Pgm Director: John P Dorrani, MD
34th Street and Civic Center Boulevard
2nd Floor Wood Building
Philadelphia, PA 19104
Tel: 215-580-1237 Fax: 215-580-1101
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 266-41-21-040

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Campbell Clinic - University of Tennessee
LeBonheur Children's Medical Center
Pgm Director: James H Beatty, MD
1211 Union Ave
Memphis, TN 38104
Tel: 901-779-2274 Fax: 901-779-2274
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 265-47-21-034

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Campbell Clinic - University of Tennessee
LeBonheur Children's Medical Center
Pgm Director: James H Beatty, MD
1211 Union Ave
Memphis, TN 38104
Tel: 901-779-2274 Fax: 901-779-2274
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 265-47-21-034

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Texas Scottish Rite Hospital for Children
Pgm Director: John A Harring, MD
2322 Westholt Street
Dallas, TX 75219
Tel: 214-688-7556 Fax: 214-589-7570
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 265-48-21-013

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Shriners Hospitals for Children (Houston)
Texas Children's Hospital
Pgm Director: Richard J Haynes, MD
6977 Main Street
Houston, TX 77030
Tel: 713-795-3776 Fax: 713-795-3776
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 265-48-31-002

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Shriners Hospital for Children (Intermountain Unit)
Pgm Director: Peter M Stevens, MD
100 North Medical Drive, Suite 4550
Salt Lake City, UT 84113
Tel: 801-588-3900 Fax: 801-588-3918
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 265-49-31-015
Accredited Programs in Pediatric Otolaryngology (Otolaryngology)

**Pediatric Otolaryngology (Otolaryngology)**

**Iowa**

**Iowa City**

University of Iowa Hospitals and Clinics Program  
Sponsor: University of Iowa Hospitals and Clinics  
Program Director: Richard J. Smith, MD  
Head and Neck Surgery  
2151 PPY  
Iowa City, IA 52242  
Tel: 319-356-4547  
Fax: 319-356-4547  
Length: 2 Yrs  
Program ID: 289-18-21-003

**Ohio**

**Cincinnati**

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program  
Sponsor: Cincinnati Children's Hospital Medical Center  
Program Director: Ralph J. Wetmore, MD  
Pediatric Otolaryngology and Head Neck Surgery  
University of Cincinnati Medical Center  
3333 Burnet Avenue ML 2018  
Cincinnati, OH 45229  
Tel: 513-636-2287  
Fax: 513-636-8133  
E-mail: ralphw@ucmc.org  
Length: 2 Yrs  
Program ID: 289-36-21-004

**Pennsylvania**

**Philadelphia**

Children's Hospital of Philadelphia Program  
Sponsor: Children's Hospital of Philadelphia  
University of Pennsylvania Health System  
Program Director: Ralph F. Wetmore, MD  
Pediatric Otolaryngology and Head Neck Surgery  
34th Street and Civic Center Boulevard  
1 South 16th Street  
Philadelphia, PA 19104  
Tel: 215-590-1382  
Fax: 215-590-3986  
Length: 2 Yrs  
Program ID: 289-41-13-006

**Pittsburgh**

University of Pittsburgh Medical Center Medical Education Program  
Sponsor: University of Pittsburgh Medical Center  
Medical Education Program  
Children's Hospital of Pittsburgh  
Program Director: Margaretta J. Casselbrecht, MD, PhD  
Department of Pediatric Otolaryngology  
3705 Fifth Avenue  
Pittsburgh, PA 15213  
Tel: 412-692-6074  
Fax: 412-692-6074  
Length: 2 Yrs  
Program ID: 289-41-21-001

**Texas**

**Houston**

Baylor College of Medicine Program  
Sponsor: Baylor College of Medicine  
Texas Children's Hospital  
Program Director: Carla M. Giannoni, MD  
Texas Children's Hospital  
6701 Fannin, Suite 610.22  
Houston, TX 77030  
Tel: 713-806-3267  
Fax: 713-825-0551  
E-mail: giannoni@bcm.tmc.edu  
Length: 2 Yrs  
Program ID: 288-48-21-005

**Texas Pathology (Pathology)**

**California**

**Los Angeles**

Children's Hospital Los Angeles Program  
Sponsor: Children's Hospital Los Angeles  
Program Director: Paul Pattengale, MD  
4501 Sunset Boulevard  
Los Angeles, CA 90027  
Tel: 323-668-5606  
Fax: 323-668-1047  
Length: 2 Yrs  
Program ID: 316-45-21-029

**Colorado**

**Denver**

University of Colorado Program  
Sponsor: University of Colorado School of Medicine  
Children's Hospital (The)  
Program Director: Joel E. Haas, MD  
800 E 18th Avenue  
Department of Pathology B-120  
Denver, CO 80220  
Tel: 303-831-3612  
Fax: 303-831-4112  
Length: 1 Yr  
Program ID: 316-07-21-022

**Connecticut**

**Hartford**

Hartford Hospital Program  
Sponsor: Hartford Hospital  
Program Director: Fabiola Balarezo, MD  
10 Seymour Street  
PO Box 5357  
Hartford, CT 06102  
Tel: 860-546-2245  
Fax: 860-546-2304  
Length: 1 Yr  
Program ID: 316-09-21-023

**Florida**

**Miami**

Jackson Memorial Hospital/Jackson Health System Program  
Sponsor: Jackson Memorial Hospital/Jackson Health System  
Program Director: Maria R. Rodriguez, MD  
1611 NW 12th Avenue  
Department of Pathology  
Miami, FL 33180  
Tel: 305-585-6937  
Fax: 305-585-6311  
Length: 1 Yr  
Program ID: 316-11-21-026

**Tampa**

University of South Florida Program  
Sponsor: University of South Florida College of Medicine  
All Children's Hospital  
Tampa General Hospital  
Program Director: Endi Gilbert-Barness, MD  
PO Box 1298  
2 Columbus Drive  
Tampa, FL 33606  
Tel: 813-844-7566  
Length: 1 Yr  
Program ID: 316-11-21-015

Graduate Medical Education Directory 2005-2006
Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Program Director: Pauline Chou, MD
Department of Pathology and Laboratory Medicine
2300 Children's Plaza, Box 17
Chicago, IL 60614
Tel: 773 890-4439 Fax: 773 880-8137
E-mail: pchou@childrensmemorial.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-16-21-054

Michigan

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Program Director: David J Grignon, MD
Department of Pathology
5901 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 745-5491
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-25-21-004

Missouri

Kansas City
Children's Mercy Hospital Program
Sponsor: Children's Mercy Hospital
Program Director: David J. Zwick, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-0254 Fax: 816 923-1692
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-25-13-028

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Program Director: cirilo Soto-Avila, MD
1465 South Grand Boulevard
St Louis, MO 63104
Tel: 314 368-6424 Fax: 314 368-6471
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-25-21-008

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Louis P. Dehner, MD
One Barnes Hospital Plaza
MS 03-22-357
St Louis, MO 65110
Tel: 314 362-0150 Fax: 314 362-0207
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-25-21-019

New York

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: virginia M Anderson, MD
450 Clarkson, Box 25
Brooklyn, NY 11203
Tel: 718 777-1204 Fax: 718 777-3013
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-35-31-018

Pennsylvania

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Eduardo D Rochelli, MD
324 S 34th Street
Department of Pathology, Room 5026
Philadelphia, PA 19104
Tel: 215 590-1720 Fax: 215 590-1725
E-mail: rucheili@email.chop.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-31-01-014
Accredited Programs in Pediatric Pathology (Pathology)

St Christopher's Hospital for Children Program
Sponsor: St Christopher’s Hospital for Children (Tenet Health System)
Prgm Director: Judy Mac Pascasio, MD
Ernie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 437-5017 Fax: 215 437-4284
E-mail: jmac.pascasio@tenet.edu
Length 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-21-013

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh Magee-Women’s Hospital
Prgm Director: Ronald Jaffe, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5655 Fax: 412 692-5550
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-21-016

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio Christus Santa Rosa Health Care Corporation
Prgm Director: Victor A Saldivar, MD
333 N Santa Rosa Street
San Antonio, TX 78207
Tel: 210 704-2366
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-48-21-020

Rhode Island
Providence
Brown University Program
Sponsor: Women and Infants Hospital of Rhode Island Rhode Island Hospital-Lifespan
Prgm Director: Halit Pinar, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-122 Fax: 401 453-7681
E-mail: Halit.Pinar@brown.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-43-21-005

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine Le Bonheur Children’s Medical Center St Jude Children’s Research Hospital
Prgm Director: Olga Lazear, MD
Pathology Department
50 North Dunlap
Memphis, TN 38103
Tel: 901 572-3213 Fax: 901 572-3014
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-47-31-033

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School Children’s Medical Center of Dallas
Prgm Director: Beverly B Rogers, MD
1905 Motor Street
Dallas, TX 75235
Tel: 214 456-2100 Fax: 214 456-6109
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-48-21-008

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine Texas Children’s Hospital
Prgm Director: Edwina J Popek, DO
Department of Pathology, MG C-2201
6521 Fannin Street
Houston, TX 77030
Tel: 713 798-2570 Fax: 713 798-1002
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-49-31-000

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center Primary Children’s Medical Center
Prgm Director: Cheryll Coffin, MD
100 North Medical Drive Salt Lake City, UT 84132
Tel: 801 588-3120 Fax: 801 588-3166
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-48-21-020

Washington
Seattle
Children’s Hospital and Medical Center (Seattle) Program
Sponsor: University of Washington School of Medicine Children’s Hospital and Regional Medical Center
Prgm Director: Laura Finn, MD
4800 Sand Point Way NE, Seattle, WA 98105
Tel: 206 967-2103
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-54-11-081

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine Arkansas Children’s Hospital
Prgm Director: John L Carroll, MD
Departments of Pediatrics and Physiology 800 Marshall Street, Slot 312-17
Little Rock, AR 72205
Tel: 501 564-1006 Fax: 501 564-5450
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-03-21-002

California
Los Angeles
Children’s Hospital Los Angeles Program
Sponsor: Children’s Hospital Los Angeles
Prgm Director: Thomas G Kenss, MD
Division of Pediatric Pulmonology
4600 Sunset Blvd, Box 883
Los Angeles, CA 90027
Tel: 323-669-2101 Fax: 323-664-9758
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-05-21-004
Susan Sendel, MD
Program Director:
355-92-21-005
860 545-9440
Fax: 860 545-9445
Length: 3 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 330-16-21-049

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Stitch's Hospital at the University of Florida
Program Director: Sarah E Cheekow, MD, PhD
Department of Pediatrics
PO Box 100396 MSC
Gainesville, FL 32610
Tel: 352 392-4450 Fax: 352 392-4450
E-mail: cheekow@peds.ufl.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 330-11-21-017

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Henry Gelband, MD*
Department of Pediatrics
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-5718 Fax: 202 884-5864
E-mail: jmsm@jmsm.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 330-16-21-049

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
Program Director: Imran R Sami-Zakhari, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-5718 Fax: 202 884-5864
E-mail: jmsm@jmsm.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 330-16-21-049

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Program Director: Karen A Hardy, MD
330 Cedar Street
New Haven, CT 06520
Tel: 203 785-2340 Fax: 203 785-6337
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 330-09-21-014

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Program Director: Karen A Hardy, MD
330 Cedar Street
New Haven, CT 06520
Tel: 203 785-2340 Fax: 203 785-6337
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 330-09-21-014

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Program Director: Michelle S Howenstine, MD*
305 Barnhill Drive, Room BDC-4270
Indianapolis, IN 46202
Tel: 317 274-7828 Fax: 317 274-0608
E-mail: mhowenst@iupui.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 330-17-21-014

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Miles M Weinberger, MD
Pediatric Department-JCP
Iowa City, IA 52242
Tel: 319 356-3485 Fax: 319 356-7171
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 330-18-21-013

Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane Hospital for Children
Program Director: Robert C Beckerman, MD
Department of Pediatrics, SL77
1450 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5601 Fax: 504 988-5490
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 330-21-21-012

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Pamela L Zeitlin, MD, PhD
600 N Wolfe Street, Park 316
Baltimore, MD 21287
Tel: 410 634-0203 Fax: 410 634-1000
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 330-23-21-015

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Program Director: Debra M Boyer, MD*
300 Longwood Avenue
Boston, MA 02115
Tel: 617 632-6160 Fax: 617 730-0894
E-mail: donna.giromini@childrens.harvard.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 330-24-21-009
Accredited Programs in Pediatric Pulmonology (Pediatrics)

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Kenan Huyse, MD
55 Fruit Street - VRB 515R
Boston, MA 02114
Tel: 617 272-3872 Fax: 617 272-3049
E-mail: edenovan@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-24-21-038

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Marc B Herschenson, MD
1500 E Medical Center Drive
L2231 Women's Box 1012
Ann Arbor, MI 48109
Tel: 734 764-9560 Fax: 734 764-2090
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-29-21-010

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Warren B Regelsmnn, MD
MMC 742
420 Delaware Street, S6
Minneapolis, MN 55456
Tel: 612-873-2915 Fax: 612-873-0410
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-26-21-018

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: Thomas Perkol, MD
800 Children's Place
St Louis, MO 63110
Tel: 314 454-2084 Fax: 314 454-2515
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-28-21-020

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Lea Davies, MD
Pediatric Pulmonary MSC10-5590
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-0880
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-34-21-039

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Madia Rao, MD
Pediatric Department Box 49
460 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-1544
E-mail: madurao@pol.net
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-35-21-021

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Scott Schroeder, MD
222 Station Plaza North, Suite 408
Mineola, NY 11501
Tel: 516 655-4387 Fax: 516 655-3825
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 330-38-21-060

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Meyer Kattan, MD
One Gustave L Levy Place
Box 13021
New York, NY 10029
Tel: 212 241-7788 Fax: 212 876-3255
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-39-23-042

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Michael B Byar, MD
3500 Broadway, HHS 7
Children's Loug Center
New York, NY 10032
Tel: 212 305-5100 Fax: 212 305-6100
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Gerald M Loughlin, MD
525 East 68th Street, Box 586
New York, NY 10021
Tel: 212 746-4111 Fax: 212 746-4117
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-35-31-051

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Clement L Ben, MD
601 Elmwood Avenue, Box 657
Rochester, NY 14642
Tel: 585 275-2404 Fax: 585 275-8766
E-mail: shelley_weekes@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 330-35-21-023

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Allen J Donar, MD
Munger Pavilion, Room 106
Valhalla, NY 10595
Tel: 914 485-7585 Fax: 914 594-4336
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 330-38-31-041

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Terry L Noth, MD
Department of Pediatrics
5th Floor Bioinformatics, CB 7220
Chapel Hill, NC 27599
Tel: 919 966-1063
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-36-21-019

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Judith A Young, MD
Box 2984
Durham, NC 27710
Tel: 919 684-3127 Fax: 919 684-2392
E-mail: wovp001@mc.duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-36-21-044

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Barbara A Chin, MD
3333 Burnet Avenue, C5, MLC 2021
Cincinnati, OH 45229
Tel: 513 636-6713 Fax: 513 636-4615
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-38-21-026

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: James P Chainel, MD, MPH
Pediatric Pulmonology - MS 6506
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3257 Fax: 216 844-5816
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-38-21-027
Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Prgm Director: Karen S McCoy, MD
700 Children's Drive, RD-423
Columbus, OH 43206
Tel: 614 722-4766 Fax: 614 722-4755
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-38-21-043

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Michael R Powers, MD
707 SW Gaines Road
Mail Code GDRCP
Portland, OR 97239
Tel: 503 894-3033 Fax: 503 894-8968
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 330-40-21-025

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Daniel J Weiner, MD
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-3749 Fax: 215 590-3500
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-41-21-034

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health Systems)
Prgm Director: Suzanne E Beck, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-3996 Fax: 215 427-4621
E-mail: seh@stchristophers.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-41-21-003

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Geoffrey Kurland, MD
One Children's Place
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 647-5650
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 330-41-21-085

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Christopher M Oermann, MD
Pediatric Pulmonology
6531 Fannin, CCC-Suite 1940.00
Houston, TX 77030
Tel: 713 798-3500 Fax: 713 798-3508
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-49-21-029

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Giuseppe N Colasurdo, MD
6451 Fannin, MSB 3.22B
Houston, TX 77030
Tel: 713 503-0500 Fax: 713 503-0553
E-mail: sheila.r.donnell@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-48-21-066

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Benjamin M Gaston, MD
Pediatric Respiratory Medicine
PO Box 900395
Charlottesville, VA 22905
Tel: 804 243-6618 Fax: 804 243-6618
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 330-51-21-093

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Prgm Director: Gregory J Redding, MD
Department of Pediatrics
Box 358000, 003-4
Seattle, WA 98195
Tel: 206 885-2174 Fax: 206 898-2089
E-mail: holly.kaspiu@seattlechildrens.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-64-21-081

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Marzena E Krawiec, MD
Room K40946
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8510 Fax: 608 263-8510
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 330-55-21-080
Pediatric Radiology (Radiology-Diagnostic)

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
University Hospital of Arkansas
Prgm Director: Theodore Vanderzalm, MD
800 Marshall Street, Slot 105
Little Rock, AR 72202
Tel: 501-384-4611 Fax: 501-384-1533
E-mail: lewiskmichele@uams.edu

Length: 1 Yr ACGME Approved/Offered Positions:
Program ID: 424-04-21-005

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Lionel W Young, MD
11234 Andersen Street
Loma Linda, CA 92354
Tel: 909-558-4281 Fax: 909-558-0296
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 424-05-31-049

Los Angeles

Children's Hospital Los Angeles Program

Sponsor: Children's Hospital Los Angeles
Prgm Director: Marvin D Nelson, MD, MBA
4650 Slauson Boulevard, MS-81
Los Angeles, CA 90033
Tel: 323-666-6575 Fax: 323-666-4655
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 424-05-21-005

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Marcia J Bockstal, MD
Department of Radiological Sciences
650 Charles E Young Drive South
Los Angeles, CA 90095
Tel: 310-825-5770 Fax: 310-267-3022
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-05-21-023

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Charles A Grodin, MD
Department of Radiology
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415-476-1918 Fax: 415-476-0615
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-05-21-042

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Prgm Director: Richard A Barath, MD
Diagnostic Radiology-MC 6604
Lbox 1679, 725 Welch Road
Palo Alto, CA 94305
Tel: 650-497-8611 Fax: 650-497-8745
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-06-21-023

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: John D Strain, MD
1056 E 19th Avenue
Denver, CO 80218
Tel: 303-764-8600 Fax: 303-764-8669
Length: 1 Yr ACGME Approved/Offered Positions:
Program ID: 424-07-21-037

Delaware

Wilmington

Alfred I du Pont Hospital for Children Program

Sponsor: Alfred I du Pont Hospital for Children
Prgm Director: Mark S Finkelstein, DO
Department of Medical Imaging
1600 Rockland Road
Wilmington, DE 19899
Tel: 302-651-4641 Fax: 302-651-4636
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-09-31-057

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: David C Kushner, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202-884-5630 Fax: 202-884-3644
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 424-10-21-024

Florida

Miami

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Prgm Director: Donald H Allman, MD
Department of Radiology
3100 SW 62 Ave
Miami, FL 33155
Tel: 305-664-6500 Fax: 305-664-6539
E-mail: dan.allman@miami.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-11-21-025

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Paula N Dickson, MD
1400 Clifton Road, NE
Atlanta, GA 30322
Tel: 404-785-6552 Fax: 404-785-7126
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 424-12-21-035

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Tamar E Ben-Ami, MD
2300 Children's Plaza
Box 9
Chicago, IL 60614
Tel: 773-889-0350 Fax: 773-889-0517
E-mail: tbenami@childrensmemorial.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 424-16-21-017

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Richard B Gundersson, MD, PhD
Department of Radiology
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317-274-2951 Fax: 317-274-2920
E-mail: rpatter@iu-ir.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 424-17-21-007

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Yota N Saio, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-1955 Fax: 319-356-2220
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-18-21-008

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Prgm Director: Kenneth J Ward, MD
200 Henry Clay Avenue
New Orleans, LA 70118
Tel: 504-886-9650 Fax: 504-886-9766
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-21-12-056
Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: James E Crowe, MD
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 696-6140 Fax: 410 592-6383
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-25-21-008

Massachusetts
Boston
Children's Hospital Program
Sponsor: Children's Hospital
Pgm Director: Michael Callahan, MD*
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-3882 Fax: 617 355-0549
Length: 1 Yr ACGME Approved/Offered Positions: 8 Program ID: 424-24-13-057
Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Pgm Director: Sirk J Westra, MD
Division of Pediatric Radiology
55 Fruit Street, White 246
Boston, MA 02114
Tel: 617 734-4207 Fax: 617 756-5360
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-24-12-008

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Ramiro J Hernandez, MD, MS
4600 Children's Hospital
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-2570 Fax: 734 763-9051
E-mail: rgm@umich.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-25-21-018

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Pgm Director: Jeffrey M Zerin, MD
3601 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 746-7080 Fax: 313 933-0389
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 424-35-21-019

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barney-Prigg Hospital
St Louis Children's Hospital
Pgm Director: William M McAllister, MD
510 South Kingshighway Blvd
St Louis, MO 63110
Tel: 314 454-2209 Fax: 314 454-2268
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 424-26-21-009

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Pgm Director: Sandra M Alberty, MD
8200 Dodge Street
Omaha, NE 68114
Tel: 402 955-5690 Fax: 402 955-5601
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-30-13-061

New York
Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children’s Hosp of Buffalo)
Pgm Director: Gregory Mitton, MD
216 Bryant St
Radiology Dept
Buffalo, NY 14222
Tel: 716 759-7002 Fax: 716 759-7001
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-36-21-029

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Dan M Burlew, MD*
Department of Radiology
270-06 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-6588 Fax: 718 470-6587
E-mail: cacoa@ajll.org
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-35-21-010

New York
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Carrie B Shaprio, MD
622 West 168th Street
CHN-3-330
New York, NY 10032
Tel: 212 305-4300 Fax: 212 305-6777
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-35-21-011

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Nancy B Pefferman, MD
560 First Avenue
New York, NY 10016
Tel: 212 262-5363 Fax: 212 262-5388
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-35-21-030

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Nina B Klenovsky, MD
601 Elmwood Avenue, Box 648
Rochester, NY 14642
Tel: 585 276-1126 Fax: 585 276-3549
E-mail: icaone_mackay@urmc.rochester.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-35-21-012

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Donald P Frush, MD
Box 3808
1905A McGovern Davison Children's Health Center
Durham, NC 27710
Tel: 919 588-7003 Fax: 919 584-7151
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 424-36-21-001

Ohio
Akron
Children's Hospital Medical Center of Akron/NEUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Pgm Director: Godfrey Gauio, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-8767 Fax: 330 543-3760
E-mail: ggaioe@hcma.org
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-38-21-000

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Lance F Dennelly, MD
Department of Radiology
5333 Burnet Ave
Cincinnati, OH 45229
Tel: 513 685-2285 Fax: 513 685-8145
Length: 1 Yr ACGME Approved/Offered Positions: 7 Program ID: 424-38-21-001

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Carlos J Swift, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-6503
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 424-38-21-052
Accredited Programs in Pediatric Radiology (Radiology-Diagnostic)

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Cincinnati Children's Hospital Medical Center
Pgm Director: Marylin J Guske, MD
Radiology/IR/6
5900 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-8599 Fax: 216 440-4432
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-38-21-060

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Pgm Director: William E Shields, II, DO
700 Children's Drive
Columbus, OH 43205
Tel: 614 725-2363 Fax: 614 725-3332
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 424-38-12-083

Oklahoma
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center Children's Hospital
Pgm Director: Faridali G Ranji, MD
PO Box 26001
Oklahoma City, OK 73190
Tel: 405 271-5511 Fax: 405 271-3375
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-39-31-054

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm Director: Katherine L Hopkins, MD
Division of Pediatric Radiology, DC7R
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 418-8687 Fax: 503 418-8289
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-40-21-060

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Pgm Director: Aram N Pollock, MD
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 569-0460 Fax: 215 569-1345
E-mail: pollochris@email.chop.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 424-41-21-082

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Temel Health System)
Pgm Director: Eleanor M Smergel, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5583 Fax: 215 427-4278
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-41-21-039

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: Manuel F Meta, MD
Department of Radiology
5706 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 667-9210 Fax: 412 667-7134
E-mail: Margie.Jones@ochp.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-41-21-002

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: Richard M Heller, MD
Dept of Radiology B-1015 MCN
1st Avenue S and Garland Nashville, TN 37232
Tel: 615 322-3388 Fax: 615 322-3704
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-47-21-021

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Nancy K Bollins, MD
1905 Motor Street
Dallas, TX 75235
Tel: 214 456-2600 Fax: 214 456-6315
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 424-48-21-018

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Leonhard E Swischuk, MD
Department of Radiology, G-09
301 University Blvd, Route 0709
Galveston, TX 77555
Tel: 409 747-5840 Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-48-21-014

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm Director: Taylor Chung, MD*
6621 Fannin St, MC-2321
Houston, TX 77030
Tel: 713 798-5234 Fax: 713 798-5241
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 424-48-21-016

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: David K Brewer, MD
4500 Sand Point Way NE
Seattle, WA 98105
Tel: 206 842-4698 Fax: 206 867-3770
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 424-54-21-053

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc.
Children's Hospital of Wisconsin
Pgm Director: David C Gregg, MD
PO Box 1087/MH #721
9000 West Wisconsin Avenue
Milwaukee, WI 53201
Tel: 414 366-3110 Fax: 414 366-1535
E-mail: dggreg@chw.org
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 424-54-21-034
Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine Children's Hospital (The) Prgm Director: Pamela E Wilson, MD 1056 E 16th Avenue Denver, CO 80218 Tel: 303 666-9007 Fax: 303 764-8048 E-mail: siegfrid.maryjane@chco.den.org Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 346-07-21-001

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System Children's Hospital Prgm Director: Jacob A Neufeld, MD, MSPH 2424 Brook Road Richmond, VA 23220 Tel: 804 228-5836 Fax: 804 228-5870 E-mail: jneufeld@cvha.org Length: 2 Yrs ACGME Approved/Offered Positions: 1 Program ID: 346-51-31-002

Pediatric Rheumatology (Pediatrics)

California
Los Angeles
Children's Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles Prgm Director: Bracha Shabah, MD 4650 Sunset Boulevard, MS #60 Los Angeles, CA 90027 Tel: 323 469-2119 Fax: 323 663-9694 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-05-31-028

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine UCLA Medical Center Prgm Director: Deborah McCurdy, MD 10833 Le Conte Avenue Los Angeles, CA 90095 Tel: 310 206-1866 Fax: 310 825-6802 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 331-05-31-030

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine University of California (San Francisco) Medical Center Prgm Director: Emily von Schewes, MD* Dept of Pediatric Rheumatology-U-127 505 Parnassus Avenue, Box 0107 San Francisco, CA 94143 Tel: 415 476-2491 Fax: 415 562-7540 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-05-31-002

Stanford
Stanford University Program
Sponsor: Stanford University Hospital Lucile Packard Children's Hospital at Stanford Prgm Director: Christy Sandberg, MD 300 Pasteur Drive, Room G010 Stanford, CA 94305 Tel: 650 723-8265 Fax: 650 725-4344 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 331-05-31-024

Delaware
Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital Alfred I duPont Hospital for Children Prgm Director: JuneMarie C Brescia, MD* 1600 Rockland Road Wilmington, DE 19890 Tel: 302 651-5911 Fax: 302 651-5942 E-mail: bresciajm@tjc.org Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-41-21-023

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University Children's Memorial Hospital Rehabilitation Institute of Chicago Prgm Director: Marisa S Klein-Gitelman, MD Div of Immunology/Rheumatology 2300 Children's Plaza #50 Chicago, IL 60614 Tel: 773 838-4360 Fax: 773 838-4179 E-mail: klein-gitelman@northwestern.edu Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-16-31-004

University of Chicago Program
Sponsor: University of Chicago Hospitals LaCile Children's Hospital and Research Center University of Chicago Children's Hospital Prgm Director: Karen R Odel, MD* East 68th Street at Lake Michigan Chicago, IL 60615 Tel: 773 335-6700 Fax: 773 335-0476 E-mail: krodel@peds.bsd.uchicago.edu Length: 3 Yrs ACGME Approved/Offered Positions: 1 Program ID: 331-16-31-005

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine Clarian Riley Hospital for Children Prgm Director: Suzanne L Bowyer, MD Riley Hospital - Room 6S56 702 Rennil Drive Indianapolis, IN 46202 Tel: 317 274-2172 Fax: 317 278-3001 Length: 3 Yrs Program ID: 331-17-21-029

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital Brigham and Women's Hospital Prgm Director: Robert Sandel, MD 300 Longwood Avenue Boston, MA 02115 Tel: 617 635-0534 Fax: 617 730-2040 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-24-21-067

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center Prgm Director: Jorge M Lopez, MD Tufts - New England Medical Center 750 Washington Street, Room # 356 Boston, MA 02111 Tel: 617 636-4188 Fax: 617 636-6386 E-mail: jlopez@tufts.nemc.org Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 331-24-31-068
Accredited Programs in Pediatric Rheumatology (Pediatrics)

**Michigan**

**Ann Arbor**

**University of Michigan Program**

**Sponsor:** University of Michigan Hospitals and Health Centers
**Prgm Director:** Barbara S Adams, MD
1534 Taubman Center
500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734-764-2224 Fax: 734-936-6997
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 331-29-21-025

**Missouri**

**St Louis**

**St Louis University School of Medicine Program**

**Sponsor:** St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
**Prgm Director:** Terry L Moore, MD
Boon ED11A Dusky Hall
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314-977-8838 Fax: 314-977-8818
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 331-29-21-009

**Washington University/B-JH/SLCH Consortium Program**

**Sponsor:** Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
**Prgm Director:** Andrew J White, MD*
St Louis Children's Hospital, Suite 11632
One Children's Place
St Louis, MO 63110
Tel: 314-454-6134 Fax: 314-454-4861
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 331-28-31-010

**New York**

**Great Neck**

**North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program**

**Sponsor:** North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hospital
**Prgm Director:** Norman T Howie, MD
Long Island Jewish Medical Center
269-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718-470-9550 Fax: 718-931-0182
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-35-21-011

**New York**

**New York Presbyterian Hospital (Columbia Campus) Program**

**Sponsor:** New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
**Prgm Director:** Lisa Imundo, MD
2959 Broadway, CIN-106
New York, NY 10045
Tel: 212-365-2994 Fax: 212-365-2942
E-mail: pa2106@columbia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-35-11-013

**New York Presbyterian Hospital (Cornell Campus) Program**

**Sponsor:** New York Presbyterian Hospital
Hospital for Special Surgery
**Prgm Director:** Thomas J A Lehman, MD
535 E 70th Street
New York, NY 10021
Tel: 212-606-1151 Fax: 212-606-1608
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 331-35-31-012

**North Carolina**

**Durham**

**Duke University Hospital Program**

**Sponsor:** Duke University Hospital
University of North Carolina Hospitals
**Prgm Director:** Laura E Schanberg, MD
Box 2212
Durham, NC 27710
Tel: 919-684-6575 Fax: 919-684-6616
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-36-21-016

**Ohio**

**Cincinnati**

**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

**Sponsor:** Cincinnati Children's Hospital Medical Center
**Prgm Director:** Murray H Pauo, MD
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, ML: E2-129
Cincinnati, OH 45229
Tel: 513-506-7600 Fax: 513-506-7586
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 331-38-21-016

**Pennsylvania**

**Philadelphia**

**Children's Hospital of Philadelphia Program**

**Sponsor:** Children's Hospital of Philadelphia
**Prgm Director:** David D Sherry, MD*
3615 Civic Center Boulevard
Suite 1102 Abramson Research Center
Philadelphia, PA 19104
Tel: 215-500-7100 Fax: 215-500-1258
E-mail: sherry@email.chop.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 331-41-21-025

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**

**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
**Prgm Director:** Raphael Hirsch, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412-692-0700 Fax: 412-692-5054
Length: 3 Yrs
Program ID: 331-41-13-026

**Tennessee**

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Regional Medical Center at Memphis
**Prgm Director:** Linda K Myers, MD
30 N Dunlap
Room 301 West Pt Tower
Memphis, TN 38133
Tel: 901-573-5006 Fax: 901-573-5006
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 331-47-21-017

**Texas**

**Dallas**

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School
Texas Scottish Rite Hospital for Children
**Prgm Director:** Lynn Punnar, MD*
Department of Pediatrics
3535 Harry Hines Blvd MC 0063
Dallas, TX 75390
Tel: 214-648-6698 Fax: 214-648-7829
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 331-48-31-021

**Houston**

**Baylor College of Medicine Program**

**Sponsor:** Baylor College of Medicine
Texas Children's Hospital
**Prgm Director:** Maria D Fores, MD
45229 6515 Main Street
Houston, TX 77030
Tel: 713-794-3830 Fax: 713-794-3837
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-48-21-020

**Washington**

**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine
Children's Hospital and Regional Medical Center of Washington University of Washington Medical Center
**Prgm Director:** Helen M Emery, MD
Rheumatology - B6583
4500 Sandpoint Way NE
Seattle, WA 98105
Tel: 206-987-2057 Fax: 206-987-5600
E-mail: helen.emery@seattlechildrens.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-64-21-019
Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Pgm. Director: Calvin B. Williams, MD, PhD
MACC Fund Research Center
8701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 266-9700  Fax: 414 266-6686
E-mail: cwiliam@mcw.edu
Length: 3 Yrs
Program ID: 331-56-22-027

Pediatric Sports Medicine (Pediatrics)

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Pgm. Director: Pierre d'Hemecourt, MD
310 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6969  Fax: 617 264-7629
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 333-24-31-009

Neptune
Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Pgm. Director: Stephen G. Ryczko, MD, PhD
1946 State Route 33, Box 397
Neptune, NJ 07754
Tel: 732 776-2384  Fax: 732 776-3161
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 333-33-21-001

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm. Director: Thomas E. Brickner, MD
James A. Taylor Student Health Service, CB 7470
Chapel Hill, NC 27599
Tel: 919 966-3655  Fax: 919 966-9779
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 333-36-21-000

Ohio
Akron
Children's Hospital Medical Center of Akron/NEOUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Pgm. Director: Joseph A. Congeni, MD
388 South Main Street
Suite 207
Akron, OH 44311
Tel: 330 543-6266  Fax: 330 543-2811
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 333-38-12-003

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm. Director: Andrew Gregory, MD
2001 Jeans Neely Drive
Nashville, TN 37212
Tel: 615 343-0670  Fax: 615 343-9893
E-mail: andrew.gregory@vanderbilt.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 333-47-12-008

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm. Director: Albert C. Hergenroeder, MD
Texas Children's Hospital
6621 Fannin St, CC610.01
Houston, TX 77030
Tel: 713 798-5685  Fax: 713 798-8699
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 333-49-21-004

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Chesnut Santa Rosa Health Care Corporation
Methodist Healthcare System
Nix Medical Center
Pgm. Director: Jorge E. Gomez, MD, MS
Department of Pediatrics
7703 Floyd Curl Dr
San Antonio, TX 78229
Tel: 210 582-6143  Fax: 210 582-5310
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 333-49-21-002

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm. Director: David T Bernhardt, MD
621 Science Drive
Madison, WI 53711
Tel: 608 233-6477  Fax: 608 233-0503
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 333-56-13-007
## Accredited Programs in Pediatric Surgery (General Surgery)

### Alabama
**Birmingham**

**University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Keith E Georgiou, MD
1600 7th Avenue, South, ACC 390
Birmingham, AL 35233
Tel: 205 934-6868 Fax: 205 975-4972
Email: keith.georgiou@ccc.uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-01-21-032

### Arkansas
**Little Rock**

**University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Prgm Director: Samuel D Smith, MD
800 Marshall Street
Little Rock, AR 72202
Tel: 501 364-2943 Fax: 501 364-1516
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-04-21-026

### California
**Los Angeles**

**Children's Hospital Los Angeles Program**

Sponsor: Children's Hospital Los Angeles
Prgm Director: James E Stein, MD*
4650 Sunset Boulevard
MS 72
Los Angeles, CA 90027
Tel: 323 669-2491 Fax: 323 666-3466
Email: jstein@chla.usc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-08-21-003

### Colorado
**Denver**

**University of Colorado Program**

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Frederick M Kerr, MD
1056 E 19th Avenue
Department of Pediatric Surgery, B-323
Denver, CO 80218
Tel: 303 861-6551 Fax: 303 764-8077
Email: kerrfrederick@uchcden.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-07-21-027

### Connecticut
**New Haven**

**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Larry Moss, MD
333 Cedar Street
P.O. Box 308962
New Haven, CT 06510
Tel: 203 785-3701 Fax: 203 785-3820
Email: larry.moss@yale.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-05-21-003

### District of Columbia
**Washington**

**Children's National Medical Center/George Washington University Program**

Sponsor: Children's National Medical Center
Prgm Director: Philip C Guzetta, MD*
111 Michigan Ave, NW
Washington, DC 20010
Tel: 202 395-2015
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-10-21-015

### Georgia
**Atlanta**

**Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Richard R Ricketts, MD
Emory University
2015 Uppergate Dr NE
Atlanta, GA 30322
Tel: 404 727-3770 Fax: 404 727-2130
Email: richard.ricketts@oa.emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-12-21-033

### Illinois
**Chicago**

**McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Robert M Arensman, MD
Department of Surgery
Northwestern, Feinberg
McGaw Medical Center - Galter 3-150
254 E Huron Street
Chicago, IL 60611
Tel: 773 880-4012 Fax: 773 880-4888
Email: rarensmann@childrensmemorial.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-18-21-002

### Indiana
**Indianapolis**

**Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
William N Wishard Memorial Hospital
Prgm Director: Jay L Grosfeld, MD
Indiana University School of Medicine
702 Barnhill Drive, Suite 2500
Indianapolis, IN 46223
Tel: 317 274-4682 Fax: 317 274-5777
Email: jlgrosfeld@iupui.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-17-21-019

### Maryland
**Baltimore**

**Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
University of Maryland Medical System
Prgm Director: Paul M Colombani, MD
600 North Wolfe Street, Rm CMSC 7-115
Baltimore, MD 21287
Tel: 410 614-5217 Fax: 410 562-5314
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-23-21-003

### Massachusetts
**Boston**

**Children's Hospital Program**

Sponsor: Children's Hospital
Prgm Director: Craig W Lillehei, MD*
300 Longwood Ave
Department of Surgery
Boston, MA 02115
Tel: 617 635-0399 Fax: 617 730-0475
Email: craig.lillehei@childrens.harvard.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-34-21-016

### Michigan
**Ann Arbor**

**University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Arnold G Coran, MD
1405 E Ann Street
F870 Mott Children's Hospital
Ann Arbor, MI 48104
Tel: 734 764-6450 Fax: 734 936-9784
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-25-21-018

### Detroit
**Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Marc L Cullen, MD
3901 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 746-6300 Fax: 313 966-7696
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-25-11-004
Missouri

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Program Director: George W Holcomb, MD, MBA
2401 Gillham Rd
Kansas City, MO 64108
Tel: 816 234-3375 Fax: 816 983-9885
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-28-11-996

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Program Director: Thomas R Wein, MD
445 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-6629 Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-28-21-020

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: Robert F Foglia, MD
One Children's Place
Suite SS60
St Louis, MO 63110
Tel: 314 454-0922 Fax: 314 454-3442
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-28-21-034

New York

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Program Director: Michael G Caty, MD
219 Bryant St
Buffalo, NY 14222
Tel: 716 878-7785 Fax: 716 888-3850
E-mail: caty@acsu.buffalo.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-85-21-017

Great Neck
North Shore - Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Program Director: Andrew H Hong, MD
260-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-3574 Fax: 718 347-1232
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-85-12-099

New York
New York Presbyterian Hospital
(Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Charles J Sotlar, MD
3650 Broadway
212 North
New York, NY 10032
Tel: 212 366-2905 Fax: 212 366-5971
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-38-11-006

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Brad W Warner, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4571 Fax: 513 636-7657
E-mail: richard.austinbarnes@cumc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-38-11-008

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Program Director: Donna A Cariano, MD
700 Children's Drive
ED: 370
Columbus, OH 43205
Tel: 614 722-3012 Fax: 614 722-3003
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-28-81-012

Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center- Children's Hospital
Program Director: David W Tuggle, MD
2002 NE 13th Street
Oklahoma City, OK 73105
Tel: 405 271-3022 Fax: 405 271-3276
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-85-10-009

Pennsylvania

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Alan W Fluke, MD
34th Street and Civic Center Blvd
5th Floor Wool Building
Philadelphia, PA 19104
Tel: 215 690-3727 Fax: 215 690-8875
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-41-11-014

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Children's Hospital of Philadelphia
Program Director: Charles D Vinocur, MD
Erie Avenue at Front St
Philadelphia, PA 19104
Tel: 215 427-5504 Fax: 215 427-5555
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-1-21-010

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Program Director: Edward M Barksdall, MD*
5700 Fifth Avenue at De Soto Street
Pittsburgh, PA 15213
Tel: 412 602-5063 Fax: 412 602-8290
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-41-11-013

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: Thomas F Tracy, MD
Hasbro Children's Hospital, 101 Eddy St
Providence, RI 02903
Tel: 401 444-7600 Fax: 401 444-7628
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-41-24-031

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
St Jude Children's Research Hospital
Program Director: Stephen J Shochat, MD*
777 Washington Avenue, Suite P-220
Memphis, TN 38105
Tel: 901 572-3300 Fax: 901 572-5191
E-mail: stephen.shochat@stjude.org
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-41-21-025

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Program Director: Barry A Hicks, MD*
c/o OMC, 1505 Motor Street
3rd Floor West Tower Bldg D00-310 Y
Dallas, TX 75235
Tel: 214 606-6010 Fax: 214 606-6230
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-41-21-023

Graduate Medical Education Directory 2005-2006 939
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Houston Community Hospital District-Ben Taub General Hospital
Texas Children's Hospital
Prgm Director: David E Wesson, MD
Clinical Care Center, Suite 650
5621 Fannin, MC -C650
Houston, TX 77030
Tel: 713-798-3115 Fax: 713-798-3141
E-mail: bxbarrer@texaschildrenshospital.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-48-21-020

Pediatric Urology
(Urology)

California
San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego) Children's Hospital and Health Center
Prgm Director: George W Kaplan, MD, MS
4500 Portsmouth Drive, Suite 467
San Diego, CA 92123
Tel: 858 278-8527 Fax: 858 278-8876
E-mail: gkaplan@chomed.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-05-21-004

Washington
Seattle
Children's Hospital and Medical Center (Seattle) Program
Sponsor: Children's Hospital and Regional Medical Center
University of Washington/Harborview Medical Centers
Prgm Director: John H Waldhausen, MD
4800 Sand Point Way NE
Pediatrics, G-0095
Seattle, WA 98195
Tel: 206 987-2069 Fax: 206 987-2257
E-mail: gwren.baird@seattlechildrens.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-54-11-011

Wisconsin
Milwaukee
Children's Hospital of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Keith T Oldham, MD
9000 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-6501 Fax: 414 266-6579
E-mail: knoldham@chw.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 445-56-31-038

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine Children's Healthcare of Atlanta
Children's Healthcare of Atlanta at Egleston
Prgm Director: Edwin A Smith, MD
5440 Meridian Mark Road, NE, Suite 420
Atlanta, GA 30342
Tel: 404 252-3200 Fax: 404 252-1203
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-12-21-017

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: William E Kaplan, MD
3800 Children's Plaza
Division of Urology, Box 24
Chicago, IL 60614
Tel: 773 880-4438 Fax: 773 880-3339
E-mail: wkaplan@childrensmemorial.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-10-12-018

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Richard C Rink, MD
700 N Barnhill Drive, Suite 4220
Indianapolis, IN 46202
Tel: 317 278-1021 Fax: 317 274-7481
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-17-21-015

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: John F Gearhart, MD
Marburg 149
600 North Wolfe Street
Baltimore, MD 21205
Tel: 410 655-9110
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-23-21-009

Massachusetts
Boston
Children's Hospital/Harvard Medical School Program
Sponsor: Children's Hospital
Prgm Director: Alan B Betik, MD
380 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7796 Fax: 617 730-0474
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-04-21-006

Michigan
Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center Children's Hospital of Michigan
Harper-Bluhel Hospital
Prgm Director: Evan J Kass, MD
3901 Beaumbien Boulevard
Detroit, MI 48201
Tel: 313 551-3601 Fax: 313 551-8107
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-23-21-019

New York
New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Lane S Palmer, MD, MS
1800 Marcus Avenue, M-14
New Hyde Park, NY 11042
Tel: 516 466-0693 Fax: 516 466-5628
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-33-31-016
Ohio
Cincinnati
Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center
Program Director: Stephen A. Koff, MD
Address: 3333 Burnet Avenue Mail Location 5007
(PMC 0097)
Cincinnati, OH 45229
Tel: 513 692-7143 Fax: 513 692-4703
E-mail: pmmed.veddy@cchmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 045-38-21-014

Columbus
Children’s Hospital/Ohio State University Program
Sponsor: Children’s Hospital (Columbus)
Program Director: Stephen A. Koff, MD
Education Building, Room 2EB15
700 Children’s Drive
Columbus, OH 43205
Tel: 614 722-6627 Fax: 614 722-6627
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 045-38-12-022

Pennsylvania
Philadelphia
Children’s Hospital of Philadelphia Program
Sponsor: Children’s Hospital of Philadelphia
University of Pennsylvania Health System
Program Director: Douglas A. Canning, MD
24th & Civic Center Blvd
Urology - 3 Wood Center
Philadelphia, PA 19104
Tel: 215 667-2679 Fax: 215 667-2685
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-41-01-002

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I. duPont Hospital for Children
Program Director: Ricardo Gonzalez, MD
1600 Rockland Road
PO Box 266
Wilmington, DE 19899
Tel: 302 651-6886 Fax: 302 651-6410
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-41-01-023

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
Program Director: Steven G. Decimo, MD
3705 Fifth Avenue
4A-424 DeSoto Wing
Pittsburgh, PA 15233
Tel: 412 692-7082 Fax: 412 692-7939
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-41-21-020

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: John W. Brock, MD
A-1302 Medical Center North
Nashville, TN 37232
Tel: 615 343-5004 Fax: 615 322-8990
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-47-13-019

Texas
Dallas
Children’s Medical Center of Dallas/University of Texas Southwestern Medical School Program
Sponsor: Children’s Medical Center of Dallas
Texas Scottish Rite Hospital for Children
Program Director: Warren T. Sandgraven, MD
UT Southwestern
6300 Harry Hines Boulevard, Suite 1401
Dallas, TX 75235
Tel: 214 645-2461 Fax: 214 485-8890
E-mail: warren.sandgraven@childrens.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 045-49-31-021

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children’s Hospital
Program Director: Edmond T. Gonzales, MD
Clinical Care Center, Suite 600
6621 Fannin St
Houston, TX 77030
Tel: 713 798-2172 Fax: 713 798-3159
E-mail: colleen@www.bwh BCM .tmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-49-31-008

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
Program Director: Richard W. Godoy, MD
PO Box 3371
Seattle, WA 98105
Tel: 206 867-3100 Fax: 206 867-3885
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 045-54-21-012

Pediatrics
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Program Director: Michele H. Nichols, MD
1600 7th Avenue South
Suite 604-ACC
Birmingham, AL 35233
Tel: 205 930-9970 Fax: 205 930-9977
E-mail: mshnicholas@peds.uab.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: AML, CCP, NPD, FDI, PDI, PEM, PG, PHU
Program ID: 039-01-21-017

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
USA Children’s and Women’s Hospital
Program Director: Franklin Trimm, MD
1700 Center St
Mobile, AL 36604
Tel: 251 415-1087 Fax: 251 415-1387
E-mail: ftrimm@jasarl.usouthal.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 039-01-21-019

Arizona
Phoenix
Phoenix Children’s Hospital/Maricopa Medical Center Program
Sponsor: Phoenix Children’s Hospital
Maricopa Medical Center
Program Director: Grace L. Capote, MD, MPH
1919 E Thomas St
Phoenix, AZ 85016
Tel: 602 444-5885 Fax: 602 444-5841
Length: 3 Yrs ACGME Approved/Offered Positions: 67
Subspecialties: FDI, PEM
Program ID: 030-03-32-020

St Joseph’s Hospital and Medical Center Program
Sponsor: St Joseph’s Hospital and Medical Center
Program Director: John L. Boyd, MD, MBA
209 W Thomas Road
Phoenix, AZ 85013
Tel: 602 406-6374 Fax: 602 406-4102
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 030-03-21-071

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Leslie L. Barton, MD
1501 N Campbell Avenue
PO Box 14250
Tucson, AZ 85724
Tel: 520 626-7944 Fax: 520 626-8452
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PDI
Program ID: 039-03-21-021

Graduate Medical Education Directory 2005-2006 941
Accredited Programs in Pediatrics

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Program Director: Henry C Farrar, MD
800 Marshall Street
Little Rock, AR 72202
Tel: 501 364-1874 Fax: 501 364-1916
Length: 3 Yrs ACGME Approved/Offered Positions: 0 Subspecialties: CCP, DPH, NPM, PDE, PFI, PDP
Program ID: 329-04-21-022

California

Fresno

University of California (San Francisco)/Fresno Program
Sponsor: UCSF Fresno Medical Education Program
Children’s Hospital Central California
Community Medical Centers-University Medical Center
Program Director: Francesca Gesualto, MD
Mail Stop G629
6000 Valley Children’s Place
Madera, CA 93638
Tel: 559-385-5114 Fax: 559-333-5018
E-mail: igesualdo@childrensentralcal.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Program ID: 329-05-11-024

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Sharon R Riese, MD
11304 Anderson Street CP A1111
Loma Linda, CA 92354
Tel: 909 558-4174 Fax: 909 558-4184
E-mail: pedresrots@llu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 68 Subspecialties: CCP, NPM
Program ID: 329-05-11-029

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Lee Todd Miller, MD
5200 Beverly Blvd
Room 4400
Los Angeles, CA 90048
Tel: 310 423-4457 Fax: 310 423-0145
E-mail: PediatricsResidents@cshs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 29 Subspecialties: NPM, PDE, PIN
Program ID: 329-05-08-027

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC/King/Drew Medical Center
Program Director: Glenn A Lindsey, MD
12021 South Wilton Avenue
Los Angeles, CA 90025
Tel: 310 668-4640 Fax: 310 668-3108
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Subspecialties: NPM
Program ID: 329-05-11-031

Childrens Hospital Los Angeles Program
Sponsor: Children’s Hospital Los Angeles
Program Director: Yael Ben-Isaac, MD
4650 Sunset Blvd, Mailstop #48
Los Angeles, CA 90027
Tel: 323 660-1212 Fax: 323 668-7995
Length: 3 Yrs ACGME Approved/Offered Positions: 81 Subspecialties: ADI, CCC, FDC, PDE, PFI, PDP, PEM, PG, PFO, PPK
Program ID: 329-05-11-028

Kaiser Permanente Southern California
(Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Steven D Woods, MD
2330 Slauson Avenue, Bldg 1
Long Beach, CA 90815
Tel: 562 426-9600 Fax: 562 426-9601
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: CCP, DPH, NPM, PDE, PFI, PDP, PEM, PG, PFO, PPK
Program ID: 329-05-12-029

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Shahrara Yazdani, MD
10839 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-1516 Fax: 310 794-5300
Length: 3 Yrs ACGME Approved/Offered Positions: 87 Subspecialties: CCP, DPH, NPM, PDE, PFI, PDP, PEM, PG, PFO, PIN
Program ID: 329-04-21-032

University of Southern California/ LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Program Director: Lawrence M Opas, MD
Women’s & Children’s Hospital
1240 N Mission Road, Rm L-902
Los Angeles, CA 90033
Tel: 323 226-0601 Fax: 323 226-4280
Length: 3 Yrs ACGME Approved/Offered Positions: 45 Subspecialties: NPM
Program ID: 329-06-11-030

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Program Director: Emile Guzman, MD
Department of Pediatrics
1720 E Sasabe Avenue
Los Angeles, CA 90033
Tel: 323 987-1200 Fax: 323 987-1214
Length: 3 Yrs ACGME Approved/Offered Positions: 13 Program ID: 329-05-11-033

Oakland

Children’s Hospital-Oakland Program
Sponsor: Children’s Hospital-Oakland
Program Director: Theodore J Chaconas, MD
747 12th Street
Oakland, CA 94607
Tel: 510 448-3327 Fax: 510 491-3970
Length: 3 Yrs ACGME Approved/Offered Positions: 78 Subspecialties: CCP, DPH, FDC, FPD, PEM, PFO
Program ID: 329-05-11-034

Kaiser Permanente Medical Group (Northern California) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Program Director: Elysha R Culler, MD, BA
Department of Pediatrics
380 West MacArthur Blvd
Oakland, CA 94611
Tel: 510 752-1490 Fax: 510 752-1571
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 329-05-12-035

Orange

Children’s Hospital of Orange County Program
Sponsor: Children’s Hospital of Orange County
Program Director: James D Kohr, MD
455 South Main Street
Orange, CA 92666
Tel: 714 532-8338 Fax: 714 259-4010
Length: 3 Yrs ACGME Approved/Offered Positions: 48 Subspecialties: PFI
Program ID: 329-05-21-386

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Daniel C West, MD
Department of Pediatrics
5016 Stockton Blvd
Sacramento, CA 95817
Tel: 510 734-4283 Fax: 510 734-0342
E-mail: PedResidency@ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Subspecialties: DPH, NPM
Program ID: 329-05-11-023

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Greg S Blanchek, MD, MPH
34520 Bob Wilson Drive
Palo Alto, CA 94306
Tel: 619 332-4035 Fax: 619 332-9002
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: CCP
Program ID: 329-05-11-124

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children’s Hospital and Health Center
Program Director: Michael Gottschalk, MD, PhD
Pediatric Residency Program
3020 Children’s Way
San Diego, CA 92123
Tel: 619 566-4332 Fax: 619 566-7996
Length: 3 Yrs ACGME Approved/Offered Positions: 42 Subspecialties: NPM, PDC, PDE, PIN, PDP, PPO
Program ID: 329-05-11-038
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Robert R Kamei, MD
505 Parnassus Avenue, N 561
Box 0110
San Francisco, CA 94143
Tel: 415-476-0081 Fax: 415-476-0099
Length: 3 Yrs ACGME Approved/Offered Positions: 84 Subspecialties: ADL, NPM, PDC, FDE, PDI, PDP, PG, PHO, PPR
Program ID: 320-05-21-040

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Santa Clara Valley Medical Center
Prgm Director: Theodore C Seichuk, MD
c/o Lucile Salter Packard Children's Hospital
725 Welch Road
Palo Alto, CA 94304
Tel: 650 497-8079 Fax: 650 497-8228
Length: 3 Yrs ACGME Approved/Offered Positions: 60 Subspecialties: ADL, CCP, NPM, PDC, FDE, PDI, PG, PHO, PPR
Program ID: 320-05-21-041

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Monica Sifuentes, MD
1000 W Carson Street, Box 17
Torrance, CA 90509
Tel: 310 322-2080 Fax: 310 533-8579
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: CCP, NPM, PDE, PDI, PEM
Program ID: 320-05-11-942

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
University of California (Davis) Medical Center
Prgm Director: Mary M Pesolkny, MD
60MED/66GOC
101 Bollin Circle
Travis AFB, CA 94535
Tel: 707 420-7176 Fax: 707 420-7446
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: CCP, NPM, PDE
Program ID: 320-05-11-001

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
Prgm Director: Adam A Rosenberg, MD
3056 E 11th Avenue
Medical Education B138
Denver, CO 80206
Tel: 303-644-1078 Fax: 303-764-8159
Length: 3 Yrs ACGME Approved/Offered Positions: 72 Subspecialties: ADL, CCP, NPM, PDC, FDE, PDI, PDP, PEM, PG, PHO
Program ID: 320-07-21-049

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Prgm Director: Edward L Zaimeriatis, MD
Department of Pediatrics
363 Farmington Avenue
Farmington, CT 06030
Tel: 860 545-9970 Fax: 860 545-0159
E-mail: gzelner@cmccids.org
Length: 3 Yrs ACGME Approved/Offered Positions: 53 Subspecialties: NPM, PDE, PDP
Program ID: 320-06-21-045

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Alan S Friedman, MD
Department of Pediatrics
333 Cedar Street, PO Box 208064
New Haven, CT 06520
Tel: 203 777-5000 Fax: 203 777-5001
Length: 3 Yrs ACGME Approved/Offered Positions: 59 Subspecialties: CCP, DBP, NPM, PDC, PDE, PDI, PEM
Program ID: 320-08-21-046

Delaware
Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Prgm Director: Steven M Seibut, MD
1600 Rockland Road
PO Box 267
Wilmington, DE 19893
Tel: 302 651-5674 Fax: 302 651-5064
Length: 3 Yrs ACGME Approved/Offered Positions: 61 Subspecialties: CCP, NPM, PEM
Program ID: 320-41-21-218

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
Howard University Hospital
Prgm Director: Bernhard L Wiedermann, MD
111 Michigan Avenue, NW
Suite W33-800
Washington, DC 20010
Tel: 202 864-2060 Fax: 202 864-2474
Length: 3 Yrs ACGME Approved/Offered Positions: 90 Subspecialties: ADL, CCP, NPM, FDE, PDI, PDP, PEM, PG, PHO
Program ID: 320-10-21-061

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Maureen A Novak, MD
10262 W Thompson St, UFMHC
Gainesville, FL 32610
Tel: 352 265-0451 Fax: 352 265-0662
Length: 3 Yrs ACGME Approved/Offered Positions: 45 Subspecialties: CCP, NPM, FDE, PDE, PDP, PG, PHO, PPR
Program ID: 320-11-31-065

Jacksonville
University of Florida Health Science Center/Jacksonville at Wolfson Children's Hospital Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Wolfson Children's Hospital
Prgm Director: James Kirk, DO
Pediatrics Office of Medical Education
655 West 8th Street
Jacksonville, FL 32209
Tel: 904 214-2783 Fax: 904 244-4845
E-mail: jim.kirk@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 33 Subspecialties: PDI
Program ID: 320-11-21-055

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Barry Gelman, MD
Department of Pediatrics (B-131)
PO Box 018850
Miami, FL 33101
Tel: 305 565-6094 Fax: 305 545-0018
E-mail: pediatrics@umjmh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 64 Subspecialties: CCP, NPM, FDE, PDE, PDP, PG, PHO
Program ID: 320-11-11-056

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Prgm Director: Joan Y Meck, MD, MS
Medical Education Pediatrics
86 West Underwood Street, Suite 202
Orlando, FL 32806
Tel: 407 849-6578 Fax: 407 873-0544
E-mail: jmeck@orpa.org
Length: 3 Yrs ACGME Approved/Offered Positions: 48 Subspecialties: PDI
Program ID: 320-11-11-058
Accredited Programs in Pediatrics

Pensacola

University of Florida College of Medicine (Pensacola) Program
Sponsor: University of Florida College of Medicine
Sacred Heart Hospital of Pensacola
Program Director: Edward C Koehntop, MD
711 North Ninth Avenue
Pensacola, FL 32501
Tel: 850 416-7688 Fax: 850 416-7677
E-mail: ekkoehnto@cemhrs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-11-21-009

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
Program Director: Lynne Bengtson, MD
501 North 6th Street South
St Petersburg, FL 33701
Tel: 727 767-4105 Fax: 727 767-8894
Length: 3 Yrs ACGME Approved/Offered Positions: 67
Subspecialties: CCP, NPM, PDC, PDE, PDP, PEM, FG, PHO, PFR
Program ID: 320-11-21-006

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Program Director: Susan Buchar, MD
9 Jesse Hill Jr Dr, SE
Atlanta, GA 30303
Tel: 404 778-1446 Fax: 404 778-1491
E-mail: residency@cas.Emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, FG, PHO
Program ID: 320-11-21-061

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Grady Health System
Program Director: Jalal A Zuberi, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 765-1331 Fax: 404 765-1312
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 320-11-21-414

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Valerie L Hudson, MD
1446 Harper Street
BG 2101A
Augusta, GA 30912
Tel: 706 721-9442 Fax: 706 721-9463
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: CCP, NPM, PDC
Program ID: 320-11-21-062

Macon

Mercer University School of Medicine Program
Sponsor: Mercer University School of Medicine
Program Director: Eric M Pearlman, MD, PhD*
4700 walves Avenue
PO Box 23089
Savannah, GA 31403
Tel: 912 350-8190 Fax: 912 350-3604
E-mail: chapmd@memorialhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 320-11-21-400

Savannah

University of Georgia Program
Program Director: Robert C Pedersen, MD
10 First Avenue
Maywood, IL 60153
Tel: 708 997-8022 Fax: 708 997-2000
E-mail: recruitment@peds.bsd.uchicago.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, FG, PHO, PFR
Program ID: 320-16-11-037

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Peter A Nosr, MD
Department of Pediatrics (MC 856)
740 South Wood Street
Chicago, IL 60612
Tel: 312 996-6043 Fax: 312 435-0243
Length: 3 Yrs ACGME Approved/Offered Positions: 47
Subspecialties: NPM, PDC
Program ID: 320-16-11-074

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Strieger Hospital of Cook County
Program Director: Sudha Rau, MD
Department of Pediatrics
9000 W Polk Street, Room 1135
Chicago, IL 60612
Tel: 312 864-4154 Fax: 312 864-9171
E-mail: sudhara@mayo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: NPM
Program ID: 320-11-12-065

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Program Director: Sharon M Unti, MD
2300 Children's Plaza #18
Chicago, IL 60614
Tel: 773 884-2802 Fax: 773 886-3067
Length: 3 Yrs ACGME Approved/Offered Positions: 93
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, FG, PHO, PFR
Program ID: 320-16-21-079

Mount Sinai Hospital Medical Center of Chicago Program
Sponsor: Mount Sinai Hospital Medical Center of Chicago
Program Director: Michael S Liske, MD
Department of Pediatrics, F-444
California Avenue at 15th Street
Chicago, IL 60608
Tel: 773 257-6184 Fax: 773 257-6183
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-16-21-400

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Karen R Judy, MD
Jones Building, Room 770
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-9218 Fax: 312 942-2243
Length: 3 Yrs ACGME Approved/Offered Positions: 41
Program ID: 320-16-31-006

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Madelyn Kahana, MD
Department of Pediatrics
5641 S Maryland Avenue, MC 6380
Chicago, IL 60637
Tel: 773 702-5441 Fax: 773 834-0748
E-mail: recruitment@pedsbsd.uchicago.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, FG, PHO, PFR
Program ID: 320-16-11-073

University of Southern California Program
Program Director: Peter A Nosr, MD
Department of Pediatrics (MC 856)
740 South Wood Street
Chicago, IL 60612
Tel: 312 996-6043 Fax: 312 435-0243
Length: 3 Yrs ACGME Approved/Offered Positions: 47
Subspecialties: NPM, PDC
Program ID: 320-16-11-074

Woodrow

Loyola University Program
Sponsor: Loyola University Medical Center
Program Director: Miriam Bar-ond, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 287-2124 Fax: 708 287-9132
E-mail: mstonik@lun.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Subspecialties: NPM
Program ID: 320-16-21-075

944

Graduate Medical Education Directory 2005-2006
Oak Lawn
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Program Director: Larry M Roy, MD
4440 W 66th Street
Oak Lawn, IL 60453
Tel: 708 346-6832 Fax: 708 346-3142
E-mail: larry.ro@advocatehealth.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 39
Subspecialties: CCP, PDC
Program ID: 329-19-21-982

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: Kristi Lundblad, MD
1775 Dempster Street, 2 South
Park Ridge, IL 60068
Tel: 847 733-5986 Fax: 847 723-3235
E-mail: judy.fregotto@advocatehealth.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 36
Subspecialties: CCP, PDC, NPM
Program ID: 330-16-12-977

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
GSF St. Francis Medical Center
Program Director: Jaleyn M Lupke, MD
30 N Glen Oak Avenue
Peoria, IL 61607
Tel: 309 655-2274 Fax: 309 655-2565
Length: 3 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 328-15-21-078

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
St. John's Hospital
Program Director: Randy A Klemstra, MD
Dept of Pediatrics, PO Box 19659
301 North 5th Street
Springfield, IL 62794
Tel: 217 545-7732 Fax: 217 545-4177
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 329-16-21-979

Indiana
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Cirrus Riley Hospital for Children
Program Director: Jerry L Rasbott, MD, MPH
5857 Riley Hospital
702 Barnhill Drive
Indianapolis, IN 46292
Tel: 317 374-4034 Fax: 317 374-1476
E-mail: pmp@iupui.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 108
Subspecialties: AD, NF, PDC, PG, PFP, PF
Program ID: 329-17-21-080

Kentucky
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Program Director: Lynn R Campbell, MD
Kentucky Clinic Room J 630
740 South Limestone Street
Lexington, KY 40536
Tel: 859 323-6435 Fax: 859 357-7706
Length: 3 Yrs  ACGME Approved/Offered Positions: 45
Subspecialties: NPM
Program ID: 329-20-21-087

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Pediatrics Program
Program Director: Bonnie Deselle, MD
Department of Pediatrics
School of Medicine
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 896-9390 Fax: 504 896-9400
E-mail: bdeselle@lsuhsc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 65
Subspecialties: NPM, PF, PD
Program ID: 320-21-21-090

Tulane University Program
Sponsor: Tulane University School of Medicine
Pediatrics Program
Program Director: Moses J Doucet, MD, MPH
1430 Tulane Avenue, SL-37
New Orleans, LA 70112
Tel: 504 988-9639 Fax: 504 988-6912
Length: 3 Yrs  ACGME Approved/Offered Positions: 65
Subspecialties: NPM, PF, PD
Program ID: 320-21-21-092

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Joseph A Cocchiola, MD
Dept of Pediatrics, LSU/USC-4
1601 Kings Highway, PO Box 2392
Shreveport, LA 71130
Tel: 318 675-6067 Fax: 318 675-6056
Length: 3 Yrs  ACGME Approved/Offered Positions: 42
Subspecialties: NPM
Program ID: 329-21-11-093

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Brian P Youth, MD*
The Barbara Bush Children's Hospital
22 Bramhall Street
Portland, ME 04102
Tel: 207 672-3363 Fax: 207 667-2273
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 320-22-11-094

*MD is a board-certified pediatrician.
Accredited Programs in Pediatrics

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Julia A McMillan, MD
CMSC 3-124
950 North Wolfe Street
Baltimore, MD 21205
Tel: 410 614-2993 Fax: 410 852-3840
Length: 3 Yrs ACGME Approved/Offered Positions: 95 Subspecialties: AAD, CH, CP, NPM, FDC, PFP, FPG, PDI, PDP, PIM
Program ID: 320-23-21-106

SinaI Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Program Director: Ina Stephens, MD
2401 West Belvedere Avenue
Baltimore, MD 21215
Tel: 410 601-5563 Fax: 410 601-8766
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Subspecialties: AAD, Ophthalmology, NPM, PDE, PDI, PDP, PIM, PG, PHS
Program ID: 320-23-11-009

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Carol Carrascio, MD
23 S Greene Street, Room NSW56
Baltimore, MD 21201
Tel: 410 385-2510 Fax: 410 328-0646
Length: 3 Yrs ACGME Approved/Offered Positions: 40 Subspecialties: CCC, DBP, NPM, PDE, PDI, PG
Program ID: 320-23-21-100

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: Clifford E Yu, MD
Department of Pediatrics
6900 Georgia Avenue NW
Washington, DC 20037
Tel: 202 789-1899 Fax: 202 395-5657
Length: 3 Yrs ACGME Approved/Offered Positions: 32 Subspecialties: NPM, PDE, PDI, PG, PHS
Program ID: 320-10-21-401
US Armed Services Program

Massachusetts

Boston

Children’s Hospital/Boston Medical Center Program
Sponsor: Children’s Hospital Boston Medical Center
Program Director: Frederick H Lovejoy, MD
380 Longwood Avenue
Boston, MA 02115
Tel: 617 355-5605 Fax: 617 355-4068
Length: 3 Yrs ACGME Approved/Offered Positions: 117 Subspecialties: AAD, CH, DBP, NPM, FDC, PDI, PDP, PFG, PHEM, PHS, PHS, PHS
Program ID: 320-23-21-403

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Lynne Kasbon, MD
750 Washington Street, Box 391
Boston, MA 02111
Tel: 617 636-5241 Fax: 617 636-7719
Length: 3 Yrs ACGME Approved/Offered Positions: 38 Subspecialties: NPM, PG, PPH
Program ID: 320-23-21-104

Springfield

Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Barbara W Stonehedge, MD
575 Chestnut Street
Springfield, MA 01109
Tel: 413 794-5379 Fax: 413 794-3823
Length: 3 Yrs ACGME Approved/Offered Positions: 35 Subspecialties: NPM
Program ID: 320-23-14-106

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: William J Durbin, MD
University Campus
50 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3300 Fax: 508 856-3779
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: NPM
Program ID: 320-24-21-107

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Mary Ellen Busnymaki, MD, MS
1500 E Medical Center Dr
EE2331 MHP
Ann Arbor, MI 48109
Tel: 734 764-1386 Fax: 734 763-4200
Length: 3 Yrs ACGME Approved/Offered Positions: 66 Subspecialties: CCC, DBP, NPM, PDI, PDP, PFS, PHEM, PHS, PHS
Program ID: 320-25-21-199

Detroit

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Douglas K Ziegler, MD
23151 Moran Road, Suite 222
Detroit, MI 48236
Tel: 313 343-7579 Fax: 313 343-3939
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: CCC, DBP, NPM, FDC, PDI, PDP, PFS, PHEM, PHS, PHS
Program ID: 320-25-11-113

Wayne State University/Detroit Medical Center/Children’s Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Program Director: Anne Mortensen, MD
3901 Beaubien Boulevard
Office of Pediatric Education
Detroit, MI 48201
Tel: 313 966-0205 Fax: 313 966-7118
E-mail: chomped@wayne.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 61 Subspecialties: CCC, DBP, NPM, PDI, PDP, PHEM, PHS, PHO
Program ID: 320-25-21-110

Flint

Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Program Director: Melissa Ramp, MD, MPH
SW Pediatric Education
One Hurley Plaza
Flint, MI 48503
Tel: 810 257-9283 Fax: 810 257-9715
E-mail: MHAMP1@hurley.net
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: NPM
Program ID: 320-25-21-115

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Program ID: Spectrum Health-Butterworth Campus
Program Director: Annamaria T Church, MD
100 Monroe Ave NW
Grand Rapids, MI 49503
Tel: 616 391-7591 Fax: 616 391-2555
E-mail: kimberly.longstreet@spectrum-health.org
Length: 3 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: NPM
Program ID: 320-25-21-116

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies Bronson Methodist Hospital
Program Director: Donald G Greydanus, MD
1000 Oakland Drive
Kalamazoo, MI 49006
Tel: 616 337-6450 Fax: 616 337-6474
Length: 3 Yrs ACGME Approved/Offered Positions: 23 Subspecialties: NPM
Program ID: 320-23-21-391

Lansing

Michigan State University Program
Sponsor: Michigan State University College of Human Medicine Sparrow Hospital
Program Director: Peter J Jennings, MD
Sparrow Hospital
PO Box 30480
Lansing, MI 48909
Tel: 517 394-2856 Fax: 517 374-4017
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: NPM
Program ID: 320-25-21-114

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Kalli J Doyle, MD
3901 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 986-0413 Fax: 248 988-5978
Length: 3 Yrs ACGME Approved/Offered Positions: 26 Subspecialties: NPM
Program ID: 320-25-12-119
Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Children’s Hospitals & Clinics - St Paul
Fairview University Medical Center
Prgm Director: Julie Hauer, MD
M D p o l e : 2 9 
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-626-4114 Fax: 612-626-7042
E-mail: rlh00932@umn.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 93
Subspecialties: ADH, CCP, DHP, NPM, PDC, PDE, PDI, FDP, PEM, PG, PHO, PN
Program ID: 320-28-11-120

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary’s Hospital of Rochester
Prgm Director: Garth F Asey, MD
200 First Street, SW
Rochester, MN 55905
Tel: 651-636-2481 Fax: 651-636-8968
Length: 3 Yrs
ACGME Approved/Offered Positions: 90
Subspecialties: PDC, PDE, PDI, PG, PHO
Program ID: 320-26-21-121

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Gail C Megason, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 894-2714 Fax: 601 894-3379
Length: 3 Yrs
ACGME Approved/Offered Positions: 90
Subspecialties: PG
Program ID: 320-27-12-122

Keesler AFB

Keesler Medical Center Program
Sponsor: Keesler Medical Center
Prgm Director: Lt Col William T Bolman, MD
Department of Pediatrics (USMC)
301 Fisher Street, Suite 1A122
Keesler AFB, MS 39534
Tel: 228 377-6521 Fax: 228 377-6780
Length: 3 Yrs
ACGME Approved/Offered Positions: 24
Program ID: 320-27-12-002
US Armed Services Program

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Columbia Regional Hospital
University Hospitals and Clinics
Prgm Director: David P Robinson, MD
Dept of Child Health, Room S-702
One Hospital Drive
Columbia, MO 65212
Tel: 573-882-4428 Fax: 573-884-5226
Length: 3 Yrs
ACGME Approved/Offered Positions: 23
Subspecialties: NPM
Program ID: 320-28-11-123

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children’s Mercy Hospital
Prgm Director: Joanne Kennedy, MD
5401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3371 Fax: 816 346-1328
E-mail: jmkennedy@omuh.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 60
Subspecialties: NPM, FDE, PDI, PHO, PG, PHO, PN
Program ID: 320-29-11-124

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
Prgm Director: Richard C Barry, MD
1455 S Grand Blvd
St Louis, MO 63104
Tel: 314 577-5516 Fax: 314 577-5516
E-mail: pediatrics@slu.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 42
Subspecialties: NPM, PEM, PHO
Program ID: 320-29-21-127

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children’s Hospital
Prgm Director: Andrew J White, MD
Department of Pediatrics
One Children’s Place
St Louis, MO 63110
Tel: 314 454-6006 Fax: 314 454-4102
E-mail: whitea@wustl.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 23
Subspecialties: NPM
Program ID: 320-29-11-126

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children’s Hospital
The Nebraska Medical Center
Prgm Director: John N Walburn, MD
982185 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-6380 Fax: 402-559-5137
Length: 3 Yrs
ACGME Approved/Offered Positions: 45
Subspecialties: PDI, PG
Program ID: 320-30-21-383

Nevada

Las Vegas

University of Nevada Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Sunrise Hospital and Medical Center
Prgm Director: Andrew M Riien, MD
Department of Pediatrics
2404 West Charleston Blvd, #402
Las Vegas, NV 89103
Tel: 702 671-2236 Fax: 702 671-2233
Length: 3 Yrs
ACGME Approved/Offered Positions: 36
Program ID: 320-31-21-407

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Caroline A Stashwick, MD, PhD
One Medical Center Drive
Lebanon, NH 03754
Tel: 603 653-6080 Fax: 603 653-6050
E-mail: pediatrics.residency.program@hitchcock.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 21
Subspecialties: NPM
Program ID: 320-39-22-139

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgm Director: William G Graeser, MD
Department of Pediatrics
E&R Bldg, 601 Haddon Ave, 3rd Floor
Camden, NJ 08103
Tel: 856 757-7904 Fax: 856 568-0998
Length: 3 Yrs
ACGME Approved/Offered Positions: 30
Subspecialties: CCP
Program ID: 320-33-31-251
Florham Park
Atlantic Health System Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Overlook Hospital
Prgm Director: Alan Melzer, MD*
Pediatric Medical Education - Box 10
100 Madison Avenue
Morristown, NJ 07962
Tel: 973-971-7692 Fax: 973 971-8963
E-mail: alan.melzer@ah.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 320-33-21-142

Jersey City
Mount Sinai School of Medicine (Jersey City) Program
Sponsor: Mount Sinai School of Medicine
Jersey City Medical Center
Prgm Director: Richard J Bonforte, MD
Department of Pediatrics
356 Grand Street, 5 East, Room 003
Jersey City, NJ 07304
Tel: 201 915-3455 Fax: 201 915-3459
E-mail: Peds@Libertyhcs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 320-33-21-131

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Prgm Director: Kirby D Bekedal, MD
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-7555 Fax: 732 923-7555
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 320-33-11-133

New Brunswick
St Peter’s University Hospital Program
Sponsor: St Peter’s University Hospital
Prgm Director: William Bernstein, MD
254 Easton Avenue
New Brunswick, NJ 08901
Tel: 732 745-8600 Fax: 732 859-8635
E-mail: cmendes@stpeterson.com
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-33-31-149

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter’s University Hospital
Prgm Director: Dalys L Chefitz, MD
121 Paterson Street
Dept of Pediatrics/MBI Room 308
New Brunswick, NJ 08903
Tel: 732 236-7883 Fax: 732 236-7245
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: NPM
Program ID: 320-33-21-136

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center
Prgm Director: Joshua S Bosenblat, MD
201 Lyons Avenue
Newark, NJ 07112
Tel: 973 926-3233 Fax: 973 926-3441
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 320-33-21-362

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Rutgers University Medical Center
UMDNJ-University Hospital
Prgm Director: Susan G Mastone, MD
185 South Orange Avenue F 584
Newark, NJ 07103
Tel: 973 754-2546 Fax: 973 754-2546
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialities: PDU
Program ID: 320-33-21-135

Paterson
Mount Sinai School of Medicine (St Joseph’s Regional Medical Center) Program
Sponsor: Mount Sinai School of Medicine
St Joseph’s Regional Medical Center
Prgm Director: Thomas J Daley, MD
700 Main Street
Paterson, NJ 07503
Tel: 973 754-2546 Fax: 973 754-2546
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 320-33-21-364

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Benjamin D Hoffman, MD
Department of Pediatrics
MSC01 0580
Albuquerque, NM 87131
Tel: 505 272-3600 Fax: 505 272-6845
E-mail: bhoffman@salud.unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialities: NPM, PDU, PHT
Program ID: 320-34-11-136

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Prgm Director: Irene N Sylva, MD
47 New Scotland Avenue Mail Code 88
Pediatic Housestaff Office
Albany, NY 12208
Tel: 518 262-6676 Fax: 518 262-6776
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: NPM
Program ID: 320-35-21-139

Bronx
Albert Einstein College of Medicine (Jacobi) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Prgm Director: Audrey Burke, MD
1456 Pelham Parkway South
Jacobs Room 829
Bronx, NY 10461
Tel: 718 914-6315 Fax: 718 914-8960
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialities: PFM
Program ID: 320-35-21-363

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Myron Sokol, MD
One Brookdale Plaza
Room 300 CHC Bldg
Brooklyn, NY 11212
Tel: 718 246-5629 Fax: 718 246-5415
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 320-35-11-147
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**Elmhurst**

**Mount Sinai School of Medicine (Elmhurst) Program**

Sponsor: Mount Sinai School of Medicine

Elmhurst Hospital Center-Mount Sinai Services

Mount Sinai Medical Center

Program Director: Melvin Gertner, MD

78-01 Broadway

Elmhurst, NY 11373

Tel: 718 334-3380 Fax: 718 334-2862

Length: 3 Yrs ACGME Approved/Offered Positions: 39

Program ID: 329-35-11-162

**Flushing**

**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center

Jamaica Hospital Medical Center

Program Director: Susania Irapaport, MD

4650 Parsons Boulevard

Flushing, NY 11355

Tel: 718 670-5535 Fax: 718 670-3031

E-mail: rivasanta.flushing@jhmc.org

Length: 3 Yrs ACGME Approved/Offered Positions: 25

Program ID: 329-35-11-261

**Great Neck**

**North Shore-Long Island Jewish Health System/Schneider Children’s Hospital’s Program**

Sponsor: North Shore-Long Island Jewish Health System

Schneider Children’s Hospital at Long Island Jewish Med Ctr

Schneider Children’s Hospital at North Shore University Hosp

Program Director: Harvey W Aiges, MD

350-01 78th Ave

New Hyde Park, NY 11040

Tel: 516 663-4803 Fax: 516 663-1518

Length: 3 Yrs ACGME Approved/Offered Positions: 123

Program ID: 329-35-11-155

**Mineola**

**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital

Program Director: Jill Leavens-Maurer, MD

250 First Street

Mineola, NY 11501

Tel: 516 663-2288 Fax: 516 663-9855

Length: 3 Yrs ACGME Approved/Offered Positions: 23

Program ID: 329-35-11-1143

**New York**

**Harlem Hospital Center Program**

Sponsor: Harlem Hospital Center

Program Director: Stephen Nicholas, MD

Harlem Hospital Center

506 Lenox Avenue

New York, NY 10037

Tel: 212 639-4012 Fax: 212 639-4015

E-mail: pedsmed@nycuhs.org

Length: 3 Yrs ACGME Approved/Offered Positions: 46

Program ID: 329-35-11-101

**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine

Mount Sinai Medical Center

Program Director: Joel A Forman, MD

One Gustave Levy Place, Box 1512

New York, NY 10029

Tel: 212 241-6934 Fax: 212 241-4309

Length: 3 Yrs ACGME Approved/Offered Positions: 54

Subspecialties: ABD, NPM, PDE, PD!, PDP, PG, PEM, PHO, PG, PN

Program ID: 329-35-11-161

**New York Medical College (Metropolitan) Program**

Sponsor: New York Medical College

Metropolitan Hospital Center

Weschler Medical Center

Program Director: Jason Mack, MD

1001 First Avenue

New York, NY 10028

Tel: 212 425-7854 Fax: 212 534-7891

E-mail: mackj@nycmed.org

Length: 3 Yrs ACGME Approved/Offered Positions: 21

Program ID: 329-35-11-283

**New York Medical College at St Vincent’s Hospital and Medical Center of New York Program**

Sponsor: New York Medical College

St Vincent Catholic Medical Centers (Manhattan)

Program Director: Samuel D Grubman, MD

153 West 11th Street

New York, NY 10011

Tel: 212 604-7900 Fax: 212 604-2354

E-mail: sgrubman@svcmcny.org

Length: 3 Yrs ACGME Approved/Offered Positions: 23

Program ID: 329-35-11-170

**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital

New York Presbyterian Hospital (Columbia Campus)

Program Director: Elizabeth A Wedemeyer, MD

650 West 168th Street

New York, NY 10032

Tel: 212 305-3256 Fax: 212 305-8881

Length: 3 Yrs ACGME Approved/Offered Positions: 60

Subspecialties: CCP, NPM, FDC, PD!, FPD, PEM, PHO, PG, PPR

Program ID: 329-35-11-167

**New York Presbyterian Hospital (Cornell Campus) Program**

Sponsor: New York Presbyterian Hospital

New York Presbyterian Hospital (Cornell Campus)

Program Director: Susan B Boswick, MD, MBA

625 East 68th Street, Box 130

New York, NY 10021

Tel: 212 746-3131 Fax: 212 746-3140

Length: 3 Yrs ACGME Approved/Offered Positions: 60

Subspecialties: CCP, NPM, FDC, PD!, FPD, PEM, PHO, PG, PPR

Program ID: 329-35-11-149

**New York University School of Medicine Program**

Sponsor: New York University School of Medicine

Bellevue Hospital Center

NYU Hospitals Center

Program Director: Robert M Lembo, MD

Department of Pediatrics

550 First Avenue

New York, NY 10016

Tel: 212 263-6425 Fax: 212 263-8172

E-mail: pedprop@med.nyu.edu

Length: 3 Yrs ACGME Approved/Offered Positions: 57

Subspecialties: CCP, NPM, FDC, PD!, FPD, PEM, PHO

Program ID: 329-35-11-184

**Rochester**

**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester

Rochester General Hospital

Program Director: J Peter Harris, MD

Golliano Children’s Hospital at Strong

601 Elmwood Ave, Box 777-R

Rochester, NY 14642

Tel: 585 275-4042 Fax: 585 442-6680

E-mail: chap@leeds.rochester.edu

Length: 3 Yrs ACGME Approved/Offered Positions: 64

Subspecialties: ABD, CCP, NPM, FDC, PDD, PEM, PG, PHO

Program ID: 329-35-11-174
Accredited Programs in Pediatrics

Staten Island
New York Medical College (Richmond) Program
Sponsor: New York Medical College
St-Vincent Catholic Medical Centers (Staten Island)
Program Director: Simon S Rahalowitz, PhD, MD*
365 Bard Avenue
Staten Island, NY 10310
Tel: 718-818-4659 Fax: 718-818-2759
E-mail: simonrah@sonycom.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-35-11-171

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: Susan Guralnick, MD
Department of Pediatrics
MSC, 711 023
Stony Brook, NY 11794
Tel: 631-444-2020 Fax: 631-444-2894
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: NPM, PDE, PDI, PDP, PHI
Program ID: 320-35-31-365

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Program Director: John S Andrade, MD
Department of Pediatrics
750 E Adams Street
Syracuse, NY 13210
Tel: 315-464-6880 Fax: 315-464-7584
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PDD, PDI
Program ID: 320-35-21-176

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Theresa Heizler, MD*
Department of Pediatrics
Munger Pavilion - Room 129
Valhalla, NY 10595
Tel: 914-483-1166 Fax: 914-483-3400
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: NPM, PDI
Program ID: 320-35-11-176

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Moore & Cone Memorial Hospital
Wake Medical Center
Program Director: Dr. Harvey J Hamrick, MD
Pediatric Education Office
UHC School of Medicine CB #7603
Chapel Hill, NC 27519
Tel: 919-966-2121 Fax: 919-966-8419
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: CCP, NPM, PDD, PDI, PHO, PHI
Program ID: 320-35-21-178

Charlotte
Carolina Medical Center Program
Sponsor: Carolina Medical Center
Program Director: Samuel S Caudle, MD
Department of Pediatrics
PO Box 232891
Charlotte, NC 28232
Tel: 704-355-3156 Fax: 704-355-5429
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 320-36-11-179

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Joseph M Majure, MD
DUMC Box 9127
Durham, NC 27710
Tel: 919-684-3556 Fax: 919-684-5825
E-mail: duke.peds.res@mc.duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: CCP, NPM, PDD, PHI
Program ID: 320-36-21-180

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Keith Hellenbrand, MD*
5254 Pitty Avenue
Greenville, NC 27858
Tel: 252-744-3041 Fax: 252-744-2360
Length: 3 Yrs ACGME Approved/Offered Positions: 43
Subspecialties: PDD
Program ID: 320-36-11-183

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: John D Mahan, MD
Dept of Pediatrics
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-341-1222 Fax: 336-716-2625
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: NPM
Program ID: 320-36-11-183

Ohio
Akron
Children’s Hospital Medical Center of Akron/NEOUCOM Program
Sponsor: Children’s Hospital Medical Center of Akron
Program Director: Jeffery A Kempf, DO
Department of Medical Education
One Perkins Square
Akron, OH 44308
Tel: 330-543-3242 Fax: 330-543-8157
E-mail: jkempf1@chmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: PDM, PSM
Program ID: 320-38-11-184

Cincinnati
Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center
Program Director: Javier A Gonzalez del Rey, MD
5335 Burnet Avenue
Cincinnati, OH 45229
Tel: 513-636-4900 Fax: 513-636-7905
Length: 3 Yrs ACGME Approved/Offered Positions: 131
Subspecialties: ADL, CCP, NPM, PDD, PHI
Program ID: 320-38-21-185

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Andrea A Gori, MD*
5000 MetroHealth Drive
Cleveland, OH 44109
Tel: 216-776-6000 Fax: 216-776-4223
E-mail: aago@metrohealth.org
Length: 3 Yrs ACGME Approved/Offered Positions: 96
Subspecialties: CCP, NPM, PDD, PHI, PDM, PEM, PHO
Program ID: 320-38-21-186

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Martha S Wright, MD*
1100 Elyria Avenue
Cleveland, OH 44106
Tel: 216-444-5651 Fax: 216-444-7166
Length: 3 Yrs ACGME Approved/Offered Positions: 81
Subspecialties: CCP, NPM, PDD, PDI, PDM, PEM, PHO
Program ID: 320-38-21-187

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Gary D Williams, MD
6000 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-5651 Fax: 216-445-8041
Length: 3 Yrs ACGME Approved/Offered Positions: 79
Subspecialties: PDD, PHI
Program ID: 320-38-31-189

Columbus
Children’s Hospital/Doctors Hospital Program
Sponsor: Children’s Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Program Director: John A Mahan, MD
700 Children’s Drive, Room ED600
Columbus, OH 43205
Tel: 614-722-6419 Fax: 614-722-6132
Length: 3 Yrs
Program ID: 320-38-21-188

Children’s Hospital/Ohio State University Program
Sponsor: Children’s Hospital (Columbus)
Program Director: John A Mahan, MD
700 Children’s Drive - Room ED600
Columbus, OH 43205
Tel: 614-722-4149 Fax: 614-722-6132
Length: 3 Yrs ACGME Approved/Offered Positions: 80
Subspecialties: CCP, NPM, PDD, PDI, PEM, PHI, PHO
Program ID: 320-38-21-192

Graduate Medical Education Directory 2005-2006
Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Program Director: Ann E Burke, MD
One Children's Plaza
Dayton, OH 45404
Tel: 937 641-5453  Fax: 937 641-5641
Length: 3 Yrs  ACGME Approved/Offered Positions: 96
Program ID: 320-38-21-193

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Saint Francis Health System
Program Director: Robert W Block, MD
4502 E 41st Street
Tulsa, OK 74103
Tel: 918 660-8416  Fax: 918 660-9436
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 320-38-21-197

Graduate Medical Education Directory 2005-2006
951
Accredited Programs in Pediatrics

Caguas
San Juan Bautista Medical Center Program
Sponsor: San Juan Bautista Medical Center/Caguas Regional Hospital
Prgm Director: Myrna I. Borges, MD
Department of Pediatrics
PO Box 9726
Caguas, PR 00726
Tel: 787 653-6550  Fax: 787 653-6006
E-mail: mtmno@sanjuanbautista.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 320-43-1-219

Ponce
Hospital Episcopal San Lucas/Ponce School of Medicine Program
Sponsor: Hospital Episcopal San Lucas
Prgm Director: Luis A. Alvarez, MD
917 5th Castro Ave
PO Box 358810
Ponce, PR 00733
Tel: 787 844-2983  Fax: 787 844-1372
E-mail: pede@coqui.net
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 320-42-11-215

San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Prgm Director: Maria Molina, MD
PMB #7
PO BOX 70344
San Juan, PR 00936
Tel: 787 765-7618  Fax: 787 765-7618
E-mail: mmolina@coqui.net
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 320-42-11-216

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Pediatric Hospital
Prgm Director: Antonio Del Valle, MD
GPO Box 358817
San Juan, PR 00936
Tel: 787 777-3220  Fax: 787 777-3220
Length: 3 Yrs  ACGME Approved/Offered Positions: 38
Subspecialties: COP, NPM, PHO
Program ID: 320-42-11-217

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital Lifespan Women and Infants Hospital of Rhode Island
Prgm Director: Adam D Pallant, MD, PhD
583 Eddy Street
Providence, RI 02903
Tel: 401 444-8858  Fax: 401 444-8845
E-mail: apallant@lifespan.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 48
Subspecialties: DBP, NPM, FDR, FDI, PEM, PHO
Program ID: 320-42-31-219

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: George M Johnson, MD
Department of Pediatrics
165 Ashley Avenue Room 684CH
Charleston, SC 29425
Tel: 843 792-2385  Fax: 843 792-8663
E-mail: johnson92@comcast.net
Length: 3 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: DBP, NPM, FDR, PDI, PEM, PHO
Program ID: 320-45-11-219

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Prgm Director: R C O Hargan, MD
14 Medical Park, Suite 400
Columbia, SC 29003
Tel: 803 434-7904  Fax: 803 434-3855
Length: 3 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 320-45-12-220

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Prgm Director: Paul V Catalana, MD, MPH
701 Grove Road; Balcony Suite 4
Greenville, SC 29608
Tel: 864 455-7879  Fax: 864 455-3884
E-mail: pcatalana@ghs.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 320-45-12-221

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
T C Thompson Children's Hospital Medical Center
Prgm Director: Janara J Fucc, MD
Department of Pediatrics
910 Blackford Street
Chattanooga, TN 37403
Tel: 423 778-6217  Fax: 423 778-6020
E-mail: mtvich[at]uthealth.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 320-47-11-223

Johnston City
East Tennessee State University Program
Sponsor: James H Quinnell College of Medicine
Johnson City Medical Center Hospital
Prgm Director: David T Price, MD
East Tennessee State University
PO Box 70578
Johnson City, TN 37614
Tel: 423 438-8777  Fax: 423 438-8086
Length: 3 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 320-47-21-331

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine Leffert Children's Medical Center
Prgm Director: Mark C Augus, MD
50 North Dunlap
Memphis, TN 38103
Tel: 901 572-6756  Fax: 901 572-4581
Length: 3 Yrs  ACGME Approved/Offered Positions: 54
Subspecialties: COP, NPM, FDR, PDI, PEM, PHO, FN, PPR
Program ID: 320-47-31-225

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Rebecca R Scan, MD
2200 Children's Way
Suite 203
Nashville, TN 37232
Tel: 615 322-3277  Fax: 615 343-4655
Length: 3 Yrs  ACGME Approved/Offered Positions: 50
Subspecialties: COP, NPM, FDR, PDI, PEM, PHO
Program ID: 320-47-21-227

Texas
Amarillo
Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center at Amarillo
Northwest Texas Health Care System
Prgm Director: Fred A McCardy, MD, PhD
Department of Pediatrics
1400 Coulter
Amarillo, TX 79106
Tel: 806 354-5432  Fax: 806 354-5556
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 320-46-31-370

Austin
Austin Medical Education Programs of Seton Healthcare Network Program
Sponsor: Austin Medical Education Program of Seton Healthcare Network
Children's Hospital of Austin
Prgm Director: George A Edwards, MD
1400 North 35
Austin, TX 78701
Tel: 512 324-8655  Fax: 512 324-8654
Length: 3 Yrs  ACGME Approved/Offered Positions: 33
Program ID: 320-46-31-228

Corpus Christi
Drsicoll Children's Hospital Program
Sponsor: Driscoll Children's Hospital
Prgm Director: William J Riley, MD
3203 S Alameda
PO Drawer 6530
Corpus Christi, TX 78411
Tel: 361 694-5465  Fax: 361 694-5465
E-mail: res applicd@chdxs.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 42
Program ID: 320-49-11-229
Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas

Program Director: Patti Hicks, MD
Department of Pediatrics
3535 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 468-6350 Fax: 214 648-6187
Length: 3 Yrs ACGME Approved/Offered Positions: 79
Subspecialties: CCP, NPM, PDC, PDE, PD!, PDI, PEM, PG, PHO, PN, PRR
Program ID: 320-48-21-230

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
Providence Memorial Hospital
8 E Thomason General Hospital
Program Director: John D Foley, MD
Department of Pediatrics
5000 Alberta Drive
El Paso, TX 79905
Tel: 915 545-0876 Fax: 915 545-0976
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program ID: 320-48-11-234

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals

Program Director: Jose L Gonzalez, MD
Department of Pediatrics
201 University Blvd
Galveston, TX 77555
Tel: 409 747-6534 Fax: 409 747-8130
E-mail: ouc@utmb.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: NPM, PDE, PD!, PEM
Program ID: 320-48-11-231

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Hen Taub General Hospital

Texas Children's Hospital
Program Director: Ralph D Feigin, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 224-2355 Fax: 713 224-8811
Length: 3 Yrs ACGME Approved/Offered Positions: 144
Subspecialties: ABL, CCP, NPM, PDC, PDE, PD!, PEM, PG, PHO, PN, PRR
Program ID: 320-48-21-232

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyon R Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Sharon S Crandall, MD
Department of Pediatrics-MSB 3.344
6431 Fannin Street
Houston, TX 77030
Tel: 713 500-5805 Fax: 713 500-5805
E-mail: shrilene.edwards@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: ABL, CCP, NPM, PDC, PD!, PEM, PHO, PN
Program ID: 320-48-21-233

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooks Army Medical Center
Wilford Hall Medical Center (AETC)
Program Director: Julia A Lynch, MD
2250 Reegaus Drive Suite 1
Lackland AFB, TX 78236
Tel: 210 292-5097 Fax: 210 292-5238
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: ABL, NPM
Program ID: 320-48-21-406
US Armed Services Program

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock

University Medical Center
Program Director: Suresh N K Varma, MD
Department of Pediatrics
Lubbock, TX 79430
Tel: 806 743-2334 Fax: 806 743-2314
E-mail: suresh.k.varma@ttuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-48-21-269

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Health Science Center at San Antonio

Chezida Santa Rosa Health Care Corporation
University Health System
Program Director: Robert J Nolan, MD
Department of Pediatrics
7703 Floyd Curl Dr, MC 7101
San Antonio, TX 78229
Tel: 210 567-6187 Fax: 210 567-6694
E-mail: nolanr@uthscsa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CCP, NPM, PDC, PEM
Program ID: 320-48-21-235

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Program Director: Michael Weir, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 734-0092 Fax: 254 734-0274
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 320-48-21-336

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Health Science Center
Primary Children's Medical Center
Program Director: James P Bale, MD
Pediatric Residency Office
100 North Medical Drive
Salt Lake City, UT 84113
Tel: 801 588-7716 Fax: 801 588-7793
E-mail: pedres@hc.utah.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Subspecialties: CCP, NPM, PDC, PD!, PEM, PHO
Program ID: 320-48-21-237

Vermont

Burlington

University of Vermont Program

Sponsor: University of Vermont Medical Center
Program Director: Ann P Gullott, MD
Vermont Children's Hospital at UVM
111 Colchester Avenue Modular R Room 113
Burlington, VT 05401
Tel: 802 447-1844 Fax: 802 447-5557
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: NPM
Program ID: 320-50-11-238

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Program Director: Linda Waggner-Fountain, MD
PO Box 800386
Charlottesville, VA 22908
Tel: 434 924-9140 Fax: 434 924-5244
E-mail: njag@virginia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: CCP, NPM, PDC, PEM
Program ID: 320-51-21-239

Falls Church

Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program

Sponsor: Inova Fairfax Hospital
Program Director: Susan K Levine, MD, MPH*
3600 Gallows Road
Falls Church, VA 22042
Tel: 703 776-7212 Fax: 703 776-6078
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: PEM
Program ID: 320-51-21-399

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Program Director: Clarence W Gwone, MD
Eastern Virginia Medical School
601 Children's Lane
Norfolk, VA 23507
Tel: 757 668-7281 Fax: 757 668-0760
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: PD!, PEM
Program ID: 320-61-21-249

Portsmouth

Naval Medical Center (Portsmouth) Program

Sponsor: Naval Medical Center (Portsmouth)
Program Director: Timothy B Shepe, MD
Department of Pediatrics
890 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 963-2965 Fax: 757 963-8985
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 320-51-21-614
US Armed Services Program
Accredited Programs in Pediatrics

<table>
<thead>
<tr>
<th>Program ID: 320-51-244</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prgm Director: Suzanne R Lavoie, MD</td>
</tr>
<tr>
<td>Sponsor: Virginia Commonwealth University Health System</td>
</tr>
<tr>
<td>Medical College of Virginia Hospitals</td>
</tr>
<tr>
<td>1101 East Marshall Street</td>
</tr>
<tr>
<td>Box 80045</td>
</tr>
<tr>
<td>Richmond, VA 23286</td>
</tr>
<tr>
<td>Tel: 804 898-9111 Fax: 804 828-3435</td>
</tr>
<tr>
<td>Length: 3 Yrs ACGME Approved/Offered Positions: 4</td>
</tr>
<tr>
<td>Subspecialties: CCP, NPM, PDC, PDI</td>
</tr>
</tbody>
</table>

| Washington |
| University of Washington Program |
| Sponsor: University of Washington School of Medicine Children’s Hospital and Regional Medical Center |
| Prgm Director: Richard F Suggerman, MD |
| 4600 Sand Point Way NE, G-0661 |
| PO Box 3577 |
| Seattle, WA 98105 |
| Tel: 206 887-2525 Fax: 206 887-3843 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 74 |
| Subspecialties: ADL, COT, DBP, NPM, PDI, PDP, PSM, PPS, PN, PPR |
| Program ID: 320-54-21-356 |

| Tacoma |
| Madigan Army Medical Center Program |
| Sponsor: Madigan Army Medical Center |
| Prgm Director: Mary F Fairchok, MD |
| Department of Pediatrics |
| MCHU-F |
| PO Box 89431 |
| Tacoma, WA 98431 |
| Tel: 253 968-1831 Fax: 253 968-0384 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 18 |
| Subspecialties: DBF |
| Program ID: 320-54-11-010 |

| West Virginia |
| Charleston |
| Charleston Area Medical Center/West Virginia University (Charleston Division) Program |
| Sponsor: Charleston Area Medical Center/West Virginia University |
| Prgm Director: Rabeeb R Khan, MD |
| 850 Pennsylvania Avenue - Suite 104 |
| Charleston, WV 25302 |
| Tel: 304 388-1549 Fax: 304 388-1577 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 18 |
| Program ID: 320-56-21-341 |

| Huntington |
| Marshall University School of Medicine Program |
| Sponsor: Marshall University School of Medicine |
| Cabell Huntington Hospital |
| Prgm Director: James M Waldeck, MD |
| Department of Pediatrics |
| 1600 Medical Center Dr, Suite 3500 |
| Huntington, WV 25701 |
| Tel: 304 691-1374 Fax: 304 691-1375 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 21 |
| Program ID: 320-56-21-380 |

| Morgantown |
| West Virginia University Program |
| Sponsor: West Virginia University School of Medicine West Virginia University Hospitals |
| Prgm Director: Martin B Weise, MD |
| Robert C Byrd Health Sciences Ctr |
| PO Box 2414 |
| Morgantown, WV 26506 |
| Tel: 304 293-1186 Fax: 304 293-1216 |
| E-mail: mwolfe@hsc.wvu.edu |
| Length: 3 Yrs ACGME Approved/Offered Positions: 21 |
| Subspecialties: ADL |
| Program ID: 320-55-11-245 |

| Wisconsin |
| Madison |
| University of Wisconsin Program |
| Sponsor: University of Wisconsin Hospital and Clinics Marshfield/Department of Pediatrics |
| Prgm Director: David B Allen, MD |
| 954 Sand Point PO Box5371 |
| Seattle, WA 98431 |
| Tel: 206 828-6557 Fax: 206 828-3140 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 74 |
| Subspecialties: ADL, CCP, DBF, NPM, PDI, PDP, PSM, PPS, PN, PPR |
| Program ID: 320-56-21-247 |

| Marshall |
| Marshall Clinic-St Joseph’s Hospital Program |
| Sponsor: Marshall Clinic-St Joseph’s Hospital |
| Prgm Director: Doyta Devi Joshi, MD |
| 1001 North Oak Avenue Marshfield, WI 54449 |
| Tel: 715 357-5640 Fax: 715 357-3180 |
| E-mail: schneider.christine@mfldclin.edu |
| Length: 3 Yrs ACGME Approved/Offered Positions: 16 |
| Subspecialties: ADL, CCP, NPM, PDI, PDP, PHO, PSM |
| Program ID: 320-58-21-248 |

| Milwaukee |
| Medical College of Wisconsin Affiliated Hospitals Program |
| Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc Boys & Girls Club of Wisconsin |
| 9701 Watertown Plank Road PO Box 25509 |
| Milwaukee, WI 53225 |
| Tel: 414 268-6810 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 70 |
| Subspecialties: CCP, NPM, PDI, PDP, PSM, PPO, PPR, PPR |
| Program ID: 320-58-21-249 |

| Physical Medicine and Rehabilitation |
| Alabama |
| Birmingham |
| University of Alabama Medical Center Program |
| Sponsor: University of Alabama Hospital |
| Prgm Director: Laura B Kazan, MD |
| 619 South 18th Street, SGC190 |
| Birmingham, AL 35249 |
| Tel: 205 344-4040 Fax: 205 975-9754 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 9 |
| Subspecialties: SCI |
| Program ID: 340-01-21-002 |

| Arkansas |
| Little Rock |
| University of Arkansas for Medical Sciences Program |
| Sponsor: University of Arkansas College of Medicine Baptist Rehabilitation Institute of Arkansas |
| Central Arkansas Veterans Health Center |
| Prgm Director: Kevin M Mears, MD |
| Department of Physical Medicine and Rehabilitation 3601 West Markham, Slot 600 |
| Little Rock, AR 72205 |
| Tel: 501 547-4000 Fax: 501 547-4020 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 16 |
| Program ID: 340-04-21-083 |

| California |
| Loma Linda |
| Loma Linda University Program |
| Sponsor: Loma Linda University Medical Center Leisure L Pettit Memorial Veterans Hospital |
| Prgm Director: Murray E Brandstater, MD, PhD |
| Dept of Physical Medicine & Rehabilitation 11264 Anderson St PO Box 9000 |
| Loma Linda, CA 92534 |
| Tel: 909 558-4100 Fax: 909 558-1133 |
| E-mail: mbrandstater@pol.net |
| Length: 3 Yrs ACGME Approved/Offered Positions: 16 |
| Program ID: 340-04-21-077 |

| Los Angeles |
| VA Greater Los Angeles Healthcare System Program |
| Sponsor: VA Greater Los Angeles Healthcare System LAC-Rancho Los Amigos National Rehabilitation Center |
| Prgm Director: Gignhy G Phan, MD |
| Department of PM&R W-1171 11501 Wilshire Boulevards Los Angeles, CA 90073 |
| Tel: 310 268-3343 Fax: 310 268-3343 |
| Length: 3 Yrs ACGME Approved/Offered Positions: 26 |
| Subspecialties: PMP |
| Program ID: 340-05-21-007 |
Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Program Director: Patricia Wiance, MD
115 The City Drive South
Rte 81 Bldg S Room B17
Orange, CA 92668
Tel: 714 456-6444 Fax 714 456-6157
E-mail: patricia.nance@med.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: SCI
Program ID: 340-05-21-005

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Carol Vandenakker Albine, MD
2315 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-5392 Fax: 916 734-7838
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 340-05-21-004

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
St Mary's Hospital and Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Elaine S Date, MD
Division of Physical Medicine and Rehabilitation
Physical Medicine & Rehabilitation Service (117)
Palo Alto, CA 94304
Tel: 650 853-2306 Fax: 650 853-3470
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: SCI
Program ID: 340-05-21-009

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: Vani Akkathota, MD
Rehabilitation Medicine
Box 6508 Mail Stop P-403
Aurora, CO 80046
Tel: 303 724-1250 Fax: 303 724-0663
E-mail: vy.malick@uchsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: PMF
Program ID: 340-07-21-009

District of Columbia
Washington
Georgetown University Hospital/National Rehabilitation Hospital Program
Sponsor: National Rehabilitation Hospital
Program Director: Susan M Miller, MD
302 Irving Street, NW
Washington, DC 20010
Tel: 202 377-1627 Fax: 202 377-1166
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: PMF
Program ID: 340-10-21-087

Florida
Miami
Jackson Memorial Hospital Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Patricia Amon, MD
801 North Miami Avenue
Miami, FL 33136
Tel: 305 245-4000 Fax: 305 245-6393
E-mail: patricia.amon@med.miami.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-11-21-107

Tampa
University of South Florida/James A Haley Veterans Hospital Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Program Director: Steven G Scott, DO
Department of Internal Medicine
4802 East Fowler Avenue
Tampa, FL 33616
Tel: 813 972-7506 Fax: 813 972-5852
E-mail: laura.manore@med.va.gov
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: SCI
Program ID: 340-11-13-106

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Joel Mochead, MD, MPh*
Department of Rehabilitation Medicine
1441 Clifton Road, NE Room 118
Atlanta, GA 30322
Tel: 404 712-5982 Fax: 404 712-5985
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: PMF
Program ID: 340-12-21-011

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Rehabilitation Institute of Chicago
Program Director: James A Silwa, DO
545 East Superior Street
Chicago, IL 60611
Tel: 312 268-4093 Fax: 312 268-5846
E-mail: thalley@ric.org
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: SCI
Program ID: 340-10-21-014

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Community Hospitals of Indianapolis
Program Director: Ralph M Buschbacher, MD
Clinical Building 636
541 N Clinical Drive
Indianapolis, IN 46202
Tel: 317-278-0200 Fax: 317-278-0260
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-17-21-098

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Marianjoy Rehabilitation Hospital
Oak Forest Hospital of Cook County
Program Director: Christopher Roger, MD
Department of PM&R
1503 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-3675 Fax: 312 942-4234
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 340-15-21-092

Schwab Rehabilitation Hospital and Care Network/University of Chicago Program
Sponsor: Schwab Rehabilitation Hospital and Care Network
Program Director: Michelle S Gittler, MD
1601 S California Boulevard
Chicago, IL 60618
Tel: 773 532-9853 Fax: 773 532-5865
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 340-16-22-012

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Marianjoy Rehabilitation Hospital
Program Director: Monica L Steiner, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-4994 Fax: 708 216-9348
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: SCI
Program ID: 340-16-21-016

Wheaton
Marianjoy Rehabilitation Hospital Program
Sponsor: Marianjoy Rehabilitation Hospital
Program Director: Noni Bao, MD
26201 Roosevelt Road
Wheaton, IL 60187
Tel: 630 462-4180 Fax: 630 462-4531
E-mail: ypsedale@marianjoy.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-10-21-087
### Kansas

**Kansas City**

**University of Kansas Medical Center Program**

- **Sponsor:** University of Kansas School of Medicine
- **Program Director:** George Varathe, MD*
- **Department of PM&R**
- **Kirkwood Office, Suite 400**
- **Kansas City, KS 66110**
- **Tel:** 913 586-6777  **Fax:** 913 586-6766
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 10
- **Program ID:** 349-19-21-018

### Maryland

**Baltimore**

**Johns Hopkins University Program**

- **Sponsor:** Johns Hopkins University School of Medicine
- **Program Director:** Barbara J Leaver, MD
- **5501 Loch Raven Boulevard**
- **Baltimore, MD 21239**
- **Tel:** 410 532-4717  **Fax:** 410 532-4770
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 13
- **Program ID:** 349-23-21-109

**Sinai Hospital of Baltimore Program**

- **Sponsor:** Sinai Hospital of Baltimore
- **Program Director:** Melanie C Brown, MD
- **Dept of Rehabilitation Medicine**
- **4001 W Belvedere Ave**
- **Baltimore, MD 21215**
- **Tel:** 410 601-0970  **Fax:** 410 601-0992
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 12
- **Program ID:** 349-23-22-021

### Kentucky

**Lexington**

**University of Kentucky College of Medicine Program**

- **Sponsor:** University of Kentucky College of Medicine
- **Program Director:** Robert R Nickerson, MD
- **Dept of Physical Medicine & Rehab**
- **1230 Kentucky Clinic**
- **Lexington, KY 40536**
- **Tel:** 859 257-4890  **Fax:** 859 323-1133
- **E-mail:** mkick19@uky.edu
- **Length:** 4 Yrs  **ACGME Approved/Offered Positions:** 12
- **Program ID:** 349-20-21-079

**Louisville**

**University of Louisville Program**

- **Sponsor:** University of Louisville School of Medicine
- **Frazier Rehabilitation Institute**
- **Program Director:** Kenneth A Mook, MD, PhD*
- **220 Abraham Flexner Way**
- **Louisville, KY 40202**
- **Tel:** 502 628-7465  **Fax:** 502 628-7477
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 6
- **Program ID:** 349-23-11-019

### Louisiana

**New Orleans**

**Louisiana State University Program**

- **Sponsor:** Louisiana State University School of Medicine
- **Program Director:** Stephen Kishner, MD
- **Section of PM&R, Box 76M-2**
- **1542 Tulane Avenue**
- **New Orleans, LA 70112**
- **Tel:** 504 588-2888  **Fax:** 504 588-2888
- **E-mail:** skishn@lsuhsc.edu
- **Length:** 4 Yrs  **ACGME Approved/Offered Positions:** 20
- **Program ID:** 349-21-21-020

### Massachusetts

**Boston**

**Boston University Medical Center Program**

- **Sponsor:** Boston Medical Center
- **Program Director:** Steve E Williams, MD*
- **725 Harrison Avenue**
- **Boston, MA 02118**
- **Tel:** 617 414-0644  **Fax:** 617 438-7313
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 14
- **Program ID:** 349-24-11-024

**Harvard Medical School Program**

- **Sponsor:** Spaulding Rehabilitation Hospital
- **Program Director:** David T Turko, MD, MA
- **125 Nashua Street**
- **Boston, MA 02114**
- **Tel:** 617 573-2770  **Fax:** 617 573-2769
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 11
- **Subspecialties:** SCI  **Program ID:** 349-24-21-094

**Tufts-New England Medical Center Program**

- **Sponsor:** Tufts-New England Medical Center
- **Program Director:** Parham Diniz, MD
- **750 Washington Street**
- **Boston, MA 02111**
- **Tel:** 617 731-5917  **Fax:** 617 736-4240
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 18
- **Program ID:** 349-24-21-023

### Michigan

**Ann Arbor**

**University of Michigan Program**

- **Sponsor:** University of Michigan Hospitals and Health Centers
- **Program Director:** Catherine Spires, MD
- **Department of PM&R, Box 0744**
- **325 E Eisenhower Blvd, Suite 100**
- **Ann Arbor, MI 48109**
- **Tel:** 734 936-7201  **Fax:** 734 615-1770
- **E-mail:** chris@med.umich.edu
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 19
- **Program ID:** 349-25-21-025

**Detroit**

**Wayne State University/Detroit Medical Center Program**

- **Sponsor:** Wayne State University/Detroit Medical Center
- **Program Director:** Jay M Meythaler, MD, JD*
- **261 Mack Blvd**
- **Detroit, MI 48201**
- **Tel:** 313 745-9680  **Fax:** 313 745-1187
- **E-mail:** ceccarelli@dmc.org
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 15
- **Program ID:** 349-23-21-027

**Lansing**

**Michigan State University Program**

- **Sponsor:** Michigan State University College of Human Medicine
- **Program Director:** Michael T Andary, MD
- **B 407 West Fee Hall**
- **East Lansing, MI 48824**
- **Tel:** 517 432-1239
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 8
- **Program ID:** 349-25-21-100

**Royal Oak**

**William Beaumont Hospital Program**

- **Sponsor:** William Beaumont Hospital
- **Program Director:** Martin S Tanerid, MD
- **3601 W 13 Mile Rd**
- **Royal Oak, MI 48073**
- **Tel:** 248 551-0611  **Fax:** 248 551-0631
- **Length:** 4 Yrs  **ACGME Approved/Offered Positions:** 12
- **Program ID:** 349-25-21-070

**Minnesota**

**Minneapolis**

**University of Minnesota Program**

- **Sponsor:** University of Minnesota School of Medicine
- **Program Director:** David T Turko, MD, MA
- **325 E Eisenhower Blvd, Suite 100**
- **Minneapolis, MN 55455**
- **Tel:** 612 626-4913  **Fax:** 612 626-6866
- **Length:** 3 Yrs  **ACGME Approved/Offered Positions:** 10
- **Program ID:** 349-26-21-028
### Rochester
**Mayo School of Graduate Medical Education (Rochester) Program**  
**Sponsor:** Mayo School of Grad Med Ed Mayo Clinic  
**College of Medicine:** Mayo Clinic (Rochester)  
**Program Director:** Margaret A Moultrie, MD  
**Department of PM&R**  
200 First Street, SW  
Rochester, MN 55905  
Tel: 507 284-2946  
Fax: 507 284-3431  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 27  
Program ID: 349-26-21-009

### New York
#### Albany
**Albany Medical Center Program**  
**Sponsor:** Albany Medical Center  
**Veterans Affairs Medical Center (Albany)**  
**Program Director:** Andrew R Dublin, MD  
**Department of PM&R**  
43 New Scotland Avenue, MC 79  
Albany, NY 12208  
Tel: 518 262-5633  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 349-85-21-095

#### Buffalo
**University at Buffalo Program**  
**Sponsor:** University at Buffalo  
**Erie County Medical Center**  
**Kaleida Health System (Buffalo General Hospital)**  
**Sisters of Charity Hospital**  
**Veterans Affairs Western New York Healthcare System**  
**Program Director:** Thomas D Polisoto, MD  
**Department of PM&R**  
462 Grider Street  
Buffalo, NY 14215  
Tel: 716 898-3518  
Fax: 716 898-3652  
E-mail: gfxoomsn@buffalo.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 349-85-21-096

### Missouri
#### Columbia
**University of Missouri-Columbia Program**  
**Sponsor:** University of Missouri-Columbia School of Medicine  
**Harry S Truman Memorial Veterans Hospital**  
**University Hospitals and Clinics**  
**Program Director:** Michael H Chipps, MD  
**Department of PM&R**  
1 Hospital Drive  
Columbia, MO 65212  
Tel: 573 882-3101  
Fax: 573 884-6840  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 11  
Program ID: 349-26-21-031

### New Jersey
#### Edison
**JFK Medical Center Program**  
**Sponsor:** JFK Medical Center  
**JFK Johnson Rehabilitation Institute**  
**Program Director:** Sara J Cusumano, MD  
**65 James Street**  
PO Box 2059  
Edison, NJ 08818  
Tel: 732 331-7000  
Fax: 732 331-7330  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 349-33-21-093

### New York
#### Brooklyn
**Kingsbrook Jewish Medical Center Program**  
**Sponsor:** Kingsbrook Jewish Medical Center  
**Program Director:** Kevin Reiner, MD  
**Department of PM&R**  
255 Schenectady Avenue, 10th Floor  
Brooklyn, NY 11203  
Tel: 718 904-5831  
Fax: 718 904-5826  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 349-32-22-041

**SUNY Health Science Center at Brooklyn Program**  
**Sponsor:** SUNY Health Science Center at Brooklyn  
**Kings County Hospital Center**  
**St John's Episcopal Hospital South Shore**  
**Staten Island University Hospital**  
**Program Director:** Paul A Siska, MD, MS  
**450 · Clarkson Avenue Box 30**  
Brooklyn, NY 11220  
Tel: 718 270-8128  
Fax: 718 270-8199  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 21  
Program ID: 349-32-21-048

### East Meadow
**Nassau University Medical Center Program**  
**Sponsor:** Nassau University Medical Center  
**Program Director:** Lynn Weiss, MD  
**Department of PM&R**  
2201 Hempstead Turnpike, 5th Floor  
East Meadow, NY 11554  
Tel: 516 787-0655  
Fax: 516 573-9370  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 13  
Program ID: 349-85-11-037

### New Hyde Park
**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**  
**Sponsor:** Long Island Jewish Medical Center  
**Southside Hospital**  
**Mount Sinai**  
**Einstein Medical Center**  
**Program Director:** Jay Weiss, MD  
**Department of PM&R**  
1330 Woodrow Avenue  
Suite C2005  
New Hyde Park, NY 11040  
Tel: 516 885-9549  
Fax: 516 885-8128  
E-mail: charmed@lij.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 14  
Program ID: 349-85-21-042

### New York
#### Mount Sinai School of Medicine Program**  
**Sponsor:** Mount Sinai School of Medicine  
**Elmhurst Hospital Center-Mount Sinai Services**  
**Mount Sinai Medical Center**  
**Program Director:** Adam B Stein, MD  
**Department of PM&R**  
1455 Madison Avenue  
Box: 100  
New York, NY 10029  
Tel: 212 659-0550  
Fax: 212 348-5901  
E-mail: adam.stein@msm.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 20  
Subspecialties: SCI  
Program ID: 349-35-21-044

### New York Medical College (Metropolitan) Program**  
**Sponsor:** New York Medical College  
**Metropolitan Hospital Center**  
**Our Lady of Mercy Medical Center**  
**Program Director:** Maria A Aragon, MD  
**Department of PM&R**  
800 M St, Suite 110  
Valhalla, NY 10595  
Tel: 914 594-4275  
Fax: 914 594-4276  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 349-35-21-045
New York Medical College at St Vincent's Hospital and Medical Center Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Prgm Director: Julian Seese, MD
Medical Center
170 West 12th Street, Suite 2G
New York, NY 10011
Tel: 212 604-3272 Fax: 212 604-3272
E-mail: josner@wcmcny.org
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 340-35-11-047

New York Presbyterian Hospital (Columbia and Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Nancy E Strauss, MD
180 Fort Washington Avenue
Harlem Pavilion Room 184
New York, NY 10025
Tel: 212 305-8252 Fax: 212 305-8259
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 340-35-21-639

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Rusk Institute of Rehabilitation Medicine
Prgm Director: Howard G Thistle, MD
400 East 34th Street
Suite 600
New York, NY 10016
Tel: 212-263-6100 Fax: 212-263-8816
Length: 4 Yrs ACGME Approved/Offered Positions: 41
Program ID: 340-35-21-046

Rochester University Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
St Mary's Hospital (Unity Health System)
Prgm Director: E Rau Poduri, DO
PO Box 584
601 Elmwood Avenue
Rochester, NY 14603
Tel: 585 272-0274 Fax: 585 442-2940
E-mail: KR_Poduri@urmc.rochester.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 340-35-21-691

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
St Charles Hospital and Rehabilitation Center
Veterans Affairs Medical Center (Northport)
Prgm Director: Susan M Stickews, MD
Northport VA Med Center and St Charles Rehab Center
79 Middlefield Rd
Northport, NY 11768
Tel: 631 261-4400 Fax: 631-266-0022
E-mail: stickews@hotmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-35-21-193

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert J Weber, MD
756 E Adams Street
Syracuse, NY 13210
Tel: 315 464-5820 Fax: 315 464-8669
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-35-21-093

North Carolina Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Michael Y Lee, MD
Main Hospital Room 1146, (C# 7200)
Chapel Hill, NC 27514
Tel: 919 843-0164 Fax: 919 843-0164
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-38-21-104

Charlotte Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Charlotte Institute of Rehabilitation
Prgm Director: William L. Beckerek, MD
Department of PM&R
1100 Bythe Boulevard
Charlotte, NC 28203
Tel: 704 355-1540 Fax: 704 355-9790
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-36-21-605

Greenville Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Raymond V Millan, MD
Department of Physical Med & Rehab
600 Noe Boulevard
Greenville, NC 27834
Tel: 252 847-7907 Fax: 252 847-8108
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 340-36-21-091

Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: Austin I Notsanga, MD, MPH
PO Box 070530
231 Albert Sabin Way
Cincinnati, OH 45207
Tel: 513 558-7635 Fax: 513 558-4658
E-mail: duke@uc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-38-21-596

Cleveland Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Prgm Director: Gary S Clark, MD
2500 MetroHealth Drive
Department of Physical Medicine & Rehabilitation
Cleveland, OH 44109
Tel: 216 778-3389 Fax: 216 778-7815
E-mail: kimarin@metrohealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: SCI
Program ID: 340-38-31-053

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Riverside Methodist Hospitals (Ohiohealth)
Prgm Director: Daniel M Clinchot, MD
1018 Dodd Rehabilitation Hospital
480 Medical Center Drive
Columbus, OH 43210
Tel: 614 393-3899 Fax: 614 393-3899
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 340-38-21-6654

Toledo Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio
St Vincent Mercy Medical Center
Prgm Director: Steven Farrell, MD
Department of PM&R
3065 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-5090 Fax: 419 383-5986
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 340-38-21-080

Pennsylvania Philadelphia Temple University Hospital Program
Sponsor: Temple University Hospital Moses Rehabilitation Hospital
Prgm Director: Ian B Maitlin, MD, MBA
2401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-7022 Fax: 215 707-7061
E-mail: libberty@tuhs.temple.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 340-41-21-059

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital Mage Rehabilitation Hospital
Moses Rehabilitation Hospital
Prgm Director: Michael F Saulino, MD, PhD
25 South 8th Street
Philadelphia, PA 19107
Tel: 215 587-3233 Fax: 215 587-6405
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 340-41-21-057

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Richard Salcido, MD
Dept of Physical Medicine and Rehabilitation
5 West Gates, 3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 685-2380 Fax: 215 685-9680
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 340-41-21-058

Pittsburgh Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Mary Ann Milhreith, MD
Physical Medicine and Rehabilitation
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 261-7508 Fax: 412 261-3538
E-mail: mnikerich@mercy.pmb.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-41-21-059
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: Wendy P Hekkonen, MD
1341 Fifth Avenue, Room 201 Kaufmann Bldg
Pittsburgh, PA 15213
Tel: 412 648-6108 Fax: 412 682-4054 Length: 4 Yrs ACGME Approved/Offered Positions: 20 Subspecialties: SCI
Program ID: 340-41-21-073

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine HealthSouth Rehabilitation Hospital
University Hospital
University Pediatric Hospital
Pgm Director: William P Michoe, MD
Medical Sciences Campus
PO Box 365017
San Juan, PR 00936
Tel: 787 753-9625 Fax: 787 754-1478 E-mail: wmichoe@usa.net
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 340-45-31-063

Veterans Affairs Medical and Regional Office Center Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Pgm Director: Maricarmen Cruz-Jimenez, MD
PM&R Service Office Center
10 Calle Street
San Juan, PR 00921
Tel: 787 641-7985 Fax: 787 641-6716 E-mail: maricarmen.cruz-jimenez@med.va.gov
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 340-42-31-063

Texas
Dallas
 Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Baylor Institute for Rehabilitation
Pgm Director: Barry S Smith, MD
3606 Gaston Avenue
Dallas, TX 75246
Tel: 214 630-7192 Fax: 214 830-6062 E-mail: barryms@baylorhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Subspecialties: FPM
Program ID: 340-48-31-064

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Susan Garstang, MD
Physical Medicine & Rehabilitation Department
5223 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-9828 Fax: 214 648-9077 Length: 3 Yrs ACGME Approved/Offered Positions: 19 Subspecialties: SCI
Program ID: 340-48-21-066

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Program for Rehabilitation and Research
Michael E DeBaun MD VA Medical Center - Houston
Pgm Director: Martin Grisoli, MD
Office of Education
1330 Moursund Avenue, Suite B107
Houston, TX 77039
Tel: 713 797-6034 Fax: 713 797-5892 Length: 3 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: SCI
Program ID: 340-48-21-066

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Institute for Rehabilitation and Research
Lyndol B Johnson General Hospital
Memorial Hermann Hospital System
Pgm Director: Gerard R Francisco, MD
Education, A 220, TIRR
1332 Moursund
Houston, TX 77030
Tel: 713 797-0334 Fax: 713 797-6997 Length: 3 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: SCI
Program ID: 340-48-21-101

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
San Antonio War Springs Rehabilitation Hospital
University Health System
Pgm Director: Daniel Dumitru, MD, PhD
Department of PM&R
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210-667-3800 Fax: 210-667-5514 Length: 4 Yrs ACGME Approved/Offered Positions: 26 Program ID: 340-48-31-067

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Pgm Director: Joseph B Webster, MD
Div of Physical Medicine and Rehabilitation
30 N 1900 E
Salt Lake City, UT 84133
Tel: 801 581-2314 Fax: 801 586-5540 Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 340-49-21-068

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: D Casey Kerrigan, MD, MS
PO Box 010004
545 Ray C Hart Drive, Suite 240
Charlottesville, VA 22908
Tel: 434 243-0370 Fax: 434 243-0389 E-mail: pmard@virginia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 14 Subspecialties: SCI
Program ID: 340-51-21-069

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Pgm Director: Robert D Mehberg, MD
Dept of Physical Medicine & Rehab
525 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-5915 Fax: 757 446-5899 Length: 3 Yrs ACGME Approved/Offered Positions: 10 Program ID: 340-51-21-081

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: William O McKinley, MD
1222 East Marshall Street
Box 89677
Richmond, VA 23298
Tel: 804 582-4233 Fax: 804 828-5074 Length: 3 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: FPM, RPM, SCI
Program ID: 340-51-21-069

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine University of Washington Medical Center
VA Puget Sound Health Care System
Pgm Director: Teresa L Massagli, MD
Department of Rehabilitation Medicine
Box 356406, 1909 NE Pacific
Seattle, WA 98195
Tel: 206 685-0900 Fax: 206 685-3302 E-mail: km@uw.washington.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 31 Subspecialties: SCI
Program ID: 340-54-31-070

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: Deborah L McLeish, MD, MS
6630 University Avenue
Middleton, WI 53562
Tel: 608 263-8460 Fax: 608 263-8271 Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 340-56-21-072

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Pgm Director: Frederick T Klingbeil, MD
Department of PM&R
9800 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 885-7345 Length: 4 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: SCI
Program ID: 340-56-21-071

Graduate Medical Education Directory 2005-2006
Plastic Surgery

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)
Pgm Director: Luis Vacconez, MD
110 30th Street, South
PFT 1104
Birmingham, AL 35294
Tel: 205 934-3245 Fax: 205 975-6135
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 360-01-21-121

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Riverside County Regional Medical Center
Pgm Director: Suhitas G Gupta, MD, PhD*
11175 Campus Street
Coleman Pavillon, Suite 2119
Loma Linda, CA 92354
Tel: 909 558-6086 Fax: 909 558-4176
Length: 2 Yrs ACGME Approved/Offered Positions: 12 Program ID: 360-05-21-133

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County- Harbor/UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Timothy A Miller, MD
200 UCLA Medical Plaza, Suite 465
Los Angeles, CA 90095
Tel: 310 825-5900 Fax: 310 794-7033
Length: 2 Yrs ACGME Approved/Offered Positions: 5 Program ID: 360-05-21-009

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
Pgm Director: Randolph Sherman, MD
1450 San Pablo Street, Suite 2000
Los Angeles, CA 90033
Tel: 323 442-6482 Fax: 323 442-6481
E-mail: shuma@surgery.usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Subspecialties: ISP
Program ID: 360-05-21-118

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Pgm Director: Gregory R Evans, MD
200 S Manchester Ave Ste 650
Orange, CA 92868
Tel: 714 456-5755 Fax: 714 456-7718
E-mail: gevans@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 360-05-21-006

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Thomas R Stevenson, MD
3531 Stockton Blvd 2nd Floor
Sacramento, CA 95817
Tel: 916 734-5658 Fax: 916 734-7104
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 360-05-21-113

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: Marek K Dobke, MD, PhD
300 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-6984 Fax: 619 543-3645
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 360-05-21-010

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
California Pacific Medical Center (Davies Campus)
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Pgm Director: Stephen J Mathes, MD
350 Parnassus, Suite 509
San Francisco, CA 94117
Tel: 415 476-3903 Fax: 415 476-4001
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Subspecialties: ISP
Program ID: 360-05-22-012

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Pgm Director: James Chang, MD
200 Pasteur Drive
Stanford, CA 94305
Tel: 650 735-6596 Fax: 650 735-6695
Length: 6 Yrs ACGME Approved/Offered Positions: 18 Program ID: 360-05-31-018

Integrated model

Colorad0

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (Tae)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Pgm Director: Lawrence I. Keith, MD
1420 East Ninth Avenue, C200
Denver, CO 80220
Tel: 303 372-3131 Fax: 303 864-5997
E-mail: sue.Bunstead@ucdenver.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 360-07-21-122

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospita! of St Raphael
Veterans Affairs Medical Center (West Haven)
Pgm Director: John A Persing, MD
200 Cedar Street (3rd Floor)
PO Box 238941
New Haven, CT 06503
Tel: 203 785-2517 Fax: 203 785-5114
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 360-08-21-015

Graduate Medical Education Directory 2005-2006
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| District of Columbia | Washington | Georgetown University Hospital Program               | Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Suburban Hospital Health System
Union Memorial Hospital
Veterans Affairs Medical Center (Washington DC)
Washington Hospital Center                                                                 | Prgm. Director: Scott L. Spear, MD | 3500 Reservoir Rd, NW (1 PHC)
Washington, DC 20017                                                                                           | Tel: 202-444-8616   Fax: 202-444-7204 | Length: 6 Yrs ACGME Approved/Offered Positions: 18 | Program ID: 360-10-21-017 |

| Florida     | Gainesville  | University of Florida Program                        | Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veteran Health System
Shands Hospital at the University of Florida                                                                                      | Prgm. Director: Henry H. Coffey, MD | Box 100266
Gainesville, FL 32610                                                                                                           | Tel: 352-846-0372   Fax: 352-846-0387 | Length: 3 Yrs ACGME Approved/Offered Positions: 3 Subspecialties: CFS                                                                 | Program ID: 360-11-21-019 |

| Miami       | Jackson Memorial Hospital/Jackson Health System Program | Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Veterans Affairs Medical Center (Miami)                                                                                       | Prgm. Director: Seth B. Thaler, MD, DMD | PO Box 018980 (R88)
Jackson Memorial Hospital
Miami, FL 33101                                                                                                                | Tel: 305-685-0326   Fax: 305-224-7084 | Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 360-11-21-022 |

| Tampa       | University of South Florida Program                     | Sponsor: University of South Florida College of Medicine
All Children's Hospital
H Lee Moffitt Cancer Center
James A. Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)                                                                                   | Prgm. Director: David J. Smith, MD | 12901 Bruce B Downs Boulevard, MDC-16
Tampa, FL 33612                                                                                                                | Tel: 813-974-2413   Fax: 813-974-7096 | Length: 6 Yrs ACGME Approved/Offered Positions: 18 Program ID: 360-11-12-140 Integrated model |

| Weston      | Cleveland Clinic Hospital (Florida) Program             | Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Joe Di Maggio Children's Hospital                                                                                         | Prgm. Director: J. Brian Boyd, MBChB, MD | 2900 Cleveland Clinic Boulevard
Weston, FL 33331                                                                                                             | Tel: 954-659-5212   Fax: 954-659-5210 | Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 360-11-31-139 |

| Georgia     | Atlanta      | Emory University Program                            | Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta
Emory University Hospital                                                                                                  | Prgm. Director: Thomas R. Boster, MD | 3200 Dowdow Circle
Atlanta, GA 30322                                                                                                           | Tel: 404-727-8949   Fax: 404-727-7016 | Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 360-12-21-034 |

| Augusta     | Medical College of Georgia Program                      | Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)                                                                                  | Prgm. Director: Jack C. Yu, MD, MBA | 1407 Harper Street, HB-5440
Augusta, GA 30912                                                                                                             | Tel: 706-722-5891   Fax: 706-722-6931 | Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 360-12-21-111 |

| Illinois    | Chicago      | McGaw Medical Center of Northwestern University Program | Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Shriners Hospitals for Children (Chicago)                                                                                  | Prgm. Director: Thomas A. Mastor, MD | 675 N. St Clair Street, Suite 19-250
Chicago, IL 60611                                                                                                         | Tel: 312-695-6022   Fax: 312-695-5872 | Length: 6 Yrs ACGME Approved/Offered Positions: 12 Program ID: 360-16-21-025 Integrated model |

| Springfield | Southern Illinois University Program                   | Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St. John's Hospital                                                                                                         | Prgm. Director: Michael W. Neumeister, MD | PO Box 16053
Springfield, IL 62704                                                                                                        | Tel: 217-545-7019   Fax: 217-545-2588 | Length: 6 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: HSP Program ID: 360-16-21-030 |

| Indiana     | Indianapolis | Indiana University School of Medicine Program        | Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital                                                                                          | Prgm. Director: Robert M. Walter, MD | 5841 S Maryland Avenue, MC0605
Chicago, IL 60615                                                                                                           | Tel: 773-702-4111   Fax: 773-702-4111 | Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 360-16-11-627 |

| University of Illinois College of Medicine at Chicago Program | Sponsor: University of Illinois College of Medicine at Chicago: Advocate Christ Medical Center
John H Stroger Hospital of Cook County
University of Illinois Hospital and Clinics                                                                                   | Prgm. Director: Michael J. Cohen, MD | 1155 S. State St
Chicago, IL 60612                                                                                                          | Tel: 312-699-9019   Fax: 312-413-0495 | E-mail: mjc@uic.edu Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 360-16-21-028 |

| Maywood     | Loyola University Program                             | Sponsor: Loyola University Medical Center
Children's Memorial Hospital                                                                                                  | Prgm. Director: Edward V. Dado, MD | 3100 South First Avenue
Maywood, IL 60153                                                                                                           | Tel: 708-337-2653   Fax: 708-337-2810 | E-mail: surg.res@lumc.edu Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 360-16-21-039 |

| University of Illinois College of Medicine at Chicago Program | Sponsor: University of Illinois College of Medicine at Chicago: Advocate Christ Medical Center
John H Stroger Hospital of Cook County
University of Illinois Hospital and Clinics                                                                                   | Prgm. Director: Michael J. Cohen, MD | 1155 S. State St
Chicago, IL 60612                                                                                                          | Tel: 312-699-9019   Fax: 312-413-0495 | E-mail: mjc@uic.edu Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 360-16-21-028 |
Minnesota

University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview-University Medical Center
North Memorial Health Care
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: Bruce L. Cunningham, MD, MS
Mayo Mail Code 122
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-637-6410 Fax: 612-634-4411
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 360-26-21-131

Missouri

Columbia

University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
Program Director: Matthew J Concannon, MD
Plastic Surgery M-340
One Hospital Drive
Columbia, MO 65212
Tel: 573-882-2676 Fax: 573-884-4788
Length: 6 Yrs ACGME Approved/Offered Positions: 12
Program ID: 360-26-21-049
Integrated model

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Program Director: Christian E Paletta, MD
3655 Vista Avenue at Grand Blvd
PO Box 15390
St Louis, MO 63110
Tel: 314-577-8765 Fax: 314-268-5662
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 360-26-21-051

Washington University/B-JH/SLCH

Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Keith E Brandt, MD
660 South Euclid Avenue, Room 5401
Campus Box 8238
St Louis, MO 63110
Tel: 314-747-4541 Fax: 314-362-4536
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Subspecialization: HSV
Program ID: 360-26-21-062

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tiemet - SHI)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Program Director: Perry J Johnson, MD
983035 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-3953 Fax: 402-559-9531
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 360-30-13-136

Nevada

Las Vegas

University of Nevada School of Medicine Program
Sponsor: University of Nevada School of Medicine
VA Southern Nevada Healthcare System
Valley View Surgical Center
Program Director: William A Zamboni, MD
2940 West Charleston, Suite 501
Las Vegas, NV 89103
Tel: 702-671-2316 Fax: 702-671-2345
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 360-31-21-138
Integrated model

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Carolyn L Kerrigan, MD
Section of Plastic Surgery
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-650-8487 Fax: 603-650-5809
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 360-32-21-129

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Martha S Mathews, MD
Department of Surgery
3 Cooper Plaza, Suite 411
Camden, NJ 08103
Tel: 856-342-3012 Fax: 856-386-7582
E-mail: surgery_cameron@umdnj.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 360-33-21-132

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Program Director: Mark S Granick, MD
90 Bergen Street, Suite 7200
Newark, NJ 07103
Tel: 973-972-9878 Fax: 973-972-8388
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-33-21-119

Accredited Programs in Plastic Surgery

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Albany Medical Center South Clinical Campus
St Peter's Hospital
Veterans Affairs Medical Center (Albany)
Prgm Director: James G Hoest, MD
47 New Scotland Avenue
Mail Code 411P
Albany, NY 12208
Tel: 518 262-5702 Fax: 518 268-5860
Length: 6 Yrs ACGME Approved/Offered Positions: 7
Program ID: 360-35-21-065
Integrated model

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Michael T Grant, MD
155 E 33rd Street
Mail Code 62 HN
New York, NY 10016
Tel: 212 595-5555 Fax: 212 595-5555
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 360-35-21-060

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Geoffrey J Gartner, MD
Institute of Reconstructive Plastic Surgery
35 East 22nd Street
New York, NY 10010
Tel: 212 598-3300 Fax: 212 598-3300
Length: 5 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: BSSP
Program ID: 360-35-21-066

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals Carolinas Medical Center
Prgm Director: Charles S Hultman, MD
2121 Bioinformatics Bldg
CB 7106
Chapel Hill, NC 27599
Tel: 919 966-4445 Fax: 919 966-8914
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-35-12-067

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: W John Kittlmeier, MD
231 Albert Sabine Way
PO Box 670553
Cincinnati, OH 45207
Tel: 513 688-6093 Fax: 513 558-0570
E-mail: coklie@uc.edu
Length: 6 Yrs ACGME Approved/Offered Positions: 7
Program ID: 360-38-21-112
Integrated model

Ohio
Akron
Summa Health System/NEUOCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Akron General Medical Center
Children's Hospital Medical Center of Akron
Prgm Director: Douglas S Wagner, MD
521 East Market Street
Medical Education/Mary Vanik
Akron, OH 44305
Tel: 330 755-3753 Fax: 330 755-3751
E-mail: spcadid@summa-health.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-075

Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Randall J Yetman, MD
Department of Plastic Surgery
9500 Euclid Avenue, Desk A-60
Cleveland, OH 44195
Tel: 216 444-6900 Fax: 216 444-9419
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-079

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Mount Carmel
Riveride Methodist Hospitals (OhioHealth)
Prgm Director: Bentley A Buechle, MD
N 800 Doan Hall
410 West 10th Ave
Columbus, OH 43210
Tel: 614 293-9503 Fax: 614 293-9693
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 360-38-21-081
Toledo  
Medical College of Ohio Program  
Sponsor: Medical College of Ohio  
St. Luke's Medical Center  
St Victor Mercy Medical Center  
Pgm Director: Michael A Yanik, MD  
2213 Cherry Street  
Toledo, OH 43608  
Tel: 419 251-4613  Fax: 419 251-3856  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-38-21-084

Oklahoma  
University of Oklahoma Health Sciences Center Program  
Sponsor: University of Oklahoma College of Medicine  
OUC Medical Center  
OUC Medical Center-Children's Hospital  
Pgm Director: Jayesh Panchal, MD, MBA  
920 Stanton L Young Boulevard  
WFP2230- Box 30601  
Oklahoma City, OK 73104  
Tel: 405 271-4864  Fax: 405 271-3737  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-38-21-085

Oregon  
Portland  
Oregon Health & Science University Program  
Sponsor: Oregon Health & Science University Hospital  
Veterans Affairs Medical Center (Portland)  
Pgm Director: Juliana E Hansen, MD  
3181 SW Sam Jackson Park Rd  
Portland, OR 97239  
Tel: 503 494-7824  Fax: 503 494-0441  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Subspecialties: HSP  
Program Id: 360-40-21-116

Pennsylvania  
Allentown  
Lehigh Valley Hospital Program  
Sponsor: Lehigh Valley Hospital  
Pgm Director: Walter J Ounsky, MD  
Department of Surgery  
Cedar Crest & 178, PO Box 060  
Allentown, PA 18105  
Tel: 610 402-8866  Fax: 610 402-1667  
Length: 3 Yrs  ACGME Approved/Offered Positions: 3  
Program Id: 360-41-22-096

Hershey  
Penn State University/Milton S Hershey Medical Center Program  
Sponsor: Milton S Hershey Medical Center  
PinnacleHealth Hospitals  
York Hospital  
Pgm Director: Donald R Mackay, MBChB, DDS  
500 University Drive  
PO Box 860  
Hershey, PA 17033  
Tel: 717 531-8372  Fax: 717 531-8389  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-41-21-087

Philadelphia  
Temple University Hospital Program  
Sponsor: Temple University Hospital  
Abington Memorial Hospital  
St Christopher's Hospital for Children (Trent Health System)  
Pgm Director: Anisahba Mitra, MD  
3322 North Broad Street  
3rd Floor  
Philadelphia, PA 19146  
Tel: 215 707-3501  Fax: 215 707-3501  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-41-21-088

University of Pennsylvania Program  
Sponsor: University of Pennsylvania Health System  
Children's Hospital of Philadelphia  
Crozer-Chester Medical Center Pennsylvania Hospital (UPHS)  
Pgm Director: Linton A Whittaker, MD  
3400 Spruce Street  
10 Penn Tower  
Philadelphia, PA 19104  
Tel: 215 663-7075  Fax: 215 663-372  
E-mail: vernonia.bradley@uphs.upenn.edu  
Length: 3 Yrs  ACGME Approved/Offered Positions: 6  
Program Id: 360-41-21-089

Pittsburgh  
University of Pittsburgh Medical Center Medical Education Program  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
Allegheny General Hospital  
Children's Hospital of Pittsburgh  
The Western Pennsylvania Hospital  
UPMC Presbyterian/Shadyside  
Pgm Director: Joseph E Lewis, MD  
3555 Terrace Street  
681 Scaife Hall  
Pittsburgh, PA 15261  
Tel: 412 383-9530  Fax: 412 383-8985  
E-mail: beevedr@upmc.edu  
Length: 6 Yrs  ACGME Approved/Offered Positions: 21  
Subspecialties: HSP  
Program Id: 360-41-21-090  
Integrated model

Rhode Island  
Providence  
Brown University Program  
Sponsor: Rhode Island Hospital-Lifespan  
Veterans Affairs Medical Center (Providence)  
Pgm Director: Lee E Edstrom, MD  
2 Dudley Street  
Medical Office Center, Suite 459  
Providence, RI 02905  
Tel: 401 444-4188  Fax: 401 444-4863  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-43-21-092

South Carolina  
Charleston  
Medical University of South Carolina Program  
Sponsor: Medical University of South Carolina College of Medicine  
MUSC Medical Center  
Ralph H Johnson VA Medical Center (Charleston)  
Pgm Director: Patrick J O'Neill, MD  
Division of Plastic Surgery  
96 Jonathan Lucas, POBox 250613  
Charleston, SC 29425  
Tel: 843 797-3973  Fax: 843 408-8402  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-44-23-093

Tennessee  
Chattanooga  
University of Tennessee College of Medicine at Chattanooga Program  
Sponsor: University of Tennessee College of Medicine-Chattanooga  
Erlanger Medical Center  
Pgm Director: Larry A Sargent, MD  
Department of Plastic Surgery  
1970 East Third Street, Suite C-820  
Chattanooga, TN 37403  
Tel: 423 774-9947  Fax: 423 778-9994  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-47-11-094

Memphis  
University of Tennessee Program  
Sponsor: University of Tennessee College of Medicine  
Methodist Healthcare-Memphis Hospitals  
Regional Medical Center at Memphis  
University of Tennessee Medical Center  
Pgm Director: Robert D Wallace, MD  
906 Court Avenue  
Suite A112  
Memphis, TN 38163  
Tel: 901 448-1390  Fax: 901 347-3035  
Length: 2 Yrs  ACGME Approved/Offered Positions: 4  
Program Id: 360-47-31-095

Nashville  
Vanderbilt University Program  
Sponsor: Vanderbilt University Medical Center  
Baptist Hospital  
Veterans Affairs Medical Center (Nashville)  
Pgm Director: Bruce Ladeck, MD  
Suite 290 Medical Center South  
2100 Pierce Avenue  
Nashville, TN 37232  
Tel: 615 322-6198  Fax: 615 322-6198  
E-mail: bruce.shack@vanderbilt.edu  
Length: 2 Yrs  ACGME Approved/Offered Positions: 6  
Program Id: 360-47-21-096
### Texas
#### Dallas
**University of Texas Southwestern Medical School Program**
- **Sponsor:** University of Texas Southwestern Medical School
- **Program Director:** Rod J Robich, MD
  - **Length:** 5 Yrs
- **E-mail:** RRobrich@UTSouthwestern.edu
- **Program ID:** 360-48-11-097

#### Galveston
**University of Texas Medical Branch Hospitals Program**
- **Sponsor:** University of Texas Medical Branch Hospitals
  - **Program Director:** Linda G Phillips, MD
- **Length:** 5 Yrs
- **Program ID:** 360-48-11-098

#### Houston
**Baylor College of Medicine Program**
- **Sponsor:** Baylor College of Medicine
- **Program Director:** Benjamin B Cohen, MD
- **Length:** 3 Yrs
- **Program ID:** 360-48-31-099

### San Antonio
**University of Texas Health Science Center at San Antonio Program**
- **Sponsor:** University of Texas Medical School at San Antonio
- **Program Director:** Peter G Grothus, MD, CHI
  - **Length:** 3 Yrs
- **Program ID:** 360-48-31-114

### Temple
**Texas A&M College of Medicine-Scott and White Program**
- **Sponsor:** Scott and White Memorial Hospital
- **Program Director:** Peter G Grothus, MD, CHI
  - **Length:** 3 Yrs
- **Program ID:** 360-48-21-130

### Utah
**Salt Lake City**
**University of Utah Program**
- **Sponsor:** University of Utah Medical Center
- **Program Director:** David L Larson, MD
  - **Length:** 3 Yrs
- **Program ID:** 360-49-21-103

### Virginia
**Charlottesville**
**University of Virginia Program**
- **Sponsor:** University of Virginia Medical Center
- **Program Director:** Raymond F Morgan, MD
  - **Length:** 3 Yrs
- **Program ID:** 360-61-11-104

### Wisconsin
#### Madison
**University of Wisconsin Program**
- **Sponsor:** University of Wisconsin Hospitals and Clinics
  - **Program Director:** Donald H Parks, MD
  - **Length:** 3 Yrs
- **Program ID:** 360-56-21-109

### Milwaukee
**Medical College of Wisconsin Affiliated Hospitals Program**
- **Sponsor:** Medical College of Wisconsin Affiliated Hospitals Inc
  - **Program Director:** Ronald A Zablocki, MD
  - **Length:** 3 Yrs
- **Program ID:** 360-61-11-106

### Richmond
**Virginia Commonwealth University Health System Program**
- **Sponsor:** Virginia Commonwealth University Health System
  - **Program Director:** Donald H Parks, BA, MD
  - **Length:** 3 Yrs
  - **Program ID:** 360-61-31-108
Preventive Medicine: Aerospace Medicine

Florida

Pensacola

Naval Operational Medicine Institute Program

- Sponsor: Naval Operational Medicine Institute
- Program Director: Nils S Eriksson, MD*
- Aerospace Medicine Residency
- 229 Hovey Road
- Pensacola, FL 32508
- Tel: 850 452-8125  Fax: 850 452-5194
- E-mail: namiramdir@navmed.navy.mil
- Length: 1 Yr
- ACGME Approved/Offered Positions: 17

US Armed Services Program

Ohio

Dayton

Wright State University Program

- Sponsor: Wright State University School of Medicine
- Program Director: Richard T Jennings, MD, MS
- Department of Community Health
- PO Box 927
- Dayton, OH 45401
- Tel: 937 775-1400  Fax: 937 775-1403
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 6
- Program ID: 380-98-66-052

Texas

Brooks AFB

USAF School of Aerospace Medicine Program

- Sponsor: USAF School of Aerospace Medicine
- Program Director: Donald B Vano, MD, MPH*
- 2501 Louis Mason Drive
- Brooks City-Base, TX 78235
- Tel: 210 556-0000  Fax: 210 556-1779
- Length: 1 Yr
- ACGME Approved/Offered Positions: 21
- Program ID: 380-48-66-053
- US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals (NASA) Program

- Sponsor: University of Texas Medical Branch Hospitals NASA Johnson Space Center
- University of Texas Medical School at Galveston
- Program Director: Richard T Jennings, MD, MS
- Preventive Medicine and Community Health
- 301 University Boulevard
- Galveston, TX 77550
- Tel: 409 772-1139  Fax: 409 747-6129
- E-mail: ryschulz@utmb.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 8
- Program ID: 380-48-66-118

Preventive Medicine: General Preventive Medicine

California

Loma Linda

Loma Linda University Program

- Sponsor: Loma Linda University Medical Center
- Program Director: Tunis A Darnell, MD, MPH
- University of California
- 11234 Anderson Street
- Loma Linda, CA 92590
- Tel: 909 559-4018  Fax: 909 558-0690
- E-mail: tmdarnell@slp.hls.edu
- Length: 1 Yr
- ACGME Approved/Offered Positions: 15
- Program ID: 380-05-21-063

San Diego

University of California (San Diego)/San Diego State University Program

- Sponsor: University of California (San Diego) Medical Center
- Graduate School of Public Health
- Program Director: Linda L Hill, MD, MPH
- Dept of Family and Preventive Medicine, UCSD
- 9560 Gilman Dr, mail code 0111
- La Jolla, CA 92037
- Tel: 858 543-7297  Fax: 858 625-1653
- E-mail: pmr@ucsd.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 10
- Subspecialties: PHT
- Program ID: 380-05-21-038

San Francisco

University of California (San Francisco)/University of California School of Public Health Program

- Sponsor: University of California (San Francisco) School of Medicine
- University of California School of Public Health
- Program Director: George W Rutherford, MD
- 74 New Montgomery Street
- San Francisco, CA 94110
- Tel: 415 597-9108  Fax: 415 597-9125
- E-mail: lspark@ucsf.berkeley.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 8
- Program ID: 380-05-32-058

Colorado

Denver

University of Colorado Program

- Sponsor: University of Colorado School of Medicine
- Denver Health Medical Center
- Kaiser Permanente Health Care Group (Denver)
- Veterans Affairs Medical Center (Denver)
- Program Director: Carolyn G DiGuiseppi, MD, PhD
- 4300 E 9th Ave
- Denver, CO 80202
- Tel: 303 315-0850  Fax: 303 315-1040
- E-mail: fayette.augillard@uchsc.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 6
- Program ID: 380-07-21-041

Illinois

Chicago

Cook County Hospital Program

- Sponsor: John H Stroger Hospital of Cook County
- University of Illinois School of Public Health
- Program Director: David N Goldberg, MD
- 1801 West Harrison
- Chicago, IL 60612
- Tel: 312 963-8172  Fax: 312 864-0500
- E-mail: david_goldberg@rush.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 4
- Program ID: 380-19-21-059

Louisiana

New Orleans

Tulane University School of Public Health and Tropical Medicine Program

- Sponsor: Tulane University School of Medicine
- Tulane Uni School of Public Health and Tropical Medicine
- Veterans Affairs Medical Center (New Orleans)
- Program Director: Rebecca A Merwechler, MD, MPH*
- Preventive Medicine Residency Program
- 1490 Tulane Avenue, TB3
- New Orleans, LA 70112
- Tel: 504 888-2841  Fax: 504 888-4701
- E-mail: am webster@tulane.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 8
- Program ID: 380-21-21-014

Maryland

Baltimore

Johns Hopkins Bloomberg School of Public Health Program

- Sponsor: Johns Hopkins Bloomberg School of Public Health
- Program Director: Miriam H Alexander, MD
- 615 North Wolfe Street
- Room WB602
- Baltimore, MD 21205
- Tel: 410 614-4587  Fax: 410 614-8136
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 29
- Program ID: 380-33-11-01B

University of Maryland Program

- Sponsor: University of Maryland Medical System
- Program Director: Judith D Robin, MD, MPH
- 1028 Howard Hall
- 660 W Redwood Street
- Baltimore, MD 21201
- Tel: 410 706-2864  Fax: 410 706-9913
- E-mail: judi@epi.umaryland.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 8
- Program ID: 380-29-11-016

Bethesda

National Capital Consortium (USUHS) Program

- Sponsor: National Capital Consortium
- USUHS F Edward Hebert School of Medicine
- Program Director: Robert D Brudshaw, MD, MPH
- PMB Room A1040A
- 4301 Jones Bridge Road
- Bethesda, MD 20814
- Tel: 903 285-5719  Fax: 903 285-6335
- E-mail: drsbrudshaw@usuhs.mil
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 10
- Program ID: 380-23-21-044
- US Armed Services Program

Graduate Medical Education Directory 2005-2006
Silver Spring
Walter Reed Army Institute of Research Program
Sponsor: Walter Reed Army Institute of Research Program Director: Robert W. Mot, MD, MPH Division of Preventive Medicine 101 Robert Grant Road, Room 2A32 Silver Spring, MD 20910 Tel: 301-318-9252 Fax: 301-318-9104 E-mail: robert.mott@na.amedd.army.mil Length: 2 Yrs ACGME Approved/Offered Positions: 12 Program ID: 380-10-21-002 US Armed Services Program

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center Boston University School of Public Health Edith Nourse Rogers Memorial Veterans Hospital (Bedford) Veterans Affairs Medical Center (Boston) Program Director: Jane M Liebschutz, MD, MPH 91 East Concord Street, Suite 200 Boston, MA 02115 Tel: 617-414-7389 Fax: 617-414-6767 Length: 3 Yrs ACGME Approved/Offered Positions: 10 Program ID: 380-24-21-037

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School UMass Memorial Health Care (University Campus) Program Director: Jacalyn Coghill-Strom, MD, MPH Dept of Family Medicine and Community Health 55 Lake Avenue North Worcester, MA 01655 Tel: 508-856-5615 Fax: 508-856-1212 Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 380-24-21-018

Michigan
Ann Arbor
University of Michigan School of Public Health Program A
Sponsor: University of Michigan School of Public Health Henry Ford Hospital Program Director: Matthew L Boulton, MD, MPH Dept of Epidemiology — 6501 ESH 1 109 S Observatory Street Ann Arbor, MI 48109 Tel: 734-764-6478 Fax: 734-764-3182 Length: 2 Yrs ACGME Approved/Offered Positions: 10 Program ID: 380-25-21-126

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine Mayo Clinic (Rochester) University of Minnesota School of Public Health Program Director: Prabhaa Varkey, MD, MPH* 200 First Street, SW Mayo Clinic, Box 5 Rochester, MN 55905 Tel: 507-284-6668 Fax: 507-284-6251 E-mail: prabhaa@mayo.edu Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 380-25-21-020

New Hampshire
Lebanon
Dartmouth-Hitchcock Leadership in Preventive Medicine Program
Sponsor: Mary Hitchcock Memorial Hospital Concord Hospital New Hampshire Hospital Program Director: Paul B Batalden, MD One Medical Center Drive Lebanon, NH 03756 Tel: 603-650-6513 Fax: 603-650-6525 E-mail: DHlPMR@Hitchcock.org Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 380-39-12-126

New York
Buffalo
University at Buffalo Program
Sponsor: University at Buffalo Kaleida Health System (Buffalo General Hospital) Program Director: Michael F Noe, MD, MPH School of Public Health and Health Professions 335 Kimball Tower 3435 Main Street Buffalo, NY 14214 Tel: 716-829-5141 Fax: 716-829-5217 Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 380-35-21-045

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine Mount Sinai Medical Center Program Director: Elizabeth J Garland, MD, MPH One Gustave L Levy Place Box 1043 New York, NY 10029 Tel: 212-341-4442 Fax: 212-341-4487 Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 380-35-21-024

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Program Director: Alvina A LaRabt, MD, MSCI New York Weill Cornell Center 411 East 68th Street, 3rd Floor New York, NY 10021 Tel: 212-746-1269 Fax: 212-746-8544 E-mail: mmclarabt@med.cornell.edu Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 380-35-21-023

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals University of North Carolina School of Public Health Program Director: Deborah S Porterfield, MD, MPH Wing D, CB# 7240 Chapel Hill, NC 27599 Tel: 919-966-6970 Fax: 919-966-7469 E-mail: uacomm@med.unc.edu Length: 2 Yrs ACGME Approved/Offered Positions: 20 Program ID: 380-36-21-025

Tennessee
Nashville
 Meharry Medical College Program
Sponsor: Meharry Medical College School of Medicine Alvin C York Veterans Affairs Medical Center Program Director: Robert S Levine, MD, MPH 1005 D B Todd Jr, Boulevard Nashville, TN 37238 Tel: 615-327-6732 Fax: 615-327-6313 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 380-47-21-028

Texas
Brooks AFB
USAF School of Aerospace Medicine Program B
Sponsor: USAF School of Aerospace Medicine Program Director: Stephen M Kinne, MD, MPH 2001 Louis Bauer Drive Brooks City Base, TX 78235 Tel: 210-536-4069 Fax: 210-536-1779 Length: 1 Yr ACGME Approved/Offered Positions: 10 Program ID: 380-48-21-122 US Armed Services Program

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals Program Director: Nabil Q Shalabi, MD, MPH 301 University Boulevard Galveston, TX 77555 Tel: 409-772-1128 Fax: 409-772-5272 E-mail: pshalabi@utmb.edu Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 380-48-21-049

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc Program Director: William W Grieves, MD, MSCI Division of Public Health 7001 Wauwatosa Plank Road Milwaukee, WI 53226 Tel: 414-656-6600 Fax: 414-656-6100 E-mail: biosc@mcw.edu Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 380-56-21-031
Preventive Medicine: Occupational Medicine

California

Loma Linda

Loma Linda University Program A

Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)

Program Director: Ann L. Dew, DO, MPH
Nichol Hall, Room 1516
Loma Linda, CA 92550

Tel: 909 558-4918  Fax: 909 558-4057
Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program Director: Kathleen Mueller, MD, MPH
4200 East 5th Avenue, Box B - 116
Dr. Kathleen Mueller
Denver, CO 80262

Tel: 303 315-7655  Fax: 303 315-1010
E-mail: Kathleen.Mueller@uchsc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 880-07-77-060

Los Angeles

UCLA School of Public Health Program

Sponsor: UCLA School of Public Health
USC University Hospital

Program Director: Philip Harbor, MD, MPH
Department of Family Medicine
1889 Wilshire Blvd Suite 1800
Los Angeles, CA 90024

Tel: 310 794-8144  Fax: 310 794-8145
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-05-77-067

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
University of California (Irvine) College of Medicine

Program Director: Dean B. Baker, MD, MPH
5201 California Avenue
Suite 100
Irvine, CA 92617

Tel: 949 824-8641  Fax: 949 824-2345
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-05-77-058

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California School of Public Health

Program Director: Robert L. Goldberg, MD
Division of Occupational & Environmental Medicine
5043
San Francisco, CA 94143

Tel: 415 231-5722  Fax: 415 231-5759
E-mail: diaidie@med.uchsc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 7
Subspecialties: PTK

Program ID: 880-05-77-059

Colorado

Denver

University of Colorado Program A

Sponsor: University of Colorado School of Medicine
National Jewish Medical and Research Center

Program Director: Ray F. Garman, MD*
5201 California Avenue
Suite 100
Irvine, CA 92617

Tel: 949 824-8641  Fax: 949 824-2345
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-05-77-067

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine

Program Director: John D. Meyer, MD, MPH
251 Farmington Avenue
Dowling North, Third Floor, MC-6310
Farmington, CT 06030

Tel: 860 679-9497  Fax: 860 679-1348
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-05-77-061

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Program Director: Yvonne H. Talmi, MD, MPH
University of New Haven
165 College Street, 3rd Floor
New Haven, CT 06510

Tel: 203 785-7211  Fax: 203 785-7291
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-05-77-062

Florida

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A. Haley Veterans Hospital
University of South Florida College of Public Health

Program Director: Stuart M. Brooks, MD
Dept of Environmental & Occupational Health
2001 Bruce B. Downs Boulevard MDC 14
Tampa, FL 33612

Tel: 813 974-9026  Fax: 813 974-7544
Length: 2 Yrs  ACGME Approved/Offered Positions: 8

Program ID: 880-11-77-064

Georgia

Atlanta

Emory University Program

Sponsor: Rollins School of Public Health of Emory University

Program Director: Joel F. Morehead, MD, MPH
Dept of Occupational and Environmental Health
1513 Clifton Road, NE
Atlanta, GA 30322

Tel: 404 712-0214  Fax: 404 727-8744
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-12-77-065

Illinois

Chicago

Cook County Hospital/Cook County Board of Commissioners Program

Sponsor: John H. Stroger Hospital of Cook County

Program Director: Bruce Rabin, MD, MPH
Division of Occupational Medicine
1900 West Polk Street, Room 500
Chicago, IL 60612

Tel: 312 864-5529  Fax: 312 864-9700
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Subspecialties: PTK

Program ID: 880-16-77-067

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

University of Illinois Hospital and Clinics
University of Illinois School of Public Health

Program Director: Linda Forst, MD, MPH
School of Public Health—MC 204
835 S. Wolcott
Chicago, IL 60612

Tel: 312 996-7420  Fax: 312-413-8455
Length: 2 Yrs  ACGME Approved/Offered Positions: 7

Program ID: 880-16-77-066

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Program Director: Nancy L. Spindler, MD, MPH
Dept of Occupational & Environmental Health
100 Oakdale Campus #108 IREC
Iowa City, IA 52242

Tel: 319 335-4416  Fax: 319 335-4225
Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 880-18-77-069

Kentucky

Lexington

University of Kentucky College of Medicine Program A

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)

Program Director: Ray F. Garman, MD*
Department of Preventive Medicine
121 Washington Avenue Room 220
Lexington, KY 40536

Tel: 859 257-5678  Fax: 859 257-9882
Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 880-29-77-070

Maryland

Baltimore

Johns Hopkins Bloomberg School of Public Health Program A

Sponsor: Johns Hopkins Bloomberg School of Public Health

Program Director: Clifford S. Mitchell, MD, MPH
Occupational Medicine Residency Program
615 North Wolfe Street, Room WB-602
Baltimore, MD 21205

Tel: 410 955-4077  Fax: 410 955-1811
Length: 2 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 880-23-77-072
Accredited Programs in Preventive Medicine: Occupational Medicine

Bethesda
National Capital Consortium (USUHS) Program A
Sponsor: National Capital Consortium
USUHS P Edward Hebert School of Medicine
Prgm Director: Richard J Thomas, MD, MPH
FBM, Room A-1040A
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301-263-3718  Fax: 301-263-3635
Length: 2 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 380-53-77-073
US Armed Services Program

Missouri
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Rebecca L Tominack, MD
Graduate Medical Education
4102 South Grand Avenue-M259
St Louis, MO 63104
Tel: 314-977-9653  Fax: 314-977-9652
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-28-77-080

New Jersey
New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Michael Gochfeld, MD, PhD
170 Frelinghuysen Road
Piscataway, NJ 08854
Tel: 732-445-0123  Fax: 732-445-0130
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-53-77-081

Michigan
Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Prgm Director: James N Skupski, MD, MPH
101 Alexander, Suite 256
Detroit, MI 48201
Tel: 313-340-4345  Fax: 313-340-4339
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 380-25-77-078

Minnesota
St Paul
HealthPartners Institute for Medical Education Program
Sponsor: HealthPartners Institute for Medical Education
Regional Hospital
University of Minnesota School of Public Health
Prgm Director: Beth A Baker, MD, MPH*
640 Jackson Street 11059
St Paul, MN 55101
Tel: 651-254-5180  Fax: 651-254-1417
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Subspecialties: FTX
Program ID: 380-26-77-079

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
University of North Carolina School of Public Health
Prgm Director: Dennis J Darcoy, MD, MPH
Division of Occupational Medicine
PO Box 3834
Durham, NC 27710
Tel: 919-298-3238  Fax: 919-286-5547
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Subspecialties: UIM
Program ID: 380-36-77-084

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: Clara S Ross, MD, JD*
PO Box 670182
5551 Med Sciences Bldg (ML 0182)
Cincinnati, OH 45267
Tel: 513-586-6372  Fax: 513-586-6372
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-38-77-088

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Edward Emmett, MD, MS
Occupational Medicine, Silverstein/ground floor
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-662-4430  Fax: 215-662-4430
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Program ID: 380-41-77-124

Pittsburgh
University of Pittsburgh Graduate School of Public Health Program
Sponsor: University of Pittsburgh Graduate School of Public Health
Prgm Director: Joseph J Schwerha, MD
Graduate School of Public Health
130 Desoto Street
Pittsburgh, PA 15260
Tel: 412-624-3040  Fax: 412-624-3040
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 380-41-77-087

Tennessee
Nashville
 Meharry Medical College Program A
Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Metropolitan Nashville General Hospital
Prgm Director: Sangita Chakrabarty, MD, MSPH*
1003 D B Todd Jr Boulevard
Nashville, TN 37208
Tel: 615-332-2976  Fax: 615-337-5634
E-mail: schakrabarty@mcr.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-47-77-088

Texas
Brooks AFB
USAF School of Aerospace Medicine Program A
Sponsor: USAF School of Aerospace Medicine
Prgm Director: Steven M Hetrick, MD, MPH*
2601 Louis Bauer Drive
Brooks City Base, TX 78235
Tel: 210-556-8997  Fax: 210-556-1779
Length: 1 Yr  ACGME Approved/Offered Positions: 24
Program ID: 380-48-77-089
US Armed Services Program
Galveston
University of Texas Medical Branch
Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
University of Texas Medical School at Galveston
Pgm Director: A Nelson Avery, MD
Preventive Medicine and Community Health
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-0721 Fax: 409 747-6120
E-mail: rcyschu@utmb.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-48-77-121

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Pgm Director: Christopher J Martin, MD, MSC
PO Box 9190
3658 Health Science Center South
Morgantown, WV 26509
Tel: 304 293-3603 Fax: 304 293-3622
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-38-77-090

Preventive Medicine:
Public Health and
General Preventive Medicine

California
Sacramento
California Department of Health Services
Program
Sponsor: California Department of Health Services
UCLA School of Public Health
University of California School of Public Health
Pgm Director: Kathleen B Azzen, MD, MPH
1616 Capitol Avenue, MS 2721
PO Box 997 413
Sacramento, CA 95899
Tel: 916 552-9900 Fax: 916 552-9720
E-mail: kacree@cdhs.ca.gov
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-05-88-097

Connecticut
Derby
Griffin Hospital Program
Sponsor: Griffin Hospital
Yale University School of Public Health
Program Director: Haq Nawaz, MD, MPH
130 Division Street
Derby, CT 06418
Tel: 203 732-7327 Fax: 203 732-7185
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-06-88-119

Florida
West Palm Beach
Palm Beach County Public Health
Department Program
Sponsor: Palm Beach County Public Health Department
Pgm Director: Jean Marie Malecki, MD, MPH
PO Box 29
West Palm Beach, FL 33403
Tel: 561 355-3120 Fax: 561 355-3165
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-11-88-699

Georgia
Atlanta
Centers for Disease Control and
Prevention Program
Sponsor: Centers for Disease Control and Prevention
Pgm Director: Gail M Menezes, MD, MPH
Public Health Service, DHHS
1600 Clifton Road, NE MS E-92
Atlanta, GA 30333
Tel: 404 480-6140 Fax: 404 480-6105
Length: 1 Yr  ACGME Approved/Offered Positions: 13
Program ID: 380-12-88-109
US Armed Services Program

Graduate Medical Education Directory 2005-2006 971
Accredited Programs in Preventive Medicine: Public Health and General Preventive Medicine

Emory University Program A
Sponsor: Emory University School of Medicine
Georgia Dept of Human Resources-Division of Public Health
G pracy Health System
Rollins School of Public Health of Emory University
Prgm Director: Erica Frank, MD, MPH
49 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-5603 Fax: 404 616-6847
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-12-88-110

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Georgia Dept of Human Resources-Division of Public Health
Prgm Director: Beverly D Taylor, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 752-1620 Fax: 404 752-1160
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-12-88-108

Maryland
Baltimore
Maryland State Department of Health and Mental Hygiene Program
Sponsor: Maryland State Department of Health and Mental Hygiene
Prgm Director: John M Ruan, MD
Preventive Medicine/Public Health Residency
201 West Preston Street, Room 322
Baltimore, MD 21201
Tel: 410 767-6234 Fax: 410 728-4835
E-mail: cumberland@dhrh.state.md.us
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 380-23-88-100

New Jersey
Trenton
New Jersey Department of Health and Senior Services Program
Sponsor: State of New Jersey Department of Health and Senior Services
Johns Hopkins Bloomberg School of Public Health
Prgm Director: Sindy M Paul, MD, MPH
Div of HIV/AIDS Services
50 E State Street, 4th Fl
Trenton, NJ 08625
Tel: 609 984-5191 Fax: 609 633-3494
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 380-33-88-103

New York
Albany
SUNY at Albany School of Public Health Program
Sponsor: New York State Department of Health
SUNY at Albany School of Public Health
Prgm Director: Mary S Applegate, MD, MPH
ESP Corning Tower, Room #1862
Empire State Plaza
Albany, NY 12237
Tel: 518 474-1911 Fax: 518 474-3186
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-35-88-111

New York City Department of Health and Mental Hygiene Program
Sponsor: New York City Department of Health and Mental Hygiene
Columbia University School of Public Health
Prgm Director: Andrea Lyman, MD, MS
Public Health/Preventive Medicine Residency Program
2 LaFayette Street, GNY
New York, NY 10007
Tel: 212 341-3567 Fax: 212 676-2172
E-mail: healthhp@health.nyc.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-35-88-104

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Thomas A Pearson, MD, PhD
601 Elmwood Avenue, Box 644
Rochester, NY 14642
Tel: 585 275-2191
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-35-88-127

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Columbia University School of Public Health
Nassau County Department of Health
Suffolk County Department of Health Services
Prgm Director: Dorothy S Lane, MD, MPH
Department of Preventive Medicine
ISSC 12-08
Stony Brook, NY 11794
Tel: 631 444-5914 Fax: 631 444-2202
E-mail: dlane@hms.columbia.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-35-88-112

South Carolina
Columbia
University of South Carolina School of Medicine Program
Sponsor: University of South Carolina School of Medicine
Prgm Director: Gary B Ewing, MD, MPH
Family & Preventive Medicine
3209 Colonial Drive
Columbia, SC 29030
Tel: 803 434-7880 Fax: 803 434-3074
E-mail: gary.ewing@palmettohealth.org
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-35-88-115

Texas
Austin
Texas Department of State Health Services Program
Sponsor: Texas Department of State Health Services
University of Texas School of Public Health
Prgm Director: William S Higgins, MD, MPH
Public Health Region 8
7430 Louis Pasteur Drive
San Antonio, TX 78229
Tel: 210 949-2000 Fax: 210 949-2016
Length: 2 Yrs ACGME Approved/Offered Positions: 13
Program ID: 380-35-88-107

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Commonwealth of Virginia Department of Health
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Virginia Commonwealth Univ Grad Program in Public Health
Prgm Director: Gonzalez M Bearman, MD, MPH*
PO Box 90212
1000 East Clay Street
Richmond, VA 23228
Tel: 804 828-2121 Fax: 804 828-2125
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 380-31-88-196

Washington
Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington School of Public Health
USUHS P Edward Herrick School of Medicine
Prgm Director: James E Cook, MD, MPH
Department of Preventive Medicine
MCB-IV
Tacoma, WA 98431
Tel: 253 968-4740 Fax: 253 968-4483
Length: 2 Yrs ACGME Approved/Offered Positions: 13
Program ID: 380-35-88-107
US Armed Services Program
Procedural Dermatology
(Dermatology)

Alabama

Birmingham

Dermatology Associates (Birmingham) Program
Sponsor: Dermatology Associates
Program Director: Gary D. Moneitis, MD
100 UCLA Medical Plaza
Suite 590
Birmingham, AL 35205
Tel: 205-933-0987 Fax: 205-930-1756
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-01-21-011

California

La Jolla

Scripps Clinic Program
Sponsor: Scripps Clinic
Program Director: Robert T. Greenway, MD
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858-554-9846
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-05-31-008

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Abel Torres, MD
11370 Anderson Street, Suite 2600
Loma Linda, CA 92354
Tel: 909-558-2448 Fax: 909-558-2448
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-05-31-021

Los Angeles

Moy Dermatology Clinic (Los Angeles) Program
Sponsor: Ronald L. Moy Dermatology Clinic
VA Greater Los Angeles Healthcare System
Program Director: Ronald L. Moy, MD
100 UCLA Medical Plaza
Suite 580
Los Angeles, CA 90024
Tel: 310-794-7223 Fax: 310-208-2108
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-05-12-023

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Program Director: Roy C. Grekin, MD
1711 Divisadero Street, Box 3016
San Francisco, CA 94115
Tel: 415-953-7838 Fax: 415-953-7838
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 081-05-21-007

Indiana

Indianapolis

St Vincent Hospital Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: C. William Hanke, MD
13450 N Meridian, Suite 355
Carmel, IN 46032
Tel: 317-582-8484 Fax: 317-582-8481
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-17-31-006

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Daniel Mark Siegel, MD, MS
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718-270-1229 Fax: 718-270-2794
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 081-35-12-006

North Carolina

Winston-Salem

Skin Surgery Center (Winston-Salem) Program
Sponsor: Skin Surgery Center (Winston-Salem)
Program Director: Barry Leshin, MD
125 Sunnybrook Court, Suite 100
Winston-Salem, NC 27106
Tel: 336-324-2404 Fax: 336-724-6123
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-36-31-014

Pennsylvania

Danville

Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Victor J. Marks, MD
100 North Academy Avenue
Department of Dermatology
Danville, PA 17822
Tel: 570-371-9055 Fax: 570-371-5940
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 081-41-31-002

Massachusetts

Boston

Boston University Medical Center Program
Sponsor: Boston Medical Center
Program Director: Christine M. Hayes, MD
500 Albany Street, Building J
Boston, MA 02118
Tel: 617-638-5500 Fax: 617-638-5515
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-24-12-009

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
Program Director: Randall K. Roenigk, MD
200 First Street SW
Rochester, MN 55905
Tel: 507-294-5975 Fax: 507-294-2072
E-mail: mayodermfellows@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-26-21-003

Montana

Billings

Deaconess Medical Center Program
Sponsor: Deaconess Medical Center
Program Director: J. Michael Wentzell, MD
2825 8th Avenue North
Billings, MT 59101
Tel: 406-248-2500 Fax: 406-248-5766
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-29-31-010

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Naomii Lawrence, MD
9800 Sagemore Drive
Suite 8103
Marlton, NJ 08053
Tel: 856-596-9400 Fax: 856-596-5661
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-33-12-020

Hackensack

Skin Laser and Surgery Specialist of NY/NJ (Hackensack) Program
Sponsor: Skin Laser and Surgery Specialists of New York/New Jersey
Program Director: David J. Goldberg, MD
20 Prospekt Avenue, Suite 702
Hackensack, NJ 07601
Tel: 201-441-9980 Fax: 201-441-9989
E-mail: kathy@skinlaserlasers.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-38-13-024
Accredited Programs in Procedural Dermatology (Dermatology)

Philadelphia
Dermatologic Surgicenter (Philadelphia) Program
Sponsor: Dermatologic Surgicenter (Philadelphia)
Program Director: Anthony Benedetto, DO
1200 Locust Street
Philadelphia, PA 19107
Tel: 215 546-9666 Fax: 215 545-5690
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-41-31-012

Pittsburgh
Zitelli Dermatology Clinic/UPMC Presbyterian Shadyside Program
Sponsor: John A Zitelli Dermatology Clinic UPMC Presbyterian/Shadyside
Program Director: John A Zitelli, MD
5500 Center Avenue, Suite 303
Pittsburgh, PA 15232
Tel: 412 681-9400 Fax: 412 681-3340
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-41-34-022

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Program Director: Pearson G Lang, MD
135 Rutledge Avenue, 11th Floor
PO Box 25978
Charleston, SC 29425
Tel: 843 792-5858 Fax: 843 792-9026
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-45-12-001

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Program Director: R Stan Taylor, MD
5333 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-0628 Fax: 214 648-0630
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 081-46-21-018

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Program Director: Ida F Orungo, MD
Department of Dermatology
One Baylor Plaza - FM0
Houston, TX 77030
Tel: 713 798-7620 Fax: 713 708-6923
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-48-13-019

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Glenn D Goldman, MD
1 South Prospect Street
Suite 8103
Burlington, VT 05401
Tel: 802 847-0761
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-50-31-016

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Program Director: Daniel Berg, MD
4225 Roosevelt Way NE Box 354697
Seattle, WA 98105
Tel: 206 668-3122 Fax: 206 668-6390
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 081-54-12-017

Psychiatry
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Daniel C Dahm, MD
121 Smlman Psychiatric Clinic
1700 Seventh Avenue S
Birmingham, AL 35244
Tel: 205 934-3041 Fax: 205 934-4659
Length: 4 Yr ACGME Approved/Offered Positions: 24
Subspecialties: Child, Adult
Program ID: 409-01-11-009

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Mobile Infirmary Medical Center
University of South Alabama Medical Center
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Veterans Affairs Medical Center (Biloxi)
Program Director: Charles L Rich, MD
2451 Fillings Street
Suite 1000 Mobile Clinical Science Building
Mobile, AL 36617
Tel: 251 471-7017 Fax: 251 470-5888
E-mail: charlie@uhmc.net
Length: 4 Yr ACGME Approved/Offered Positions: 12
Program ID: 409-01-22-232

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Program Director: James B McLoone, MD
925 East McDowell Road
4th Floor
Phoenix, AZ 85006
Tel: 602 339-9380 Fax: 602 339-6988
E-mail: jo.mcloone@bannershealth.com
Length: 4 Yr ACGME Approved/Offered Positions: 16
Program ID: 409-03-13-010

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Program Director: William S James, MD
Desert Vista Campus #101
570 W Brown Rd
Mesa, AZ 85201
Tel: 480 344-0020 Fax: 480 344-2157
E-mail: kimberly.siafega@bscs.maricopa.gov
Length: 4 Yr ACGME Approved/Offered Positions: 22
Subspecialties: Child, Adult
Program ID: 409-03-22-011

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Francisco A Moreno, MD
1501 North Campbell Avenue
PO Box 245002
Tucson, AZ 85724
Tel: 520 682-8165 Fax: 352 650-6950
Length: 4 Yr ACGME Approved/Offered Positions: 24
Program ID: 409-03-21-012
Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Arkansas State Hospital (DMHS)
Central Arkansas Veterans Health Center
University of Arkansas
Program Director: Ben Guise, MD
UAMS 4301 West Markham
Little Rock, AR 72205
Tel: 501 668-5803 Fax: 501 668-7434
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: PFP
Program ID: 400-04-22-014

California

Bakersfield

UCLA-Kern Medical Center Program
Sponsor: Kern Medical Center
Olive View/UCLA Medical Center
Program Director: Hal P Yoo, MD, MBA
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 325-2246 Fax: 661 562-7682
E-mail: tyoo@co kern.ca.us
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-03-32-298

Fresno

University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Atascadero State Hospital
Community Medical Centers-University Medical Center
Fresno County Health Services
VA Central California Health Care System
Program Director: Craig C Campbell, MD
University Medical Center
445 South Odor Ave
Fresno, CA 93702
Tel: 559 459-6887 Fax: 559 459-6888
E-mail: craig.campbell@ucsf.fresno.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-09-21-018

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Program Director: Mary Ann Schaepper, MD, MEd
11174 Mt View Avenue
Loma Linda, CA 92354
Tel: 909 558-6904 Fax: 909 558-6903
E-mail: kaeieller@om.llu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 400-05-21-021

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Wagner W Eliahak, MD
1765 Alden Drive, Suite W-101
Los Angeles, CA 90048
Tel: 310 423-3461 Fax: 310 423-3947
E-mail: Yvonne.Neely@ohs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ADP
Program ID: 400-05-11-022

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Program Director: Gregory E Gray, MD, PhD
Dept of Psychiatry
1750 E 120th St - AFHMMC
Los Angeles, CA 90025
Tel: 310 668-4801 Fax: 310 222-0712
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 400-05-03-024

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
Program Director: James E Spar, MD
790 Westwood Plaza
Los Angeles, CA 90024
Tel: 310 825-0548 Fax: 310 825-0640
Length: 4 Yrs ACGME Approved/Offered Positions: 55
Subspecialties: ADP, PYG
Program ID: 400-05-21-025

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kaiser Permanente Medical Center (Fremont)
LAC+USC Medical Center
Program Director: Charles W Patterson, MD
2000 Zonal Avenue, IRD-708
Los Angeles, CA 90033
Tel: 562 226-4945 Fax: 562 226-4948
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: PFP
Program ID: 400-05-11-023

Valley

VA Greater Los Angeles/UCLA-San Fernando Valley Program
Sponsor: VA Greater Los Angeles Healthcare System
Olive View/UCLA Medical Center
Program Director: Murray R Brown, MD
UCLA/San Fernando Valley Psychiatry (116A)11611 Plummer Street
Sepulveda, CA 91343
Tel: 818 896-9435 Fax: 818 896-9437
Length: 4 Yrs ACGME Approved/Offered Positions: 31
Subspecialties: PFP
Program ID: 400-05-31-032

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program Director: Gerald Maguire, MD
Neuropsychiatric Center
101 City Drive, South
Orange County, CA 92668
Tel: 714 456-5770 Fax: 714 456-5715
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 400-09-21-020

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Mark E Servis, MD
2230 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-3014 Fax: 916 734-3894
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PFP, PFM
Program ID: 400-05-31-017

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego) Medical Center
University of California (San Diego) Medical Center
Program Director: Michael R Torricelli, MD
48300 Bob Wilson Drive
Suite 108
San Diego, CA 92134
Tel: 619 532-5607 Fax: 619 532-5006
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 400-05-21-253

US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Sidney Zissok, MD
Dept of Psychiatry
9500 Gilman Drive, 0603R
La Jolla, CA 92039
Tel: 858 534-0040 Fax: 858 534-0031
E-mail: restrain@ucsd.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PFP
Program ID: 400-05-21-026

San Francisco

California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Program Director: David A Goldberg, MD
2401 Clay Street, 7th Floor
San Francisco, CA 94115
Tel: 415 608-3642 Fax: 415 608-3652
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-05-22-029

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Marc Jacobs, MD
Langley Porter Psychiatric Unit
401 Parnassus Avenue - RTP
San Francisco, CA 94143
Tel: 415 476-7577 Fax: 415 476-7722
E-mail: rtpadm@ucsf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: ADP, PFP, PFG
Program ID: 400-05-21-089

San Mateo

San Mateo County Mental Health Services Program
Sponsor: San Mateo County Mental Health Services
Lucile Salter Packard Children’s Hospital at Stanford
Program Director: Alan K Louie, MD
Psychiatry Residency Training
200 West 39th Avenue
San Mateo, CA 94403
Tel: 650 573-2580 Fax: 650 573-2527
E-mail: alouie@soc.sanmateo.ca.us
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-05-22-031

Graduate Medical Education Directory 2005-2006 975
Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Veterans Affairs Palo Alto Health Care System
Prgm Director: C Barr Taylor, MD
401 Quarry Road, Room 2206
Stanford, CA 94305
Tel: 650 725-5732 Fax: 650 725-5762
E-mail: tantoson@stanford.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: PYG
Program ID: 400-05-31-031

Torrance
Prgm Director:
Sponsor:
Subspecialties:
Prgm E-mail:

Lrmgtlz:

PyM

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Connecticut Medical Health Center
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Yale University Health Service
Prgm Director: Richard Belitsky, MD
25 Park Street, Room 623
New Haven, CT 06519
Tel: 203 797-5433 Fax: 203 785-4207
Length: 4 Yrs ACGME Approved/Offered Positions: 66
Subspecialties: ADP, PFP, PYG
Program ID: 400-08-21-043

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Richard C Holbert, MD
PO Box 100056, JHMHC
Gainesville, FL 32610
Tel: 352 265-0345 Fax: 352 265-6987
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: ADP, PFP, PYG
Program ID: 400-11-21-050

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Richard M Steinbrook, MD
1095 NW 9th Ave #2101
Miami, FL 33136
Tel: 305 355-2804 Fax: 305 355-7286
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: ADP, PYG
Program ID: 400-11-21-051

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
University Psychiatry Center
Prgm Director: Kailie R Shaw, MD
3515 East Fletcher Avenue
Tampa, FL 33612
Tel: 813 974-2803 Fax: 813 974-3478
E-mail: kshaw@tampacommunityhealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ADP, PHI
Program ID: 400-11-21-052

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Health Care
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Joyce A Tinley, MD
253 Farmington Ave, MC1395
Farmington, CT 06030
Tel: 860 679-4713 Fax: 860 679-1246
E-mail: tinleyj@psychiatry.uconn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: ADP, CHP
Program ID: 400-08-21-286

Hartford
Institute of Living/Hartford Hospital Program
Sponsor: Hartford Hospital
Connecticut Children's Medical Center
Institute of Living
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Adrienne Bestman, MD
200 Retreat Avenue
Hartford, CT 06114
Tel: 860 545-7185 Fax: 860 545-7403
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PM
Program ID: 400-08-21-289

St Elizabeths Hospital-DC Department of Mental Health Services Program
Sponsor: St Elizabeths Hospital-DC Department of Mental Health
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Richard I. Joseph, MD
1000 17th Street NW
Washington, DC 20036
Tel: 202 645-7078 Fax: 202 645-5981
E-mail: djoseph@erols.com
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 400-10-21-238
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Miles K. Crowder, MD
Department of Psychiatry & Behavioral Sciences
Tufts House 2004 Ridgewood Road, Suite 218
Atlanta, GA 30322
Tel: 404 727-5157 Fax: 404 727-4745
E-mail: mcrowder@emory.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: ACP, PFP, PYG
Program ID: 40.12-21-053

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Central Alabama Veterans Healthcare System
Georgia Regional Hospital at Atlanta
Grady Health System
Prgm Director: John O. Gasson, MD
720 Westover Drive, SW
Atlanta, GA 30310
Tel: 404 756-1451 Fax: 404 756-1459
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 40.12-21-052

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Stewart Svetlick, MD
1515 Pope Avenue
Augusta, GA 30912
Tel: 706 731-6175 Fax: 706 731-1783
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 40.12-21-054

Hawaii

Honolulu

Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Prgm Director: David T. Orman, MD
1 Jarrett White Road
Attn: MGHEP-P808 (Psychiatry GME-COL Orman)
Tripler AMC, HI 96850
Tel: 808 433-5780 Fax: 808 433-9864
E-mail: dorman@va.amedd.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 38
Program ID: 40.14-11-233

US Armed Services Program

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Queen's Medical Center
VA Regional Office-Outpatient Clinic (Honolulu)
Prgm Director: Courtney H. Mais, MD
1556 Luaunui Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 Fax: 808 586-2940
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: ACP, PFP, PYG
Program ID: 40.14-31-055

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Chicago-Read Mental Health Center
Children's Memorial Hospital
Evansion Hospital
Northwestern Memorial Hospital
Prgm Director: Sidney Weisman, MD
446 E Ontario Street
Suite 300 7th Floor
Chicago, IL 60611
Tel: 312 696-4885 Fax: 312 696-4840
Length: 4 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: ACP, PFP, PYG
Program ID: 40.16-21-060

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Daniel Levin, MD
1730 West Polk Street
Chicago, IL 60612
Tel: 312 924-2509 Fax: 312 924-0186
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 40.16-11-061

University of Chicago Program
Sponsor: University of Chicago Hospitals
MacNeal Memorial Hospital
Prgm Director: Maria T. Caserta, MD, PhD
5341 S Maryland Avenue, MC 3077
Chicago, IL 60617
Tel: 773 702-6288 Fax: 773 702-4379
E-mail: education@ydra.uchicago.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 40.16-31-062

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
 Advocate Illinois Maricopa Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Henry W. Dove, MD
Department of Psychiatry (MC 211)
912 South Wood Street
Chicago, IL 60612
Tel: 312 896-7393 Fax: 312 896-9154
E-mail: recruit@psych.uic.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: ACP
Program ID: 40.16-21-063

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: David C Schilling, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5058 Fax: 708 216-6885
E-mail: UKONOPX@lumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 40.16-21-064

North Chicago

The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program
Sponsor: The Chicago Medical School/Rosalind Franklin
Univ of Med & Sci
Egle Mental Health Center
Great Lakes Naval Hospital
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Prgm Director: Michael Schiff, DO
RUMS/The Chicago Medical School
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847 578-8111 Fax: 847 578-3328
Length: 4 Yrs ACGME Approved/Offered Positions: 38
Program ID: 40.16-21-058

Park Ridge

Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Prgm Director: Gustavo Hernandez, MD
Department of Psychiatry, 5 South
1715 West Dempster St
Park Ridge, IL 60068
Tel: 847 725-5677 Fax: 847 725-7212
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 40.16-21-257

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St JOHN'S Hospital
Prgm Director: Jeffrey B. Bennett, MD
PO Box 10642
Springfield, IL 62704
Tel: 217 545-7257 Fax: 217 545-2275
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: PFP
Program ID: 40.16-21-065

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Glenard Indiana University Hospital
Glenard Mental Health Hospital
St. Elizabeth Hospital for Children
Laurel D Carter Memorial Hospital
Richard L. Roudebush Veterans Affairs Medical Center
William N. Wilbur Memorial Hospital
Prgm Director: Alan D Schmetzer, MD
1111 West Tenth Street
Indianapolis, IN 46202
Tel: 317 274-1214 Fax: 317 274-1238
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: ACP, PFP
Program ID: 40.17-21-066

Programs
Accredited Programs in Psychiatry

Iowa

**Iowa City**

**University of Iowa Hospitals and Clinics**

Program

**Sponsor:** University of Iowa Hospitals and Clinics

Veterans Affairs Medical Center (Iowa City)

Program Director: Catherine Woodman, MD

300 Hawkins Drive D2880 IPP

Iowa City, IA 52242

Tel: 319-356-1973 Fax: 319-356-2387

Length: 4 Yrs \*ACGME Approved/Offered Positions: 28\* Subspecialties: PFP, PYG, PVM

Program ID: 400-18-21-060

Louisville

**University of Louisville Program**

Sponsor: University of Louisville School of Medicine

Child Psychiatric Services (Bingham Child Guidance Clinic)

University of Louisville Hospital

Veterans Affairs Medical Center (Louisville)

Program Director: Barbara Fitzgerald, MD

501 East Broadway

Suite 340

Louisville, KY 40202

Tel: 502-852-6385 Fax: 502-852-0751

E-mail: barbara.fitzgerald@louisville.edu

Length: 4 Yrs \*ACGME Approved/Offered Positions: 35\* Subspecialties: AHP, PFP

Program ID: 400-18-21-075

Maine

**Portland**

**Maine Medical Center Program**

Sponsor: Maine Medical Center

Program Director: George M McNeil, MD

22 Bramhall Street

Portland, ME 04102

Tel: 207-871-3399 Fax: 207-871-6857

E-mail: runam.mcm@mmc.org

Length: 4 Yrs \*ACGME Approved/Offered Positions: 16\* Program ID: 400-23-11-080

Maryland

**Baltimore**

**Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Bayview Medical Center

Johns Hopkins Hospital

Program Director: John B Lipsey, MD

600 North Wolfe Street/Meyer 3-181

Baltimore, MD 21287

Tel: 410-955-7165 Fax: 410-955-0152

Length: 4 Yrs \*ACGME Approved/Offered Positions: 47\* Subspecialties: PFP

Program ID: 400-23-21-081

**University of Maryland/Sheppard Pratt Program**

Sponsor: University of Maryland School System

Sheppard Pratt Health System

Spring Grove Hospital Center

Veterans Affairs Medical Center (Baltimore)

Walter P Carter Mental Health Center

Program Director: M Phillip Lober, MD

Department of Psychiatry

701 W Pratt St, Rm 474

Baltimore, MD 21201

Tel: 410-328-6035 Fax: 410-328-1231

Length: 4 Yrs \*ACGME Approved/Offered Positions: 80\* Subspecialties: AHP, PFP, PVM

Program ID: 400-23-31-289

Bethesda

**National Capital Consortium Program**

Sponsor: National Capital Consortium

Malcolm Grow Medical Center

National Naval Medical Center (Bethesda)

Veteran’s Affairs Outpatient Medical Center

Program Director: Scott Wnuts, MD

Rm 474

1440 Canal St

New Orleans, LA 70112

Tel: 504 894-7288 Fax: 504 894-7280

E-mail: psyhealth@ul.edu

Length: 4 Yrs \*ACGME Approved/Offered Positions: 39\* Subspecialties: PFP

Program ID: 400-31-21-978

Shreveport

**Louisiana State University (Shreveport)**

Program

Sponsor: LSU Health Sciences Center-University Hospital

Brentwood Behavioral Health Company

Oberon Brook Veterans Affairs Medical Center

Program Director: Anita S Kubinger, MD

1501 Kings Highway

PO Box 339322

Shreveport, LA 71130

Tel: 318 675-6941 Fax: 318-675-6054

E-mail: akub@busoh.edu

Length: 4 Yrs \*ACGME Approved/Offered Positions: 20\* Program ID: 400-31-21-274

Kansas

**Kansas City**

**University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine (Kansas City)

Veterans Affairs Medical Center (Kansas City)

Program Director: Barry L Lusso, MD

3901 Rainbow Boulevard

1000 Osceola Pavilion

Kansas City, KS 66160

Tel: 913-588-6412 Fax: 913-588-6414

Length: 4 Yrs \*ACGME Approved/Offered Positions: 33\* Subspecialties: AHP

Program ID: 400-19-21-070

Wichita

**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine (Wichita)

Clariet Hospital of Wichita

Veterans Affairs Medical Center (Wichita)

Via Christi Regional Medical Center-St Francis

Via Christi Regional Medical Center-St Joseph

Program Director: John P Bober, MD

1010 North Kansas

Wichita, KS 67214

Tel: 316-261-2580 Fax: 316-235-1874

Length: 4 Yrs \*ACGME Approved/Offered Positions: 20\* Subspecialties: PFP

Program ID: 400-19-21-254

Kentucky

**Lexington**

**University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine

University of Kentucky Hospital

Veterans Affairs Medical Center (Lexington)

Program Director: Debra A Katz, MD

9470 Blazer Parkway

Lexington, KY 40509

Tel: 859-323-6021 Fax: 859-323-1194

E-mail: dkatz@pky.edu

Length: 4 Yrs \*ACGME Approved/Offered Positions: 24\* Program ID: 400-20-21-074

**Shreveport**

**Louisiana State University (Shreveport)**

Program

Sponsor: LSU Health Sciences Center-University Hospital

Brentwood Behavioral Health Company

Oberon Brook Veterans Affairs Medical Center

Program Director: Anita S Kubinger, MD

1501 Kings Highway

PO Box 339322

Shreveport, LA 71130

Tel: 318 675-6941 Fax: 318-675-6054

E-mail: akub@busoh.edu

Length: 4 Yrs \*ACGME Approved/Offered Positions: 20\* Program ID: 400-31-21-274
<table>
<thead>
<tr>
<th>Massachusetts</th>
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<tbody>
<tr>
<td>Boston</td>
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</table>
| Boston University Medical Center Program | Sponsor: Boston Medical Center  
Edith Nourse Rogers Memorial Veterans Hospital (Bedford)  
Solomon Carter Fuller Mental Health Center  
Veterans Affairs Medical Center (Boston)  
Prgm Director: Janet E Osterman, MD  
850 Harrison Avenue, Dowling 7S  
Boston, MA 02118  
Tel: 617-638-8540  
Fax: 617-638-8542  
E-mail: maria@bu.edu |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 32  
Subspecialties: ADP, PYG, PFM |
| Program ID: 400-24-31-089 |                  |                  |

| Brigham and Women's Hospital/Harvard Medical School Program | Sponsor: Brigham and Women's Hospital  
Beth Israel Deaconess Medical Center  
Caritas Carney Hospital  
Children's Hospital Massachusetts  
Massachusetts Mental Health Center  
Mount Auburn Hospital  
Prgm Director: David E Greenberg, MD  
350 Brookline Avenue  
Boston, MA 02215  
Tel: 617-667-4766  
Fax: 617-667-5576 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 64  
Program ID: 400-24-31-277 |                  |                  |

| Caritas St Elizabeth's Medical Center Program | Sponsor: Caritas St Elizabeth's Medical Center  
PO Box 962, Main Street  
Saint Mary's Hospital  
Lansing, MI 48909  
Tel: 517-726-0885  
Fax: 517-724-0888  
E-mail: ksanders@partners.org |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 400-24-31-092 |                  |                  |

| Massachusetts General Hospital/McLean Hospital Program | Sponsor: Massachusetts General Hospital  
Beth Israel Deaconess Medical Center  
McLean Hospital  
Prgm Director: Kathy M Sanders, MD  
55 Fruit Street, Belfinich 440 & 441  
Boston, MA 02114  
Tel: 617-726-0885  
Fax: 617-724-0888  
E-mail: ksanders@partners.org |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 64  
Subspecialties: ADP, PFP |
| Program ID: 400-24-31-288 |                  |                  |

| Tufts-New England Medical Center Program | Sponsor: Tufts-New England Medical Center  
Lemuel Shattuck Hospital  
Prgm Director: Jonathan Schindelheim, MD  
700 Washington Street  
Tufts-NEMC # 1007  
Boston, MA 02111  
Tel: 617-636-3303  
Fax: 617-636-8443  
E-mail: jschindelheim@tufts-nemc.org |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 34  
Program ID: 400-24-31-093 |                  |                  |

| Brocton | Harvard Medical School (South Shore) Program | Sponsor: Brockton VA Healthcare System (Brockton-West Roxbury)  
Prgm Director: Grace J Mushrash, MD  
940 Belmont Street, 116A7  
Brockton, MA 02301  
Tel: 508-631-4500  
Fax: 508-985-0191  
E-mail: harvshoa@hms.harvard.edu |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 30  
Program ID: 400-24-21-279 |                  |                  |

| Cambridge | Cambridge Hospital/Cambridge Health Alliance Program | Sponsor: Cambridge Hospital/Cambridge Health Alliance  
Austen Riggs Center  
Harvard University Health Services  
Lemuel Shattuck Hospital  
Somerville Mental Health  
Tufts University Health Services  
Prgm Director: Marshall Posner, MD  
Machting  
1493 Cambridge Street  
Cambridge, MA 02139  
Tel: 617-665-1189  
Fax: 617-665-3440 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 32  
Subspecialties: ADP, PYG, PMF |
| Program ID: 400-24-11-094 |                  |                  |

| Stockbridge | Austen Riggs Center Program | Sponsor: Austen Riggs Center  
Prgm Director: David Mintz, MD  
PO Box 962, Main Street  
Stockbridge, MA 01262  
Tel: 413-248-5311  
Fax: 413-298-4200  
E-mail: david.mintz@austenriggs.net |
| Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 400-24-11-249 |                  |                  |

| Worcester | University of Massachusetts Program | Sponsor: University of Massachusetts Medical School  
111111 Medical Center  
Prgm Director: Sheldon Benjamin, MD  
50 Lake Avenue, North  
Worcester, MA 01655  
Tel: 508-555-4088  
Fax: 508-555-0000 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 30  
Subspecialties: ADP, PFP |
| Program ID: 400-24-31-234 |                  |                  |

| Michigan | Ann Arbor | University of Michigan Program | Sponsor: University of Michigan Hospitals and Health Centers  
Veteran Affairs Medical Center (Ann Arbor)  
Prgm Director: Michael Jibson, MD, PhD  
1500 E Medical Center Drive  
Ann Arbor, MI 48107  
Tel: 734-647-6875  
Fax: 734-647-6514 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 46  
Subspecialties: ADP, PFP, PFM  
Program ID: 400-25-21-097 |                  |                  |

| Detroit | Henry Ford Hospital Program | Sponsor: Henry Ford Hospital  
Kingwood Hospital  
Prgm Director: Lisa MacLean, MD  
One Ford Place, 1009  
Detroit, MI 48202  
Tel: 313-916-4511  
Fax: 313-874-6555  
E-mail: redwood@hfhs.org |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 24  
Program ID: 400-25-21-235 |                  |                  |

| Wayne State University/Detroit Medical Center Program | Sponsor: Wayne State University/Detroit Medical Center  
Harper-University Hospital  
 Sinai-Grace Hospital  
Program Director: Beth Ann Brooks, MD  
2751 E Jefferson  
Suite 400  
Detroit, MI 48207  
Tel: 313-577-5367  
Fax: 313-577-2223 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 40  
Subspecialties: ADP, PFP |
| Program ID: 400-25-21-283 |                  |                  |

| Kalamazoo | Kalamazoo Center for Medical Studies/Michigan State University Program | Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies  
Borgess Medical Center  
Prgm Director: Robert D Strung, MD  
1000 Oakland Drive  
Kalamazoo, MI 49008  
Tel: 269-337-3875  
Fax: 269-337-6578  
E-mail: psychiatry@kcmu.edu |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 16  
Program ID: 400-25-31-284 |                  |                  |

| Lansing | Michigan State University Program | Sponsor: Michigan State University College of Human Medicine  
Marquette General Hospital  
Saint Mary's Medical Center (Grand Rapids)  
Sparrow Hospital  
Prgm Director: Jed G Magen, DO, MS  
A-333 East Fee Hall  
East Lansing, MI 48824  
Tel: 517-353-4382  
Fax: 517-432-6827 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 35  
Program ID: 400-25-21-101 |                  |                  |

| Minnesota | Minneapolis | Hennepin County Medical Center/Regions Hospital Program | Sponsor: Hennepin County Medical Center  
Regions Hospital  
Prgm Director: Elizabeth Reeve, MD  
701 Park Avenue South  
Mail Code B5  
Minneapolis, MN 55415  
Tel: 612-873-7671  
Fax: 612-904-4350 |
| Length: 4 Yrs  
ACGME Approved/Offered Positions: 24  
Program ID: 400-25-21-295 |                  |                  |
University of Minnesota Program  
Sponsor: University of Minnesota Medical School  
Fairview-University Medical Center  
Veterans Affairs Medical Center (Minneapolis)  
Pgm Director: Thomas Mackenzie, MD  
7985/23A West  
2450 Riverside Avenue  
Minneapolis, MN 55454  
Tel: 612 273-8822  Fax: 612 273-9779  
E-mail: bcmack@fc.umn.edu  
Length: 4 Yrs  ACGME Approved/Offered Positions: 33  
Subspecialties: ADP, PGY  
Program ID: 400-26-21-106  

St Louis  
St Louis University School of Medicine  
Program  
Sponsor: St Louis University School of Medicine  
St Louis University Hospital  
Veterans Affairs Medical Center (St Louis)  
Pgm Director: Michael Arenal, MD  
David P Wolff St Medical Institute  
1211 South Grand Boulevard  
St Louis, MO 63104  
Tel: 314 577-6728  Fax: 314 664-7496  
Length: 4 Yrs  ACGME Approved/Offered Positions: 24  
Subspecialties: PGY  
Program ID: 400-28-21-113  

Washington University/B-JH/SLCH Consortium Program  
Sponsor: Washington University/B-JH/SLCH Consortium  
Barnes-Jewish Hospital  
Metropolitan St Louis Psychiatric Center  
Pgm Director: Eugene H Rubin, MD, PhD  
Dept of Psychiatry, Box 8134  
660 South Euclid Ave  
St Louis, MO 63110  
Tel: 314 363-2842  Fax: 314 363-0193  
E-mail: psychiatry@psychiatry.wustl.edu  
Length: 4 Yrs  ACGME Approved/Offered Positions: 40  
Program ID: 400-28-21-114  

Mississippi  
Jackson  
University of Mississippi Medical Center Program  
Sponsor: University of Mississippi School of Medicine  
University Hospitals and Clinics  
Veterans Affairs Medical Center (Jackson)  
Pgm Director: Allen Riehert, MD  
200 First Street SW  
Jackson, MS 39216  
Tel: 661 694-5935  Fax: 601 694-5985  
Length: 4 Yrs  ACGME Approved/Offered Positions: 24  
Program ID: 400-27-11-109  

Nebraska  
Omaha  
Creighton University/University of Nebraska Medical Center Program  
Sponsor: Creighton University School of Medicine  
Alegent Health Immanuel Medical Center  
Creighton University Medical Center (Omaha)  
Pgm Director: Richard Young  
The Nebraska Medical Center  
Pgm Director: William H Roccia, MD  
985582 Nebraska Medical Center  
Omaha, NE 68198  
Tel: 402 354-6892  Fax: 402 354-6995  
E-mail: rthomas@unmc.edu  
Length: 4 Yrs  ACGME Approved/Offered Positions: 32  
Subspecialties: ADP, PGY  
Program ID: 400-30-21-116  

New Hampshire  
Lebanon  
Dartmouth-Hitchcock Medical Center Program  
Sponsor: Dartmouth-Hitchcock Medical Center  
Hitchcock Memorial Hospital  
Pgm Director: Ronald L Green, MD  
One Medical Center Drive  
Lebanon, NH 03756  
Tel: 603 655-8593  Fax: 603 650-5842  
Length: 4 Yrs  ACGME Approved/Offered Positions: 36  
Subspecialties: ADP, PFP, PGY  
Program ID: 400-32-21-117  

New Jersey  
Camber  
UMDNJ-Robert Wood Johnson Medical School (Camden) Program  
Sponsor: Cooper Hospital-University Medical Center  
Atlantic City Medical Center  
Pgm Director: JEFF DUNN  
401 Haddon Avenue  
Camden, NJ 08103  
Tel: 856 577-7853  Fax: 856 577-9651  
E-mail: rvcamden@cooperhealth.org  
Length: 4 Yrs  ACGME Approved/Offered Positions: 20  
Program ID: 400-33-21-255  

Newark  
UMDNJ-New Jersey Medical School Program  
Sponsor: UMDNJ-New Jersey Medical School  
Newark Beth Israel Medical Center  
Pgm Director: M. Javed Iqbal, MD  
183 South Orange Avenue, BHSB, Room E-1447  
Newark, NJ 07103  
Tel: 973 872-4670  Fax: 973 872-0070  
Length: 4 Yrs  ACGME Approved/Offered Positions: 29  
Program ID: 400-33-21-118  

Paramus  
Bergen Regional Medical Center Program  
Sponsor: Bergen Regional Medical Center  
Pgm Director: M. Javed Iqbal, MD  
250 East Ridgewood Avenue  
Paramus, NJ 07652  
Tel: 973 877-4387  Fax: 973 877-4290  
Length: 4 Yrs  ACGME Approved/Offered Positions: 29  
Program ID: 400-33-12-120  

University of Nevada Program  
Sponsor: University of Nevada School of Medicine  
Lewis & Clark Veterans Affairs Medical Center  
Northern Nevada Adult Mental Health Institute  
Wahwee Medical Center  
West Hills Hospital  
Pgm Director: Steven J Zaslawski, MD  
Department of Psychiatry and Behavioral Sciences  
Nelson Building 1064  
Reno, NV 89557  
Tel: 775 784-4019  Fax: 775 784-1428  
Length: 4 Yrs  ACGME Approved/Offered Positions: 16  
Program ID: 400-31-21-268  

Ken较长，需要您提供更具体的问题或要求，以便我更好地帮助您。
Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
UMDNJ-University Behavioral HealthCare
Robert Wood Johnson University Hospital
Pgm Director: Barbara Palmeri, MD
Department of Psychiatry
471 Hoes Lane, UH-BCC C-305
Piscataway, NJ 08854
Tel: 732 335-4613 Fax: 732 335-4649
Length: 4 Yrs. ACGME Approved/Offered Positions: 24
Subspecialties: ADP, PGY
Program ID: 400-33-21-121

Stratford
UMDNJ-School of Osteopathic Medicine Program
Sponsor: UMDNJ-School of Osteopathic Medicine
Kennedy Memorial Hospitals-University Med Ctr-Cherry Hill
Kennedy Memorial Hospitals-University Medical Ctr-Stratford
Our Lady of Lourdes Medical Center
Pgm Director: Glenn D Ziolinski, DO*
2550 Chapel Avenue West, Suite 100
Cherry Hill, NJ 08002
Tel: 856 453-0000 Fax: 856 452-1160
E-mail: skieling@umdnj.edu
Length: 4 Yrs. ACGME Approved/Offered Positions: 16
Program ID: 400-33-19-292

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Nancy K Morrison, MD
1 University of New Mexico
MSC09 5000
Albuquerque, NM 87121
Tel: 505 277-5417 Fax: 505 277-4637
Length: 4 Yrs. ACGME Approved/Offered Positions: 38
Subspecialties: ADP, PGY
Program ID: 400-34-21-123

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Capital District Psychiatric Center
Veterans Affairs Medical Center (Albany)
Pgm Director: Victoria I Balkoski, MD
Department of Psychiatry A-104
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5511 Fax: 518 262-6111
Length: 4 Yrs. ACGME Approved/Offered Positions: 24
Program ID: 400-35-23-124

Brons
Albert Einstein College of Medicine at
Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Pgm Director: Jeffrey M Levine, MD*
1776 Fulton Avenue - 4 South
Bronx, NY 10468
Tel: 718 446-0920 Fax: 718 901-8566
E-mail: jlevine@bronxdob.org
Length: 4 Yrs. ACGME Approved/Offered Positions: 24
Subspecialties: ADP, PGY
Program ID: 400-35-21-135

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Peter Buckley, MD
Department of Psychiatry & Behavioral Sciences
5351 Bainbridge Avenue
Bronx, NY 10467
Tel: 718 929-7967 Fax: 718 882-3185
Length: 4 Yrs. ACGME Approved/Offered Positions: 32
Subspecialties: ADP, PGY
Program ID: 400-35-11-181

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Pgm Director: Brunnhild Kring, MD
324 East 140th Street
Bronx, NY 10451
Tel: 718 579-4654 Fax: 718 579-4989
E-mail: Brunnhild.Kring@nychhc.org
Length: 4 Yrs. ACGME Approved/Offered Positions: 18
Program ID: 400-35-11-135

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Pgm Director: Pierre Jean-Noel, MD, MBA*
Use Brooklyn Plaza
Brooklyn, NY 11212
Tel: 718 240-5459 Fax: 718 240-5451
Length: 4 Yrs. ACGME Approved/Offered Positions: 20
Program ID: 400-35-11-136

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Jeffrey Goldberg, DO
4902 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 333-8479 Fax: 718 333-8357
Length: 4 Yrs. ACGME Approved/Offered Positions: 27
Program ID: 400-35-21-143

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Kingsbrook Jewish Medical Center
St John’s Episcopal Hospital-South Shore
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Pgm Director: Yagupel H Rao, MD, MS
450 Clarkson Avenue, Box 1203
Brooklyn, NY 11203
Tel: 718 270-3002 Fax: 718 270-1441
Length: 4 Yrs. ACGME Approved/Offered Positions: 40
Subspecialties: PGY
Program ID: 400-35-21-134

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
State University of New York
Veterans Affairs Western New York Healthcare System
Pgm Director: Cynthia A Fristach, MD
462 Gidge Street
Buffalo, NY 14215
Tel: 716 898-4221 Fax: 716 898-4538
Length: 4 Yrs. ACGME Approved/Offered Positions: 28
Program ID: 400-35-11-126

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Pgm Director: Robert M Harris, MD*
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6511 Fax: 516 572-3119
Length: 4 Yrs. ACGME Approved/Offered Positions: 24
Program ID: 400-35-11-126

Elmhurst
Mount Sinai School of Medicine (Elmhurst) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Pgm Director: Amy S Hoffman, MD
Elmhurst Hospital Center
79-01 Broadway, Room B3-135
Elmhurst, NY 11373
Tel: 718 354-3363 Fax: 718 354-3441
Length: 4 Yrs. ACGME Approved/Offered Positions: 20
Program ID: 400-35-11-132

Jamaica
Jamaica Hospital Medical Center Program
Sponsor: Jamaica Hospital Medical Center
38-04 75th Street
Jamaica, NY 11418
Tel: 718 291-0764 Fax: 718 291-0765
E-mail: psychedu@jhmc.org
Length: 4 Yrs. ACGME Approved/Offered Positions: 16
Program ID: 400-35-15-294

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Victor Fornari, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 566-3266 Fax: 516 566-3967
Length: 4 Yrs. ACGME Approved/Offered Positions: 20
Subspecialties: ADP
Program ID: 400-35-11-129

New Hyde Park
Albert Einstein College of Medicine at
Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Hillside Hospital (Long Island Jewish Medical Center)
Pgm Director: Bruce R Levy, MD
75-59 263rd Street
Glen Oaks, NY 11046
Tel: 718 470-9000 Fax: 718 962-7717
E-mail: dwsteinhein@lij.edu
Length: 4 Yrs. ACGME Approved/Offered Positions: 48
Subspecialties: PGY
Program ID: 400-35-21-142
New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: Harold Been, MD
First Avenue at 168th Street
Fierman Hall 9th Floor
New York, NY 10032
Tel: 212 420-3424
E-mail: hbeen@bio.mrn.org
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: ADP, PYG
Program ID: 400-35-11-148

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College St Vincent’s Hospital Medical Center (Manhattan) and Medical Center (Brooklyn)
Pgm Director: Brian J Ladding, MD
St Vincent's Medical Center Pavilion, Room 175
144 West 12th Street
New York, NY 10011
Tel: 212 604-8975
Fax: 212 604-8197
Length: 4 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: ADP, PYG
Program ID: 400-35-12-102

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Ronald O Binder, MD
160 Riverside Drive
Unit #123
New York, NY 10027
Tel: 212 543-5550
Fax: 212 543-5310
E-mail: robind@columbia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: ADP, PYG
Program ID: 400-35-21-198

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Pgm Director: Elizabeth L Achindus, MD
55 East 68th Street, Box 140
Baker 3002
New York, NY 10021
Tel: 212 746-3723
Fax: 212 746-8985
E-mail: elachindus@med.cornell.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: ADP, PFP
Program ID: 400-35-11-147

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Lenox Hill Hospital
Manhattan Psychiatric Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Pgm Director: Carol A Bernstein, MD
Department of Psychiatry
550 First Avenue (NBV 20 N 11)
New York, NY 10016
Tel: 212 323-6162
Fax: 212 323-6497
E-mail: carol.bernstein@med.nyu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 70
Subspecialties: ADP, PFP, PPM
Program ID: 400-35-21-149

Queens Village

Creeedmoor Psychiatric Center Program
Sponsor: Creedmoor Psychiatric Center
New York Psychiatric Hospital (Columbia Campus)
St Vincent’s Hospital Medical Centers (Brooklyn-Queens)
Pgm Director: Mark P Sorensen, MD
93-45 Winchester Boulevard
Building 40, Ward 4A
Queens Village, NY 11427
Tel: 315-464-3105
Fax: 315-464-3163
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: CHP, PFP, PFM
Program ID: 400-35-21-160

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Pgm Director: Henry L McCurries, MD
506 Lenox Avenue
Women’s Pavilion 542
New York, NY 10037
Tel: 212 639-3011
Fax: 212 639-3069
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-35-11-140

Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Pgm Director: Jeffrey Lacey, MD
237 East 116th Street
New York, NY 10035
Tel: 212 955-7432
Fax: 212 955-7031
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-35-31-137

Mount Sinai School of Medicine (North General) Program
Sponsor: Mount Sinai School of Medicine North General Hospital
Pgm Director: Jacob Sperber, MD
1879 Madison Avenue
New York, NY 10025
Tel: 212 423-4141
Fax: 212 423-4955
E-mail: J. Sperber@sige.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-35-31-278

New York University School of Medicine Program
Sponsor: New York University School of Medicine Manhattan Psychiatric Center Veterans Affairs Medical Center (Bronx)
Pgm Director: Jack Hirschowitz, MD
1904 West 10th Street
New York, NY 10014
Tel: 212 949-7525
Fax: 212 949-7525
Length: 4 Yrs ACGME Approved/Offered Positions: 43
Subspecialties: ADP, PFP, PPM
Program ID: 400-35-11-146

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center Lenox Hill Hospital Manhattan Psychiatric Center
NYU Hospitals Center
Pgm Director: Carol A Bernstein, MD
Department of Psychiatry
550 First Avenue (NBV 20 N 11)
New York, NY 10016
Tel: 212 323-6162
Fax: 212 323-6497
E-mail: carol.bernstein@med.nyu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 70
Subspecialties: ADP, PFP, PPM
Program ID: 400-35-21-149

Stony Brook

SUNY at Stony Brook Program
Sponsor: Stony Brook University (ST) at Stony Brook
Veterans Affairs Medical Center (Long Island)
Pgm Director: Michael Schwartz, MD
T-10, Room 202
Stony Brook, NY 11794
Tel: 631-444-3065
Fax: 631-444-7504
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PFP
Program ID: 400-35-21-180

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: John M Manning, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315-464-3105
Fax: 315-464-3163
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CHP, PFP, PFM
Program ID: 400-35-21-160

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Sue K DiGiuliano, MD
300 Crittenden Boulevard
Rochester, NY 14620
Tel: 585 279-7056
Fax: 585 273-1066
E-mail: sue_digiovanni@urmc.rochester.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 400-35-12-153

Staten Island

New York Medical College (Richmond) Program
Sponsor: New York Medical College St Vincent’s Hospital Medical Center (Staten Island)
Pgm Director: Panuj R Patel, MD
75 Vanderbilt Avenue
Staten Island, NY 10304
Tel: 718 818-5669
Fax: 718 818-6877
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 400-35-12-103

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: Richard H Hutchings Psychiatric Center Veterans Affairs Medical Center (Syracuse)
T-10, Room 202
Stony Brook Medical Center
Syracuse, NY 13210
Tel: 315-464-3105
Fax: 315-464-3163
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PFP
Program ID: 400-35-21-180
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<td>New York</td>
<td>Valhalla University of North Carolina Hospitals Program</td>
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<td>Dorothea Dix Hospital</td>
<td>40</td>
<td>4011-36-21-175</td>
<td>64 Subspecialties: PFP</td>
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<td>Duke University Hospital Program</td>
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<td>Grace Thrall, MD</td>
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<td>24 Subspecialties: PFP, PYG</td>
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<td>Greenwood University of North Carolina University Program</td>
<td>Pitt County Memorial Hospital</td>
<td>Gary G. Dworkin, MD</td>
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<td>20 Subspecialties: ADP, FFP, PFG</td>
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<td>Winston-Salem</td>
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<td>Stephen R Kramer, MD</td>
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<td>North Dakota State University Hospital Program</td>
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<td>Ohio State University Hospital Program</td>
<td>William Williams, MD</td>
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<td>Wright State University Program</td>
<td>David G. Biessensfeld, MD</td>
<td>20</td>
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<td>20 Subspecialties: ADP, FFP, PFG</td>
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<td>Northeastern Ohio University College of Medicine Program</td>
<td>Joseph D. Varley, MD</td>
<td>20</td>
<td>4011-36-21-182</td>
<td>20 Subspecialties: ADP, FFP, PFG</td>
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<td>Medical College of Ohio Program</td>
<td>Mark S. Williams, MD</td>
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<td>Oklahoma State University Hospital Program</td>
<td>Ernest G. Sholdt, MD</td>
<td>20</td>
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<td>20 Subspecialties: ADP, FFP, PFG</td>
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Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prof. Director: S Jay Lenox, MD
Dept of Psychiatry & Behavioral Sce
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-5201 Fax: 405 271-8882
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: ADP Program ID: 409-30-21-184

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Laureate Psychiatric Clinic and Hospital
St John Medical Center
Prof. Director: Umda C Gleason, MD
Suite 2F09
Tulsa, OK 74115
Tel: 918 660-3518 Fax: 918 660-3517
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 409-39-39-246

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Veterans Affairs Medical Center (Portland)
Prof. Director: Donald Rosen, MD
313 SW Sam Jackson Park RD
UNIV 80
Portland, OR 97239
Tel: 503 494-6149 E-mail: opmsge@ohsu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: ADP, PYG Program ID: 409-49-21-185

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prof. Director: Errol M Aksa, MD
Department of Psychiatry MC H073, PO Box 850
Hershey, PA 17033
Tel: 717 531-8136 Fax: 717 531-6491
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: PFG Program ID: 409-41-11-187

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center-Belmont Center for Comprehensive Treatment
Prof. Director: Kimberly B Best, MD
5001 Old York Road
Philadelphia, PA 19141
Tel: 215 456-7045 Fax: 215 254-2781
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PFG Program ID: 409-41-31-189

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCAB.Hahnemann)
Friends Hospital
Hahnemann University Hospital (Tenet Health System)
Prof. Director: R Bryan Chambers, MD
4541 Roosevelt Boulevard
Philadelphia, PA 19124
Tel: 215 831-7841 Fax: 215 831-5042
Length: 4 Yrs ACGME Approved/Offered Positions: 50
Program ID: 409-41-21-192

Temple University Hospital Program
Sponsor: Temple University Hospital
Prof. Director: Edward A Volkman, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 925-6065 Fax: 215 925-4085
E-mail: psychres@temple.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 409-41-21-196

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prof. Director: David J Lynn, MD, BS
1000 Sansom Street, Suite 1602
1602 Thomas Jefferson Building
Philadelphia, PA 19107
Tel: 215 696-6101 Fax: 215 696-8473
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 409-41-31-196

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prof. Director: Anthony Rostain, MD, MA
9300 Market Street
2nd Floor
Philadelphia, PA 19104
Tel: 215 746-7210 Fax: 215 746-7204
Length: 4 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: ADP, PYG Program ID: 409-41-21-197

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prof. Director: Gary Swanson, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 238-4242 Fax: 412 238-4010
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 409-41-21-272

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic
Veterans Affairs Medical Center (Pittsburgh)
Prof. Director: Kenneth C Nash, MD
3811 O'Hara Street
Pittsburgh, PA 15213
Tel: 412 624-2579 Fax: 412 624-6319
Length: 4 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: PFP, PYG Program ID: 409-41-31-198

Puerto Rico
Ponce
Ponce School of Medicine Program
Sponsor: Ponce School of Medicine
Veterans Affairs Medical Center (San Juan)
Prof. Director: Ana I Torres, MD
Mental & Behavioral Healthcare Service (116A)
10 Cautia Street
San Juan, PR 00921
Tel: 787 814-7582 Fax: 787 841-6555
E-mail: ANA17150@hotmail.com
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 409-42-12-296

San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
First Hospital Panamerican University Hospital
University of Puerto Rico Hospital at Carolina
University Pediatric Hospital
Prof. Director: Luis N Colon de Marti, MD
PO Box 365667
San Juan, PR 00808
Tel: 787 766-0940 Fax: 787 766-0940
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 409-43-31-203

Rhode Island
Providence
Brown University Program
Sponsor: Butler Hospital Miriam Hospital-Lifespan Rhode Island Hospital-Lifespan
central Program
Prof. Director: Jane Risen, MD
345 Blackstone Boulevard
Providence, RI 02906
Tel: 401 455-6878 Fax: 401 455-6497
E-mail: Psychiatry_Residency@brown.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: PFG Program ID: 409-43-21-203

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prof. Director: Alberto S Santos, MD, MA
717 Ashley Avenue
PO Box 250861
Charleston, SC 29425
Tel: 843 792-0192 Fax: 843 792-6884
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: ADP, PYG Program ID: 409-43-21-204

Graduate Medical Education Directory 2005-2006
<table>
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<tr>
<th>Program</th>
<th>Sponsor</th>
<th>Length</th>
<th>Specialties</th>
<th>Director</th>
<th>Phone</th>
<th>Fax</th>
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<th>Program ID</th>
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<tbody>
<tr>
<td>Columbia</td>
<td>Palmetto Health/University of South Carolina School of Medicine Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 26</td>
<td>Edward Reilly, MD</td>
<td>713 798-4872</td>
<td>798-1479</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-212</td>
</tr>
<tr>
<td>Nashville</td>
<td>Meharry Medical College Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 18</td>
<td>John Peter Smith, MD</td>
<td>512 324-2864</td>
<td>324-2864</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-208</td>
</tr>
<tr>
<td>El Paso</td>
<td>Texas Tech University (El Paso) Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
<td>David F Briones, MD</td>
<td>915 545-6442</td>
<td>545-6442</td>
<td><a href="mailto:debi.grady@ttuhsc.edu">debi.grady@ttuhsc.edu</a></td>
<td>400-48-11-217</td>
</tr>
<tr>
<td>Texas</td>
<td>Austin Medical Education Programs of Seton Healthcare Network Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 16</td>
<td>John Peter Smith, MD</td>
<td>512 324-2860</td>
<td>324-2860</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-208</td>
</tr>
<tr>
<td>Galveston</td>
<td>University of Texas Medical Branch Hospitals Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 16</td>
<td>Cindy Wigg, MD</td>
<td>409 747-9784</td>
<td>747-9784</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-212</td>
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<tr>
<td>Houston</td>
<td>Baylor College of Medicine Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 20</td>
<td>Michael E DeBakey, MD*</td>
<td>713 798-4872</td>
<td>798-4872</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-218</td>
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<tr>
<td>University of Texas at Houston Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 48</td>
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**Tennessee**

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<th>Director</th>
<th>Phone</th>
<th>Fax</th>
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<tr>
<td>Tennessee</td>
<td>Johnson City</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 35</td>
<td>Catherine Fuchs, MD</td>
<td>512 324-2864</td>
<td>324-2864</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-208</td>
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<tr>
<td>East Tennessee State University Program</td>
<td>James H Quillen College of Medicine</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 35</td>
<td>Cindy Wigg, MD</td>
<td>409 747-9784</td>
<td>747-9784</td>
<td><a href="mailto:swinter@jpshealthnetwork.org">swinter@jpshealthnetwork.org</a></td>
<td>400-48-11-212</td>
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<tr>
<td>Memphis</td>
<td>University of Tennessee Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 16</td>
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**Ohio**

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<td>Columbus</td>
<td>Columbus Neurology Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 8</td>
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For more information, visit the [Graduate Medical Education Directory](#).
## Accredited Programs in Psychiatry

### Lubbock
**Texas Tech University (Lubbock) Program**
- **Sponsor**: Texas Tech University Health Sciences Center at Lubbock
- **Department**: University Medical Center
- **Program Director**: Russell J. Packard, MD
- **Address**: 3601 4th Street
- **Neuropsychiatry – MSB103
- **Contact**: 806-743-2829 Fax: 806-743-6230
- **Length**: 4 Yrs
- **Program ID**: 400-49-21-256

### San Antonio
**University of Texas Health Science Center at San Antonio Program**
- **Sponsor**: University of Texas Medical School at San Antonio
- **Department**: Audie L. Murphy Memorial Veterans Hospital (San Antonio)
- **Address**: University Health System
- **Program Director**: Kenneth L. Matthews, MD
- **Address**: 7701 Floyd Curl Drive
- **San Antonio, TX 78229**
- **Contact**: 210 567-5430 Fax: 210 567-6817
- **E-mail**: spears@uthscsa.edu
- **length**: 4 Yrs
- **Program ID**: 400-49-21-218

### Virginia
**Charlottesville**
**University of Virginia Program**
- **Sponsor**: University of Virginia Medical Center
- **Program Director**: Edward M Kantor, MD
- **Address**: PO Box 80623
- **Charlottesville, VA 22908**
- **Contact**: 434 924-5169 Fax: 434 924-5149
- **E-mail**: psych residency@ virginia.edu
- **Length**: 4 Yrs
- **Program ID**: 400-64-21-220

### Norfolk
**Eastern Virginia Medical School Program**
- **Sponsor**: Eastern Virginia Medical School Sentara Norfolk General Hospital
- **Address**: Veterans Affairs Medical Center (Hampton)
- **Program Director**: Edwin R. Galewood, MD
- **Address**: 825 Fairfax Avenue, Suite 719
- **Richmond, VA 23298**
- **Contact**: 804 446-5918 Fax: 804 446-5918
- **Length**: 4 Yrs
- **Program ID**: 400-51-21-221

### Portsmouth
**Naval Medical Center (Portsmouth) Program**
- **Sponsor**: Naval Medical Center (Portsmouth)
- **Address**: Veterans Affairs Medical Center (Hampton)
- **Program Director**: Gail H. Mann, MD
- **Address**: 620 John Paul Jones Circle
- **Portsmouth, VA 23708**
- **Contact**: 757 953-5250 Fax: 757 953-5275
- **E-mail**: gmann@vmcne.com
- **Length**: 4 Yrs
- **Program ID**: 400-51-12-207

### Richmond
**Virginia Commonwealth University Health System Program**
- **Sponsor**: Virginia Commonwealth University Health System
- **Address**: Hunter Holmes McGuire VA Medical Center (Richmond)
- **MCV-Virginia Treatment Center for Children Medical College of Virginia Hospitals
- **Program Director**: John R. Urbach, MD
- **Address**: 1200 East Broad Street
- **Box 980710, MCV
- **Richmond, VA 23298**
- **Contact**: 804 282-9158
- **E-mail**: dyhuts@vaw.cdo
- **Length**: 4 Yrs
- **Program ID**: 400-51-22-223

### Roanoke
**Carilion Health System/University of Virginia (Roanoke-Salem) Program**
- **Sponsor**: Carilion Health System
- **Address**: Carilion Medical Center/Roanoke Memorial Hospital Veterans Affairs Medical Center (Salem)
- **Program Director**: J Joe Tazol, MD
- **Address**: 116A7 Salem VAMC
- **Salem, VA 24303**
- **Contact**: 540 883-2563 Fax: 540 883-2606
- **Length**: 4 Yrs
- **Program ID**: 400-51-21-237

### Utah
**Salt Lake City**
**University of Utah Program**
- **Sponsor**: University of Utah Medical Center
- **Address**: University Counseling Center
- **University of Utah Neuropsychiatric Institute
- **Valley Mental Health
- **Veterans Affairs Medical Center (Salt Lake City)
- **Program Director**: Menloeth Alden, MD
- **50 North Medical Drive
- **Salt Lake City, UT 84132**
- **Contact**: 801 581-4096 Fax: 801 581-6604
- **Length**: 4 Yrs
- **Program ID**: 400-49-21-219

### Vermont
**Burlington**
**University of Vermont Program**
- **Sponsor**: Fletcher Allen Health Care
- **Program Director**: Richard A. Bernstein, MD
- **Address**: 111 Colchester Ave, Patrick 428
- **Burlington, VT 05401**
- **Contact**: 802 847-2250 Fax: 802 847-2733
- **Length**: 4 Yrs
- **Program ID**: 400-50-11-241

### Washington
**Seattle**
**University of Washington Program**
- **Sponsor**: University of Washington School of Medicine
- **Address**: Sacred Heart Medical Center
- **Veterans Affairs Medical Center (Seattle)
- **Program Director**: Deborah S. Cowley, MD
- **Box 356560
- **Seattle, WA 98195**
- **Contact**: 206 685-7477 Fax: 206 685-8966
- **Length**: 4 Yrs
- **Program ID**: 400-54-21-225

### West Virginia
**Charleston**
**Charleston Area Medical Center/West Virginia University (Charleston Division) Program**
- **Sponsor**: Charleston Area Medical Center/West Virginia University
- **Program Director**: T O Dickey, MD
- **Address**: 501 Morris Street
- **PO Box 1547
- **Charleston, WV 25336**
- **Contact**: 304 341-5432 Fax: 304 341-3228
- **Length**: 4 Yrs
- **Program ID**: 400-55-21-264

### West Virginia
**Morgantown**
**West Virginia University Program**
- **Sponsor**: West Virginia University School of Medicine
- **Address**: West Virginia University Hospitals
- **Program Director**: Ryan D. Fincher, MD*
- **Address**: Dept of Behavioral Medicine
- **900 Chestnut Ridge Road
- **Morgantown, WV 26506**
- **Contact**: 304 293-3411 Fax: 304 293-8723
- **Length**: 4 Yrs
- **Program ID**: 400-56-21-226

### Wisconsin
**Madison**
**University of Wisconsin Program**
- **Sponsor**: University of Wisconsin Hospital and Clinics
- **Program Director**: Arthur C. Waldersee, MD*
- **600 Research Park Blvd
- **Madison, WI 53719**
- **Contact**: 608 263-0106 Fax: 608 263-0355
- **Length**: 4 Yrs
- **Program ID**: 400-56-21-238
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Columbia Hospital
Provoett Memorial Lutheran Hospital
Milwaukee County Behavioral Health Division
Program Director: Carlyle H Chan, MD
8701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 456-8999 Fax: 414 456-6299
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PFP
Program ID: 409-56-21-229

Psychosomatic Medicine (Psychiatry)

California
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: James Bourgeois, MD
2230 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-4941 Fax: 916 734-3384
Length: 1 Yr
Program ID: 409-05-31-008

Connecticut
Hartford
Institute of Living/Hartford Hospital Program
Sponsor: Hartford Hospital
Program Director: Adrienne L Bentman, MD
200 Retreat Avenue
Hartford, CT 06106
Tel: 860 545-7183 Fax: 860 545-7403
Length: 1 Yr
Program ID: 409-08-12-003

District of Columbia
Washington
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Program Director: Catherine Chang-Crone, MD
3300 Gallows Road
Falls Church, VA 22042
Tel: 703 776-3380 Fax: 703 776-3050
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 409-10-31-002

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: James J Amor, MD
200 Hawkins Drive, #680-JFP
Iowa City, IA 52240
Tel: 319 356-8114 Fax: 319 356-2587
Length: 1 Yr
Program ID: 409-18-21-004

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Mark J Ehrenreich, MD
88 East Newton Street, Suite B410
Baltimore, MD 21218
Tel: 410 328-6090 Fax: 410 328-1757
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 409-23-31-010

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Isidore Berenbaum, MD
1453 Cambridge Street
Cambridge, MA 02139
Tel: 617 655-1544 Fax: 617 655-1204
E-mail: bbeq@bu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 409-24-21-007

Cambridge
Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Somerville Mental Health
Program Director: Robert C Joseph, MD
1483 Cambridge Street
Cambridge, MA 02139
Tel: 617 655-1544 Fax: 617 655-1204
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 409-24-31-012

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Rs-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Program Director: Kemuel L Philibrick, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-0225 Fax: 507 284-6345
E-mail: mgsm.roch.mn.psychiatry@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 409-26-21-613
Accredited Programs in Psychosomatic Medicine (Psychiatry)

New York

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: Philip A Bailer, MD
First Avenue and 16th Street, Fiurman 509
New York, NY 10029
Tel: 212 420-4352  Fax: 212 420-4332
E-mail: pbailer@bethisrael.org
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 409-30-21-005

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Pgm Director: Mary Ann Cohen, MD
One Gustave L Levy Place, Box 1009
New York, NY 10029
Tel: 212 241-0050  Fax: 212 831-1277
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 409-35-21-001

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program
Pgm Director: Adekolo O Alao, PhD
750 East Adams Street, Room81702
Syracuse, NY 13210
Tel: 315 464-6631  Fax: 315 464-6632
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 409-35-12-006

Ohio

Cleveland
The Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Karen Franco, MD
9600 Euclid Avenue/P 57
Cleveland, OH 44195
Tel: 216 444-2671  Fax: 216 445-7032
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 409-38-13-014

Virginia

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Pgm Director: James L Levenson, MD
P 0 Box 980285, West Hospital, 5th Floor
Richmond, VA 23298
Tel: 804 828-0762  Fax: 804 828-7675
E-mail: jlevenson@vcu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 409-31-12-009

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Paul Cicchanowski, MD, MPH
Department of Psychiatry & Behavioral Sciences
Box 356600
Seattle, WA 98195
Tel: 206 843-8848  Fax: 206 221-5414
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 409-04-21-011

Pulmonary Disease (Internal Medicine)

Alabama

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Knollwood Park Hospital
Pgm Director: Ronald U Allison, MD
3601 Pollington St, 11th floor
Suite 6
Mobile, AL 36617
Tel: 251 471-7847  Fax: 251 471-7889
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 140-01-11-040

California

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Pgm Director: Christopher R Brown, MD
241 Clay Street
Suite 360
San Francisco, CA 94115
Tel: 415 964-6698  Fax: 415 775-7477
E-mail: meded@sutterhealth.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 149-05-15-147

Connecticut

Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Yale-New Haven Hospital
Pgm Director: Herbert H Scherzer, MD
267 Grant Street
Bridgeport, CT 06610
Tel: 203 384-3784  Fax: 203 384-4663
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 149-08-21-199

Norwalk
Norwalk Hospital/Yale University Program
Sponsor: Norwalk Hospital
Pgm Director: Jonathan M Fine, MD
Department of Medicine
Maple Street
Norwalk, CT 06856
Tel: 203 555-3541  Fax: 203 552-3768
E-mail: lucidialyl@norwalkhealth.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 149-08-31-005
Accredited Programs in Pulmonary Disease (Internal Medicine)

District of Columbia

Washington
Howard University Program
Sponsor: Howard University Hospital
Program Director: Alvin V. Thomas, MD
Department of Internal Medicine
2841 Georgia Avenue, NW
Washington, DC 20059
Tel: 202 266-6798 Fax: 202 266-4669
E-mail: jones@humnp.org
Length: 2 yrs ACGME Approved/Offered Positions: 3
Program ID: 149-18-21-086

Florida

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
St Luke’s Hospital
Program Director: Margaret M Johnson, MD
5400 San Pablo Road
Jacksonville, FL 32234
Tel: 904 933-2282 Fax: 904 933-0430
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-11-32-205

Illinois

North Chicago
The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program
Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Program Director: Ashish M Palanker, MD
Division of Pulmonary Medicine-Dept of Medicine
5535 Green Bay Road
North Chicago, IL 60064
Tel: 847 689-1600 Fax: 847 576-8647
E-mail: abrona@rolindfranklin.edu
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-16-21-031

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John’s Hospital
Program Director: Joseph Q Hentke, MD
PO Box 19636
Springfield, IL 62794
Tel: 217 545-0167 Fax: 217 786-5543
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-16-21-194

Massachusetts

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Oren Schaefer, MD
55 Lake Avenue, N
Worcester, MA 01605
Tel: 508 856-0122 Fax: 508 856-3999
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-24-21-008

New Jersey

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph’s Regional Medical Center
Program Director: M Anees Khan, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2450 Fax: 973 754-2498
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 149-33-11-156

New York

Bronx
Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Program Director: Latha Memon, MD
1550 Sohyn Ave, Suite 11C
Bronx, NY 10457
Tel: 718 960-2003 Fax: 718 960-1333
E-mail: lmemon@bronxleb.org
Length: 2 yrs ACGME Approved/Offered Positions: 5
Program ID: 149-35-11-102

Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Wyckoff Heights Medical Center
Program Director: Ruchira S Merida, MD
Department of Medicine
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 250-6602 Fax: 718 250-6110
E-mail: mrsmerida@BrooklynHealth.org
Length: 2 yrs ACGME Approved/Offered Positions: 5
Program ID: 149-35-12-185

Coney Island Hospital Program
Sponsor: Coney Island Hospital
Program Director: Padmanabhan Krishnan, MD
2001 Ocean Parkway
Brooklyn, NY 11235
Tel: 718 615-4711 Fax: 718 615-4071
E-mail: krisnapach@rghhc.org
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-178

Interfaith Medical Center Program
Sponsor: Interfaith Medical Center
Program Director: M Frances J Schmidt, MD, MFA
1545 Atlantic Avenue
Brooklyn, NY 11223
Tel: 718 613-4658 Fax: 718 613-4893
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-21-179

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Sydney Teissier, MD
4902 10th Avenue
Brooklyn, NY 11219
Tel: 718 283-8360 Fax: 718 283-7884
Length: 3 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-158

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Saadali Banoo, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 789-5836 Fax: 718 789-5836
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-091

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
State University of New York Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: A Ross Hill, MD
450 Clarkson Ave, Box 19
Brooklyn, NY 11203
Tel: 718 270-1770 Fax: 718 270-1738
Length: 2 yrs ACGME Approved/Offered Positions: 10
Program ID: 149-35-21-054

Flushing
New York Medical College Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Program Director: Stephen B Khorowitz, MD
56-45 Main Street
Flushing, NY 11355
Tel: 718 670-1405 Fax: 718 461-5943
Length: 3 yrs ACGME Approved/Offered Positions: 3
Program ID: 149-35-11-090

Jamaica

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Program Director: Albert Miller, MD
88-25 153rd St Suite 3F
Jamaica, NY 11432
Tel: 718 558-7277 Fax: 718 558-7200
E-mail: almlclr@vcmeny.org
Length: 3 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-22-047

New York

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Program Director: John S Schleckel, MD
Dept of Medicine Bm 12-106
506 Lenox Avenue
New York, NY 10037
Tel: 212 393-1465 Fax: 212 393-1465
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-168

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Program Director: Murray B Rogers, MD
106 East 77th Street
3 Arborcis
New York, NY 10021
Tel: 212 439-2168 Fax: 212 434-3396
E-mail: sglove@louischill.net
Length: 2 yrs ACGME Approved/Offered Positions: 9
Program ID: 149-35-11-181

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Jean T Santamour, MD
1275 York Avenue
New York, NY 10021
Tel: 212 698-8002 Fax: 212 717-3116
E-mail: palmonny@mskcc.org
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-21-173

Graduate Medical Education Directory 2005-2006 989
Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Pgm Director: Ari Klaypsy, MD
227 East 19th Street
New York, NY 10003
Tel: 212 965-6658
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-31-096

North Carolina
Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pgm Director: Linda C Anderson, MD
600 Moye Blvd
Greenville, NC 27853
Tel: 252-744-3293 Fax: 252-744-4877
E-mail: bartkuse@mail.ecu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-34-21-363

Pennsylvania
Philadelphia
Graduate Hospital Program
Sponsor: Graduate Hospital (Tenet Health System)
Pgm Director: Alan Habet, MD
Suite 607, Pepper Pavilion
1800 Lombard Street
Philadelphia, PA 19146
Tel: 215-995-2424 Fax: 215-995-7220
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-41-11-139

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Pgm Director: Brian W Carlin, MD
200 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-4514 Fax: 412 359-6609
E-mail: bcarlin@pgahs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 149-41-11-940

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Pgm Director: Paul Fiechter, MD
4500 Friendship Ave
Pittsburgh, PA 15234
Tel: 412-687-5573 Fax: 412-687-8854
E-mail: rantonio@wpahs.org
Length: 2 Yrs ACGME Approved/Offered Positions 3
Program ID: 149-41-11-942

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Department of Medicine
Tel: 787 754-3750 Fax: 787 754-1789
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 149-42-21-121

Rhode Island
Providence
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Pgm Director: Michael Parente, MD
252 Chalkstone Ave
Providence, RI 02908
Tel: 401 465-3201 Fax: 401 465-2016
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 149-43-31-943

West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Pgm Director: Nancy J Mann, MD
Department of Medicine
1600 Medical Center Dr, Suite G600
Huntington, WV 25701
Tel: 304 691-1062 Fax: 304 691-1803
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 149-55-21-183

Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Pgm Director: Allen B Cooper, MD
215 Tinsley Harrison Towers
1900 University Boulevard
Birmingham, AL 35294
Tel: 205 934-5400 Fax: 205 934-1271
E-mail: alline@uab.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-01-21-186

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Cabrini Veterans Affairs Medical Center (Phoenix)
Pgm Director: Allen R Thomas, MD
602 222-3745
E-mail: bcsam@bannerhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-03-18-129

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Veterans Medical Center
Pgm Director: Stuart F Quan, MD
1501 N Campbell Avenue
PO Box 245030, Room 2242
Tucson, AZ 85724
Tel: 520 626-6115 Fax: 520 626-6970
E-mail: squan@arizona.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-03-21-001

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care Center
University Hospital of Arkansas
Pgm Director: Peter White, MD
4361 W Markham, Slot #655
Little Rock, AR 72205
Tel: 501 686-5525 Fax: 501 686-7890
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-04-21-002
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Pgm Director: Susan Martin, MD, MSc
Division of Pulmonary & Critical Care Medicine
4100 V Street, Suite 3405
Sacramento, CA 95817
Tel: 916 734-3666 Fax: 916 734-7924
E-mail: simultrin@ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156.05.12-900

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego) Medical Center
Program Director: Dennis E Amundson, DO
34740 Bob Wilson Drive
Suite 300
San Diego, CA 92134
Tel: 619 532-7621 Fax: 619 532-7605
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156.05.13-007
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: P. D Wagner, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 858 667-7105 Fax: 858 667-7144
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 156.05.23-008

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Pgm Director: Stephen C Lazarus, MD
Dept of Medicine
505 Parnassus Avenue, Room 1087-M
San Francisco, CA 94143
Tel: 415 476-6620 Fax: 415 476-5712
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156.05.23-009

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Pgm Director: Glenn D Boson, MD
300 Pasteur Drive, Room 138142
Stanford, CA 94305
Tel: 650 725-0381 Fax: 650 725-5489
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 156.05.21-910

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
St Mary Medical Center
Pgm Director: Darrell Y Sue, MD
1000 W Carson Street
Box 405
Torrance, CA 90709
Tel: 310 222-3801 Fax: 310 320-4688
E-mail: sue@stmary.com
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 156.05.11-115

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Program Director: David L Schwartz, MD
4300 E Ninth Avenue
Box C372
Denver, CO 80262
Tel: 303 219-7047 Fax: 303 219-5632
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156.07.21-007

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Pgm Director: Mark Metersky, MD
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 678-3586 Fax: 860 678-1103
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156.08.21-011

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Pgm Director: Geoffrey L Chapp, MD
333 Cedar Street/VAC 441 S
PO Box 208567
New Haven, CT 06520
Tel: 203 785-3207 Fax: 203 785-3826
Length: 3 Yrs ACGME Approved/Offered Positions: 17
Program ID: 156.08.21-104

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Washington Hospital Center
Pgm Director: Guillermo Gutierrez, MD, PhD
Ross Hall Suite 7 707
2300 E Sts, NW
Washington, DC 20037
Tel: 202 741-2237 Fax: 202 741-2238
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156.09.21-090
<table>
<thead>
<tr>
<th>Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)</th>
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</thead>
</table>

**Georgetown University Hospital Program**

**Sponsor:** Georgetown University Hospital  
**Pgm Director:** Charles A Read, MD  
**Department of Medicine**  
3830 Reservoir Road, NW  
Washington, DC 20007  
Tel: 202-444-8870  
Fax: 202-444-2356  
E-mail: perlsar@georgetown.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 186-10-21-012  

**Florida**

**Gainesville**

**University of Florida Program**

**Sponsor:** University of Florida College of Medicine  
**North Florida/South Georgia Veterans Health System**  
Shands Hospital at the University of Florida  
**Pgm Director:** Michael A Jantz, MD  
**Department of Medicine**  
Gainesville, FL 32610  
Tel: 352-392-2566  
Fax: 352-392-1061  
E-mail: djspar@medicine.ufl.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 186-11-21-014  

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**

**Sponsor:** Jackson Memorial Hospital/Jackson Health System  
Mount Sinai Medical Center of Florida Inc  
**Pgm Director:** Horst J Baier, MD, JD  
**North Wing, Room 224, D-60**  
1611 NW 12th Avenue  
Miami, FL 33136  
Tel: 305-585-7340  
Fax: 305-324-0869  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 13  
Program ID: 186-11-31-015  

**Tampa**

**University of South Florida Program**

**Sponsor:** University of South Florida College of Medicine  
**H Lee Moffitt Cancer Center**  
**James A Hays Veterans Hospital**  
**Tampa General Hospital**  
**Pgm Director:** David A Solomon, MD  
**13000 Bruce B Downs Blvd (111C)**  
Tampa, FL 33612  
Tel: 813-833-3933  
Fax: 813-979-3606  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 10  
Program ID: 186-11-21-102  

**Georgia**

**Atlanta**

**Emory University Program**

**Sponsor:** Emory University School of Medicine  
**Crawford Long Hospital of Emory University**  
**Emory University Hospital**  
**Grady Health System**  
**Veterans Affairs Medical Center (Atlanta)**  
**Pgm Director:** C Michael Hart, MD  
**Atlanta VA Medical Center (151P)**  
**1670 Clairmont Road, NE**  
Atlanta, GA 30303  
Tel: 404-321-6111  
Fax: 404-417-2968  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 18  
Program ID: 156-13-21-016  

**Augusta**

**Medical College of Georgia Program**

**Sponsor:** Medical College of Georgia  
**Veterans Affairs Medical Center (Augusta)**  
**Pgm Director:** Thomas A Billboard, MD  
**1120 15th Street**  
**Section of Pulmonary Diseases, Room BDB513**  
Augusta, GA 30912  
Tel: 706-721-2566  
Fax: 706-721-3095  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 186-12-31-017  

**Illinois**

**Chicago**

**Cook County Hospital Program**

**Sponsor:** John H Stroger Hospital of Cook County  
**Pgm Director:** Catherine Monti, MD, MPH  
**1500 W Polk St**  
**Room 1401**  
Chicago, IL 60612  
Tel: 312-864-7390  
E-mail: dayligh@hemichili.org  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 156-16-21-016  

**McGaw Medical Center of Northwestern University Program**

**Sponsor:** McGaw Medical Center of Northwestern University  
**Northwestern Memorial Hospital**  
**Veterans Affairs Chicago Health Care System**  
**Pgm Director:** Peter H Sporn, MD  
**Division of Pulmonary and Critical Care Medicine**  
240 E Huron St, McGaw 2000  
Chicago, IL 60611  
Tel: 312-608-8163  
Fax: 312-968-4550  
E-mail: Prgmdr@northwestern.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 156-11-21-091  

**Rush University Medical Center Program**

**Sponsor:** Rush University Medical Center  
**Pgm Director:** Robert A Baik, MD  
**1700 West Congress Parkway - 207 Jelke**  
**Chicago, IL 60612**  
Tel: 312-924-7873  
Fax: 312-924-7053  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 156-11-31-019  

**University of Chicago Program**

**Sponsor:** University of Chicago Hospitals  
**Pgm Director:** Steven White, MD  
**MC0070**  
**6541 South Maryland Avenue**  
**Chicago, IL 60637**  
Tel: 773-702-1856  
Fax: 773-702-9600  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 11  
Program ID: 156-14-21-091  

**University of Illinois College of Medicine at Chicago Program**

**Sponsor:** University of Illinois College of Medicine at Chicago  
**Michael Reese Hospital and Medical Center**  
**University of Illinois Hospital and Clinics**  
**Veterans Affairs West Side Medical Center**  
**Pgm Director:** Dean E Simpson, MD  
**Department of Medicine (WIC 719)**  
**940 S Wood Street**  
**Chicago, IL 60612**  
Tel: 312-996-3266  
Fax: 312-996-4665  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 156-16-21-030  

**Maywood**

**Loyola University Program**

**Sponsor:** Loyola University Medical Center  
**Edward Hines Jr Veterans Affairs Hospital**  
**Pgm Director:** Martin J Tobin, MD  
**Pulmonary and Critical Care Medicine**  
**Bldg 54 Room 103A**  
Maywood, IL 60153  
Tel: 708-216-5402  
Fax: 708-216-8209  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 156-16-01-031  

**Indiana**

**Indianapolis**

**Indiana University School of Medicine Program**

**Sponsor:** Indiana University School of Medicine  
**Clarian Indiana University Hospital**  
**Clarian Methodist Hospital of Indiana**  
**Richard L Roudebush Veterans Affairs Medical Center**  
**William N Wishard Memorial Hospital**  
**Pgm Director:** Mark O Farber, MD  
**Richard Roudebush Veterans Administration Hospital**  
1481 W 10th Street, 111F-1U  
Indianapolis, IN 46202  
Tel: 317-554-1739  
Fax: 317-554-1743  
E-mail: mfarber@iuap.com  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 14  
Program ID: 186-17-21-022  

**Iowa**

**Iowa City**

**University of Iowa Hospitals and Clinics Program**

**Sponsor:** University of Iowa Hospitals and Clinics  
**Veterans Affairs Medical Center (Iowa City)**  
**Pgm Director:** Jeffrey S Wilson, MD  
**200 Hawkins Drive**  
**C30 GH**  
**Iowa City, IA 52242**  
Tel: 319-356-2752  
Fax: 319-353-8406  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 156-18-21-023  

**Kansas**

**Kansas City**

**University of Kansas Medical Center Program**

**Sponsor:** University of Kansas School of Medicine  
**University of Kansas Medical Center**  
**Veterans Affairs Medical Center (Kansas City)**  
**Pgm Director:** Steven Q Simpson, MD  
**39th & Rainbow Blvd**  
**4690 Seder**  
**Kansas City, KS 66160**  
Tel: 913-588-0045  
Fax: 913-588-0046  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 156-19-21-024
Kentucky

Lexington

University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Samartian Hospital
Veteran Affairs Medical Center (Lexington)
Program Director: Rosalio Berger, MD
1401 Lakeside Drive
Lexington, KY 40503
Tel: 859-258-5065 Fax: 859-257-2418
E-mail: jjpark2@uky.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-28-21-101

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Jason Kelley, MD
550 S Jackson Street
Ambulatory Care Building, A1L01
Louisville, KY 40202
Tel: 502-952-5241 Fax: 502-952-2559
E-mail: jjpark2@louisville.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156-28-21-177

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Memorial Medical Center
Gechnar Clinic Foundation
Program Director: David E Taylor, MD
1301 Perdido Street
Suite 3205
New Orleans, LA 70112
Tel: 504-566-8634 Fax: 504-566-4296
E-mail: dyel@lsuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 156-21-21-025

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Elenida Quinones-Eills, MD
1430 Tulane Avenue, SL6
New Orleans, LA 70112
Tel: 504-948-2206 Fax: 504-948-3144
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 156-21-21-120

Shreveport

Louisiana State University (Shreveport)
Program
Sponsor: LSU Health Sciences Center-University Hospital
Ostertag Brookes Veterans Affairs Medical Center
Program Director: Donald K Payne, MD
Department of Medicine
1501 Kings Highway
Shreveport, LA 71130
Tel: 318-675-0920 Fax: 318-675-5669
E-mail: mwll2@lsuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-21-31-020

Massachusetts

Boston

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Jeffrey S Berman, MD
150 Albany St
Boston, MA 02118
Tel: 617-638-8093 Fax: 617-358-8100
E-mail: jberman@lumc.bu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 156-21-31-080

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Program Director: Katherine P Henda, MD
766 Cambridge Street, Box 13
Boston, MA 02215
Tel: 617-788-2545
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-24-21-081

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Brigham and Women's Hospital
Program Director: David M Systrom, MD
50 Fruit Street
Burlington 145
Boston, MA 02114
Tel: 617-728-5734 Fax: 617-726-6878
E-mail: daystrom@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-24-21-090

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: John Unterborn, MD
750 Washington Street
Boston, MA 02111
Tel: 617-636-3581
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-24-21-080

Burlington

Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Andrew G Villanueva, MD
Department of Pulmonary and Critical Care Medicine
41 Mall Road
Burlington, MA 01803
Tel: 781-744-8440 Fax: 781-744-3443
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-24-21-029

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Marc Peters-Golden, MD
5301 MSIBB III
1150 W Medical Center Dr
Ann Arbor, MI 48109
Tel: 734-763-0907 Fax: 734-764-4556
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-25-21-002

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: John Buckley, MD, MPH
2799 W Grand Boulevard 8K-17
Detroit, MI 48202
Tel: 313-810-2431 Fax: 313-816-8102
E-mail: jbuucke1@hfhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 156-25-31-083
Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Blitzel Hospital
Prgm Director: Basim A. Dubaygo, MD
3 Hudson
3600 John R Street
Detroit, MI 48201
Tel: 313 966-0695 Fax: 313 745-2481
E-mail: riewm@owu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156-26-21-116

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Prgm Director: Rajesh Bhagat, MD
2500 N State Street
Jackson, MS 39216
Tel: 601 894-5650 Fax: 601 894-5658
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156-27-12-124

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Rajiv Dhand, MD
One Hospital Drive
MA 417 Health Sciences Center
Columbia, MO 65212
Tel: 573 882-9072 Fax: 573 884-4992
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156-26-21-085

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Gary Salzman, MD
3411 Holmes
Kansas City, MO 64108
Tel: 816 235-1974 Fax: 816 235-5514
E-mail: salzman@umkc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-26-31-086

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Thomas J Prendergast, MD
Department of Medicine
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 556-5532 Fax: 603 556-0580
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 156-26-21-089

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Rama Le-taro, MD
Three Cooper Plaza, Suite 312
Camden, NJ 08103
Tel: 856 342-2467 Fax: 856 541-3668
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 156-33-21-040

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Deborah Heart and Lung Center
Robert Wood Johnson University Hospital
St Peter's University Hospital
Veterans New Jersey Health Care System (Lyons)
Prgm Director: Anthony S. Scadella, MD
One Robert Wood Johnson Pl. - EN 19
New Brunswick, NJ 08905
Tel: 732 235-7849 Fax: 732 235-7048
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-33-11-042

Newark

Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center
Prgm Director: Thiruvengadam Anandarangam, MD
400 Osborne Terrace
Suite L
Newark, NJ 07112
Tel: 973 926-6347 Fax: 973 926-6347
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-33-21-132

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Matthew O Martin, MD, MPH
185 S Orange Avenue, MSB-8532
Newark, NJ 07103
Tel: 973 972-6111 Fax: 973 972-6228
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-33-31-041
New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque) Prgm Director: Helen K Busby, MD Phone Critical Care MSC 10-5501 University of NM Albuquerque, NM 87131 Tel: 505 272-4751 Fax: 505 272-9700 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-21-109

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center Veterans Affairs Medical Center (Albany) Prgm Director: Anthony L Mulonga, MD Department of Medicine MC 91 43 New Scotland Avenue Albany, NY 12208 Tel: 518 262-6106 Fax: 518 262-6472 E-mail: beegles@alma.edu Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-21-043

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University Jacobi Medical Center Montefiore Medical Center-Henry and Lucy Moses Division Prgm Director: Andrew Berman, MD 111 East 210th Street Bronx, NY 10467 Tel: 718.439.2697 Fax: 718.904-2103 Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 156-35-21-092

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo Erie County Medical Center Kaleida Health System (Buffalo General Hospital) Veterans Affairs Western New York Healthcare System Prgm Director: M Jeffrey Mador, MD 3066 Bailey Ave Buffalo, NY 14215 Tel: 716 888-8629 Fax: 716 888-8682 E-mail: mdor@acsu.buffalo.edu Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-31-044

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital Nassau University Medical Center Prgm Director: Steven Feinsilver, MD 300 Community Drive Manhasset, NY 11030 Tel: 516 562-4217 E-mail: steven@nsuh.edu Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 156-35-11-045

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital Prgm Director: Jonathan S Howie, MD 222 Station Plaza North, Suite 400 Mineola, NY 11501 Tel: 516 683-2004 Fax: 516 683-4888 Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 156-35-12-046

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center Prgm Director: Alan S Malitz, MD 2700 Old Country Road New Hyde Park, NY 11042 Tel: 718 470-7331 Fax: 718 488-7162 E-mail: amalitz@lij.edu Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-13-047

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center Prgm Director: Mark J Bosson, MD Department of Medicine First Avenue at 16th Street New York, NY 10003 Tel: 212 495-2607 Fax: 212 439-2077 Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 156-35-22-048

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine Elmhurst Hospital Center-Mount Sinai Services Mount Sinai Medical Center Queens Hospital Center Veterans Affairs Medical Center (Bronx) Prgm Director: Scott Lorin, MD Department of Medicine One Gustave L Levy Place New York, NY 10029 Tel: 212 241-7898 Fax: 212 876-5510 Length: 3 Yrs ACGME Approved/Offered Positions: 19 Program ID: 156-35-23-048

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College St Vincent’s Catholic Medical Centers (Manhattan) Prgm Director: Patricia A Tiegen, MD 152 West 11th Street Cronin 554 New York, NY 10011 Tel: 212 964-2767 Fax: 212 604-3775 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-11-052

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus) Prgm Director: Charles A Powell, MD 630 W 168th Street New York, NY 10032 Tel: 212 956-8817 Fax: 212 956-8464 Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 156-35-15-125

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Cornell Campus) Prgm Director: Ronald C Crystal, MD 535 East 59th Street, STEB 505 Box 96 New York, NY 10021 Tel: 212 746-2238 Fax: 212 746-8808 Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 156-35-21-083

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center Prgm Director: Doreen A Addario-Harris, MD 550 First Avenue New York, NY 10016 Tel: 212 363-6479 Fax: 212 363-8442 Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 156-35-21-050

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center Prgm Director: Edward Eden, MD 1000 10th Avenue New York, NY 10019 Tel: 212 533-7352 Fax: 212 533-8416 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-31-051

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester Prgm Director: Mark W Parnamond, MD 961 Elmwood Avenue, Box 692 Rochester, NY 14642 Tel: 585 275-4615 Fax: 585 273-1114 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-31-099

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook Veterans Affairs Medical Center (Northport) Prgm Director: Russein D Foda, MD HSC 17-040 Stony Brook, NY 11794 Tel: 631 444-9890 Fax: 631 444-7502 Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 156-35-21-106

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University Veterans Affairs Medical Center (Syracuse) Prgm Director: Robert J Lenox, MD 750 East Adams Street Syracuse, NY 13210 Tel: 315 464-4184 Fax: 315 464-6234 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 156-35-12-053
Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Metropolitan Hospital Center
St. Vincent's Medical Center
Westchester Medical Center
Prgm Director: Dipak Chandy, MD*  
Pulmonary Laboratory
Macy Pavilion, 1st Floor
Valhalla, NY 10595
Tel: 914-485-8130  Fax: 914-485-8130
Length: 3 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 156-38-13-054

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: James F. Yankaskas, MD  
Univ of Pulm/Critical Care Medicine
CMN734 7017 Thurston Bowles Building
Chapel Hill, NC 27599
Tel: 919-966-1077  Fax: 919-966-5178
Length: 3 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 156-38-21-065

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Loreeta G. Que, MD  
Room 2N101, MSRB, Research Drive
Durham, NC 27710
Tel: 919-684-8601  Fax: 919-684-8608
E-mail: macrion@duke.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 156-38-21-117

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Wendy C. Moore, MD*  
Medical Center Boulevard
Winston Salem, NC 27157
Tel: 336-713-7530  Fax: 336-713-7544
E-mail: wmoore@wfhbm.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 156-38-21-094

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Mitchell G. Raskin, MD  
PO Box 670564
Cincinnati, OH 45267
Tel: 513-588-4831  Fax: 513-588-4838
E-mail: mitchell.raskin@uc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-38-21-066

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Oklahoma City, OK 73190
Prgm Director: Gary T. Kanaan, MD, MSc  
PO Box 26091, WP 1310
420 Stanton Young Boulevard
Oklahoma City, OK 73190
Tel: 405-271-5173  Fax: 405-271-5882
E-mail: priscilla.geer@ouhsc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 156-38-21-060

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Prgm Director: Dane Nichols, MD  
318 SW Sam Jackson Park Rd
Mailcode: UBN 67
Portland, OR 97239
Tel: 503-494-6668  Fax: 503-494-6670
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 156-40-21-061

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Margaret M. Wojnar, MD
University Hospital
500 University Drive
Hershey, PA 17033
Tel: 717-531-5626  Fax: 717-531-5785
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 156-41-21-119

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Prgm Director: Michael Lipmann, MD
5401 Old York Road, Klein 363
Philadelphia, PA 19141
Tel: 215-456-9850  Fax: 215-456-1933
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 156-41-18-127

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)  
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Michael S. Sherman, MD
Broad and Vine Streets, MS 107
Philadelphia, PA 19102
Tel: 215-752-7913  Fax: 215-752-8728
E-mail: pulmonary.fellowship@drexel.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 156-41-21-082

Temple University Hospital Program
Sponsor: Temple University Hospital
Prgm Director: Gilbert B. D'Aloisio, DO, MS
3901 North Broad Street
7th Floor Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215-707-6356  Fax: 215-707-3302
E-mail: dalong@temple.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-41-11-064

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: James G. Tangredi, MD
1101 Chester Street
M100
Philadelphia, PA 19107
Tel: 215-665-6584  Fax: 215-665-6584
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-41-12-065

Graduate Medical Education Directory 2005-2006
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Pgm Director: Robert M Kolhoff, MD
3340 Spruce Street
320 W W Gore Bldg
Philadelphia, PA 19104
Tel: 215 349-5488 Fax: 215 614-0860
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156-41-21-088

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: John W Keitl, MD
635 NW Monforte Hospital
3459 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 600-2210 Fax: 412 600-2260
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156-41-13-066

Puerto Rico
San Juan
Veterans Affairs Medical and Regional Office Center (San Juan) Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Pgm Director: William Rodriguez-Cintron, MD
10 Cania Street
OFA Building, IP218
San Juan, PR 00921
Tel: 787 641-7032 Fax: 787 641-9641
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-42-21-126

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Memorial Hospital of Rhode Island
Roger Williams Medical Center
Veterans Affairs Medical Center (Providence)
Pgm Director: Sidney S Berman, MD
503 Eddy Street
Providence, RI 02903
Tel: 401 444-8410 Fax: 401 444-5814
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-43-21-121

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H. Johnson VA Medical Center (Charleston)
Pgm Director: Steven A Sahn, MD
96 Jonathan Lucas Street
Rm 550620 - Room 812 OSB
Charleston, SC 29425
Tel: 843 792-7199 Fax: 843 792-0732
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 156-45-21-067

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Wellmont Health System - Bristol Regional Medical Center
Pgm Director: Byland P Byrd, MD
111-B Pulmonary Division
Mountain Home, TN 37684
Tel: 423 985-1171 Fax: 423 979-3441
E-mail: byland.byrd@mead.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-47-31-122

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Pgm Director: Amado X Freire, MD, MPH
Division of Pulmonary Diseases
956 Court Avenue, Room B-314
Memphis, TN 38163
Tel: 901 446-5757 Fax: 901 446-7726
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-47-21-119

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Pgm Director: John B Newman, MD
Div of Allergy, Pulmonary & Critical Care Med
T-217 Medical Center North
Nashville, TN 37232
Tel: 615 342-9412 Fax: 615 343-7449
E-mail: connie.bartrick@vanderbilt.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-47-21-068

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: W Douglas Pletcher, MD
Pulmonary Disease Department
5321 Harry Hines Blvd
Dallas, TX 75335
Tel: 214 889-8387 Fax: 214 889-8820
E-mail: Rocko.Ward@med.uta.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 156-48-21-069

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (APTC)
Pgm Director: Kenneth A Olifer, MD, MPH
Wilford Hall Medical Center/MCCP
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 393-8238 Fax: 210 393-8180
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-48-21-070

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Alexander G Duarte, MD
Division of Pulmonary and Critical Care Medicine
1511 John Sealy Annex RT 0661
Galveston, TX 77555
Tel: 409 772-2343 Fax: 409 772-9332
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-48-21-112

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Pgm Director: Kalspalatha K Gunupalli, MD
1024 Taub Loop, 6th Floor
Houston, TX 77030
Tel: 713 873-2468 Fax: 713 790-8576
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 156-48-21-084

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Pgm Director: Bala Patel, MD
Division of Pulmonary, Critical Care and Sleep Med
6431 Fannin, Suite 1-374
Houston, TX 77030
Tel: 713 500-8208 Fax: 713 500-8230
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 156-48-31-071

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Veterans Hospital (San Antonio)
University Health System
Pgm Director: Jay J Peters, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 617-5356 Fax: 210 547-0677
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-48-11-072
Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Center: Texas Veterans Affairs Healthcare System
Prgm Director: Richard E Winn, MD
4301 South 31st Street
Temple, TX 76508
Tel: 804-294-7023 Fax: 254-734-9280
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-44-21-128

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
Prgm Director: Mark R Tonelli, MD, MA
Division of Pulmonary & Critical Care Medicine
BB-1253 Health Sciences Center, Box 35552
Seattle, WA 98195
Tel: 206-543-1066 Fax: 206-685-8873
E-mail: pocmedinfo@u.washington.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 156-64-21-674

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Prgm Director: John R Hoidal, MD
Pulmonary and Critical Care Medicine Unit
MCVH Campus Patrick 311
Salt Lake City, UT 84132
Tel: 801-681-7553 Fax: 801-685-3355
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-44-21-069

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Sharon A Kua, MD
Pulmonary/Critical Care
PO Box 600546
Charlottesville, VA 22908
Tel: 434-292-9410 Fax: 434-924-9662
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-59-21-111

West Virginia
Morgantown
West Virginia University Program
Sponsor: University of West Virginia School of Medicine
West Virginia University Hospitals
Prgm Director: Lisa Tese, MD
PO Box 1916
1 Medical Center Drive
Morgantown, WV 26505
Tel: 304-293-4651 Fax: 304-293-3724
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-55-31-075

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Mark S Began, MD*
K6/909 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608-263-5905 Fax: 608-263-3746
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 156-64-21-076

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Lisa B Braul, MD
1200 E Broad Street
PO Box 990500
Richmond, VA 23298
Tel: 804-828-0071 Fax: 804-828-2578
E-mail: libraul@vcu.va.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-51-21-073

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Kenneth W Presberg, MD
Department of Medicine
2550 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414-456-7040 Fax: 414-456-6211
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-56-21-100

Radiation Oncology
Alaska
Anchorage
University of Alaska Anchorage Program
Sponsor: University of Alaska Anchorage School of Medicine
Prgm Director: Peter Johnson, MD
4300 Firewheel Drive, Anchorage, AK 99508
Tel: 907-981-1000 Fax: 907-981-1000
E-mail: pjohnson@anchorage.unh.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 3
Program ID: 430-1-21-1-008

California
Los Angeles
Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Kenneth Loden, MD
Department of Radiation Oncology
4850 Sunset Boulevard, 2nd Floor
Los Angeles, CA 90027
Tel: 323-733-0341 Fax: 323-733-5057
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 430-08-21-1-18

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Steven P Lee, MD, PhD
Department of Radiation Oncology
260 Medical Plaza, Ste B-265
Los Angeles, CA 90065
Tel: 310-207-5575 Fax: 310-704-9705
E-mail: SPLee@mednet.ucla.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-05-21-008

Graduate Medical Education Directory 2005-2006
University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC-USC Medical Center
Program Director: Oscar E Streeter, MD*
OPF: 192
3019 Zonal Avenue
Los Angeles, CA 90033
Tel: 323 226-5017 Fax: 323 229-5970
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-05-11-007

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
City of Hope National Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Program Director: Jeffrey Y Kuo, MD
Department of Radiation Oncology
101 City Drive, South, B-25, Rm 26
Irvine, CA 92696
Tel: 714 456-8074 Fax: 714 456-7170
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 430-05-21-005

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Permanente Medical Center (Harbor City)
Mercy Cancer Center (Modesto)
University of California (Davis) Medical Center
Program Director: Janice Kuo, MD
4591 X Street, Suite G156
Sacramento, CA 95817
Tel: 916-734-9251 Fax: 916-734-7076
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 430-05-22-132

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
San Francisco Medical Center
St Francis Memorial Hospital
Program Director: Daniel L Glaubinger, MD, PhD
Department of Radiation Oncology
2555 Buchanan Street
San Francisco, CA 94115
Tel: 415 660-3609 Fax: 415 923-9254
Email: CPMDRadiology@stfrancisco.org
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-05-22-012

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (San Francisco) Medical Center
Program Director: Penny K Snedic, MD
Department of Radiation Oncology
555 Parnassus Avenue, Suite L 08
San Francisco, CA 94143
Tel: 415 353-3808 Fax: 415 353-3679
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 430-05-21-013

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Sarah S Donaldson, MD
Department of Radiation Oncology
875 Blake Wilbur Drive, G254
Stanford, CA 94405
Tel: 650 725-3865 Fax: 650 725-8665
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 430-05-11-014

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Program Director: Tracy Scheffler, MD
Anschutz Cancer Pavilion University of Colorado Health Sci Ctr
1665 N Ursula Street
Aurora, CO 80045
Tel: 720 848-0156 Fax: 720 848-0113
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-04-13-190

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Lawrence and Memorial Hospitals
William W Backus Hospital
Program Director: Lynn D Wilson, MD, MPH*
20 York St
New Haven, CT 06510
Tel: 203 737-1202 Fax: 203 785-4622
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 430-08-11-017

District of Columbia
Washington
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Jefferson E Moulds, MD*
Department of Radiation Oncology, Residency Training, Room 1071
3950 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-3030 Fax: 202 444-9023
Email: mouldej@georgetown.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-10-21-112

Howard University Program
Sponsor: Howard University Hospital
Program Director: Mihoko Fujita, MD, PhD*
2041 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-1421 Fax: 202 865-3690
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-10-11-021

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Robert J Amund, MD
Shands Medical Plaza
PO Box 100335
Gainesville, FL 32610
Tel: 352 294-0297 Fax: 352 294-0759
Email: bocone@uflhsc.ufl.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 430-11-12-022

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Jacksonville)
Program Director: John D Earle, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 633-4480 Fax: 904 633-0430
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-11-31-133

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Aaron H Wolfson, MD
Dept of Radiation Therapy (D-31)
1475 Northwest 11th Avenue
Miami, FL 33136
Tel: 305 243-4519 Fax: 305 243-4523
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-11-21-033

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Karen R Godette, MD
1365 Clifton Road, NW
Atlanta, GA 30322
Tel: 404 778-4763 Fax: 404 778-5152
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 430-12-21-125

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Shriners Hospital
Northwestern Memorial Hospital
Program Director: Stanley V Hoovers, MD
Department of Radiation Oncology
251 East Huron St, L-178
Chicago, IL 60611
Tel: 312 926-2509 Fax: 312 926-8374
Length: 4 Yrs ACGME Approved/Offered Positions: 7
Program ID: 430-16-21-027
Accredited Programs in Radiation Oncology

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Cam Nguyen, MD
1653 West Congress Parkway
Department of Radiation Oncology
Chicago, IL 60612
Tel: 312 942-5761 Fax: 312 942-2339
E-mail: Cam_N_Nguyen@rush.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-16-11-026

University of Chicago/University of Illinois College of Medicine at Chicago Program
Sponsor: University of Chicago Hospitals
La Grange Memorial Hospital
University of Illinois Hospital and Clinics
Program Director: Arno J Mutsch, MD
1900 S Michigan Ave
Chicago, IL 60616
Tel: 312 777-2000 Fax: 312 369-8200
E-mail: stl@umc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 430-16-11-116

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Nena Markovic, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 312-2568 Fax: 708 216-6576
E-mail: gizsio@lumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-16-22-031

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L. Roudebush Veterans Affairs Medical Center
Program Director: Mark P Langer, MD
Department of Radiation Oncology
535 Barnhill Drive, By401
Indianapolis, IN 46202
Tel: 317 274-1343 Fax: 317 274-2486
Length: 4 Yrs ACGME Approved/Offered Positions: 7
Program ID: 430-17-11-032

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinicals
Program Director: Geraldine M Jacobson, MD, MPH
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-8836 Fax: 319 356-1530
E-mail: jane-diwa@uiowa.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 7
Program ID: 430-18-11-038

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Alvaro E Alvaran-Fracinetti, MD
3901 Rainbow Blvd
Kansas City, KS 64160
Tel: 913 588-5800 Fax: 913 588-3643
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-19-21-084

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Program Director: William St Clair, MD, PhD
Department of Radiation Medicine
800 Rose Street
Lexington, KY 40536
Tel: 850 333-6486 Fax: 850 257-7483
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-30-11-085

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Program Director: Kristie J Paris, MD
James Graham Brown Cancer Center
529 South Jackson
Louisville, KY 40292
Tel: 502 852-7171 Fax: 502 852-7700
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-25-11-086

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Deborah A Fraassca, MD
The Harry & Jeanette Weinberg Building
401 North Broadway
Baltimore, MD 21205
Tel: 410 666-7340 Fax: 410 502-1419
E-mail: dfrassca@jhmi.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 430-25-11-089

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: William P Regine, MD*
Goodeski Bldg
22 South Greene Street
Baltimore, MD 21201
Tel: 410 328-2208 Fax: 410 328-6911
E-mail: wrregine@umm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-20-21-040

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prognosis Hospital and Medical Centers
Program Director: Edgar Ben-Josef, MD
1500 East Medical Center Drive
UM-SCC489, Box 6010
Ann Arbor, MI 48109
Tel: 734 615-6190 Fax: 734 615-6190
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 430-25-11-045

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Munchee 1 Amluni, MD
2790 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1015 Fax: 313 916-3335
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-25-12-046
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper Hospital Campus
Sinae Grace Hospital (Grace Campus)
Program Director: Andrew T. Turrent, MD*
Garnes University Hospital Oncology
250 John St Street
3900 John St Street
Detroit, MI 48201
Tel: 313 966-2274 Fax: 313 966-6020
Email: F attractiveness@med.wayne.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-35-21-048

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Larry Kestin, MD
3001 West 10 Mile Road
Royal Oak, MI 48073
Tel: 248 551-0070 Fax: 248 551-0089
Email: mharriet@beaumontrx.org
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 400-35-12-049

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: James B. Osler, MD
UMMC MMC 494
430 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 626-2631 Fax: 612 626-7000
Email: r4 mgaw@umn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-21-000

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Program Director: Ivan J. Peterson, MD
Department of Radiation Oncology
300 First Street, SW
Rochester, MN 55905
Tel: 507 266-1175 Fax: 507 284-0979
Email: ega84@mayo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 3
Program ID: 400-35-21-051

Missouri
St Louis
Washington University/BJSLC Consortium Program
Sponsor: Washington University/B-JS/SLC Consortium
Barnes-Jewish Hospital
Program Director: Intrina Zabari, MD
Washington University School of Medicine
492 Parkview Place - LL - Mail Stop 96/38-643
St Louis, MO 63110
Tel: 314 956-5252 Fax: 314 362-6521
Email: d44 mgaw@wustl.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 400-35-21-094

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: James S Butler, MD
111 E 160th Street
1825 Eastchester Rd
Bronx, NY 10461
Tel: 718 994-3141 Fax: 718 994-3141
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-21-061

Brooklyn
New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Anthony Zelis, MD
506 Sixth Street
Box 150-008
Brooklyn, NY 11215
Tel: 718 766-3637 Fax: 718 766-3637
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-35-21-004

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center Long Island College Hospital
University Hospital SUNY Health Science Center at Brooklyn
Program Director: Marvin Z Rotman, MD
Box 1213
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-1281 Fax: 718 270-1558
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 400-35-21-070

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo Roswell Park Cancer Institute
Program Director: Gary Yang, MD
Department of Radiation Medicine
100 Elmwood Avenue Box 647
Rochester, NY 14642
Tel: 716 275-5575 Fax: 716 275-5575
Email: T27 26-00-999
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-11-068

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens/Cornell University Medical College
Program Director: David L. Sheh, MD
Stich Radiation Center
555 East 86th Street, Box 575
New York, NY 10021
Tel: 212 746-9094 Fax: 212 746-9094
Email: diko0003@med.cornell.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-21-122

New York
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Kenneth Rosenzweig, MD
Box 22
1275 York Avenue
New York, NY 10021
Tel: 212 639-6358 Fax: 212 717-3104
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 400-35-21-061

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Richard O'Stoll, MD
1184 5th Avenue
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7500 Fax: 212 241-7500
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-21-119

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Program Director: Peter B. Schilz, MD, PhD
Department of Radiology Oncology
622 West 168th Street
New York, NY 10032
Tel: 212 305-5045 Fax: 212 305-5045
Email: g2l@med.columbia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 400-35-11-068

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Program Director: Bernard Stout, MD
1184 5th Avenue
New York, NY 10016
Tel: 212 263-5511 Fax: 212 263-5511
Email: bs26@yu.nyu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 400-35-21-067

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Ralph A Brasacchio, MD
600 Elmwood Avenue Box 647
Rochester, NY 14642
Tel: 585 275-5575 Fax: 585 275-1551
Email: RafaelR@residency.rochester.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 400-35-11-071

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Jeffrey A Bogard, MD
700 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5515 Fax: 315 464-5515
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-35-11-072

1001
Valhalla
New York Medical College at
Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Chitli R Moorby, MD
Department of Radiation Medicine
Macy Pavilion, Room 1297
Valhalla, NY 10595
Tel: 914 493-5851 Fax: 914 493-8382
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 430-35-21-117

North Carolina
Chapel Hill
University of North Carolina Hospitals
Program
Sponsor: University of North Carolina Hospitals
Program Director: Lawrence B Marks, MD
Department of Radiation Oncology
Box 3085
Durham, NC 27710
Tel: 919 668-6560 Fax: 919 668-1213
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-36-11-073

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Lawrence B Marks, MD
Department of Radiation Oncology
South Campus
Durham, NC 27710
Tel: 919 668-6560 Fax: 919 668-1213
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 430-36-21-074

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest Baptist Medical Center
Program Director: W Robert Lee, MD, MS
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 713-6500 Fax: 336 713-6665
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-36-11-076

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Kevin F Redmond, MD
Mall Location 707
234 Goodman Street
Cincinnati, OH 45267
Tel: 513 684-9909 Fax: 513 684-4091
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-38-21-076

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Timothy J Kiessell, MD*
Department of Radiation Oncology
1100 Euclid Avenue, B181
Cleveland, OH 44195
Tel: 216 644-8250 Fax: 216 644-3005
E-mail: timothy.kiessell@uhhs.com
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-38-11-077

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Gregory M Yildiz, MD
Department of Radiation Oncology
9500 Euclid Avenue, 119
Cleveland, OH 44195
Tel: 216 444-9679 Fax: 216 446-1068
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 430-38-12-078

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Belchard A Ghabban, MD
James Cancer Hospital
300 W 10th Avenue
Columbus, OH 43210
Tel: 614 293-4419 Fax: 614 293-4044
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-38-11-079

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: John M Holland, MD
3181 SW Sam Jackson Park Rd
L337
Portland, OR 97239
Tel: 503 444-7616 Fax: 503 444-6667
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-40-11-081

Pennsylvania
Philadelphia
Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Graduate Hospital (Temple Health System)
Hahnemann University Hospital (Temple Health System)
Program Director: Mahroo Haghigh, MD
246 N 15th Street, MS 200
Philadelphia, PA 19102
Tel: 215 762-4984 Fax: 215 762-3523
Length: 4 Yrs ACGME Approved/Offered Positions: 5
Program ID: 430-41-11-084

Fox Chase Cancer Center Program
Sponsor: Fox Chase Cancer Center
Program Director: Gary M Freedman, MD
333 Cottman Avenue
Philadelphia, PA 19111
Tel: 215 738-1016 Fax: 215 734-1829
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-41-21-123

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Maria Werner-Wank, MD
Bodine Center for Cancer Treatment
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 955-8194 Fax: 215 955-0412
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 430-41-11-085

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Program Director: Eileen F Harris, MD
Department of Radiation Oncology
30th and Spruce Street - 2 Donner
Philadelphia, PA 19104
Tel: 215 846-3090 Fax: 215 493-8352
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 430-41-21-087

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: David S Parks, MD
Department of Radiation Oncology
220 East North Avenue
Pittsburgh, PA 15212
Tel: 412 398-2409 Fax: 412 398-4557
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-41-31-127

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Program Director: Steven A Burton, MD
UPMC Shadyside
5320 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 623-6790 Fax: 412 683-2409
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-41-21-129

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Joseph M Jeantette, MD
169 Ashley Avenue
PO Box 250018
Charleston, SC 29425
Tel: 843 792-5273 Fax: 843 792-5408
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 430-43-21-092

Tennessee
Nashville
Vanderbilt University Medical Center Program
Sponsor: Vanderbilt University Medical Center
Program Director: Napal Chak, MD
1391 22nd Avenue, S
B 802 TVC
Nashville, TN 37232
Tel: 615 343-2555 Fax: 615 343-0161
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 430-47-12-128
Texas

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals

Program Director: Sandra S Hatch, MD

301 University Boulevard

Galveston, TX 77555

Tel: 409 722-6661  Fax: 409 772-1856

E-mail: shatch@uth.tmc.edu

Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 430-48-11-997

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

President: Arnold G Paulino, MD

One Baylor Plaza, 1655 Texas Medical Center

Houston, TX 77030

Tel: 713 441-4460  Fax: 713 441-4468

E-mail: apaulino@tmh.tmc.edu

Length: 4 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 430-16-21-998

University of Texas MD Anderson Cancer Center Program

Sponsor: University of Texas MD Anderson Cancer Center

Program Director: Thomas Buchholz, MD

Department of Radiation Oncology, Unit 07

1515 Holcombe Boulevard

Houston, TX 77030

Tel: 713 792-2534  Fax: 713 792-3642

E-mail: tbuchholz@mdanderson.org

Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 430-48-22-099

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Health Science Center at San Antonio

Cancer Therapy and Research Center

University Health System

Program Director: Tony Eng, MD

Department of Radiation Oncology, MS Code 7889

7703 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 616-5648  Fax: 210 594-5085

Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 430-48-21-100

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center

LDS Hospital

Program Director: Ying J Hitchcock, MD

Huntsman Cancer Hospital

1850 Circle of Hope, Rm 1570

Salt Lake City, UT 84112

Tel: 801 581-9798  Fax: 801 585-3560

Length: 4 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 430-49-12-102

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Program Director: Bernard F Schneider, MD, PhD

Dept of Radiation Oncology

P.O. Box 800383

Charlottesville, VA 22908

Tel: 434 924-5564  Fax: 434 243-9739

Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 430-51-11-104

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School

Sentara Norfolk General Hospital

Sentara Virginia Beach General Hospital

Program Director: P. G Shankar, MD

600 Griswold Drive

Norfolk, VA 23507

Tel: 757 665-2076  Fax: 757 627-0334

Length: 4 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 430-51-11-105

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Program Director: Monica M Morris, MS, MD

401 College Street

Campus Box 800658

Richmond, VA 23298

Tel: 804 328-7228  Fax: 804 599-6142

Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 430-51-11-106

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

University of Washington Medical Center

Program Director: James G Douglas, MD, MS

1681 NE Pacific Street

Box 356045

Seattle, WA 98195

Tel: 206 598-4115  Fax: 206 598-3786

Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 430-54-21-107

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

Program Director: Paul M Harari, MD

900 Highland Ave, KA10-3584 CSC

Madison, WI 53792

Tel: 608 263-5008  Fax: 608 263-4256

E-mail: harari@wiscmed.wisc.edu

Length: 4 Yrs  ACGME Approved/Offered Positions: 7
Program ID: 430-56-21-108

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Clement J Zubocki Veterans Affairs Medical Center

Community Memorial Hospital

Program Director: Collisyn A Lawton, MD

9290 W Wisconsin Ave

Milwaukee, WI 53226

Tel: 414 865-4472  Fax: 414 865-4360

Length: 4 Yrs  ACGME Approved/Offered Positions: 7
Program ID: 430-56-21-109

Graduate Medical Education Directory 2005-2006
Radiology-Diagnostic

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Program ID: 420-04-21-012

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program ID: 420-04-21-012

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program ID: 420-04-21-012

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Program ID: 420-04-21-012

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Program ID: 420-04-21-012

US Navy Coordinated-Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program ID: 420-04-21-012

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program ID: 420-04-21-012

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Program ID: 420-04-21-012

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Program ID: 420-04-21-012

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program ID: 420-04-21-012

Sponsor:

Prgm Director:

Length:

E-mail:

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program ID: 420-04-21-012

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Program ID: 420-04-21-012

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Program ID: 420-04-21-012

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program
Sponsor: St. Joseph's Hospital and Medical Center
Program ID: 420-04-21-012

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Program ID: 420-04-21-012

Graduate Medical Education Directory 2005-2006

1004
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Michael B. Gotway, MD
Mofitt Hospital Room M-301
500 Parnassus Avenue
San Francisco, CA 94143
Tel: 415-506-6000 Fax: 415-350-4004
E-mail: michael.gotway@radiology.ucsf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: PDR, RNR, V/IR
Program ID: 420-05-21-031

San Jose
Santa Clara Valley Medical Center Program
Sponsor: Santa Clara Valley Medical Center
Program Director: Raul Pandit, MD
Department of Radiology
751 South Bascom Avenue
San Jose, CA 95128
Tel: 408-585-6700 Fax: 408-885-6360
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-05-34-025

Santa Barbara
Santa Barbara Cottage Hospital Program
Sponsor: Santa Barbara Cottage Hospital
Program Director: Arthur A. Lee, MD
P.O. Box 688
Pueblo at Bath Street
Santa Barbara, CA 93102
Tel: 805-560-7272 Fax: 805-560-2679
E-mail: susanone@coastalhealthsystem.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-05-24-033

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Program Director: Terry S. Dwyer, MD*
Department of Diagnostic Radiology
300 Pasteur Drive, Room 8-092
Stanford, CA 94305
Tel: 650-725-7296 Fax: 650-725-2296
E-mail: gail@stanford.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PDR, RNR, V/IR
Program ID: 420-05-21-034

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Richard Remslo, MD
Box 27
1000 W Carson Street
Torrance, CA 90509
Tel: 310-222-2847 Fax: 310-618-9590
E-mail: rta22@mednet.ucla.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: NR, RNR, V/IR
Program ID: 420-05-11-035

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Program Director: Raymond S. Dougherty, MD
Department of Radiology
101 Bodin Circle
Travis AFB, CA 94535
Tel: 925-433-7182 Fax: 925-433-7207
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-05-21-001
US Armed Services Program

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: RJ Manaster, MD, PhD*
Department of Radiology
University of Colorado School of Medicine
300 South Parker Road
Denver, CO 80262
Tel: 303-972-6130 Fax: 303-372-5626
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: PDR, RNR, V/IR
Program ID: 420-07-21-038

Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Program Director: Donald Butler, MD*
Department of Radiology
217 Grant Street
Bridgeport, CT 06610
Tel: 203-384-3834 Fax: 203-384-3834
E-mail: pdsbad@bghospital.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-08-24-038

St. Vincent's Medical Center Program
Sponsor: St. Vincent's Medical Center
Program Director: Joseph A. Gagliardi, MD
2600 Main Street
Bridgeport, CT 06606
Tel: 203-376-5533 Fax: 203-581-4659
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-08-11-040

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St. Francis Medical Center and Medical Center
University of Connecticut Health Center/John Dempsey Hospital
Program Director: Richard J. Cobb, MD
263 Farmington Avenue
Farmington, CT 06080
Tel: 860-570-2345 Fax: 860-570-1090
E-mail: dirk.cobb@connet.net
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-08-21-225

Hartford
Hartford Hospital Program
Sponsor: Hartford Hospital
Program Director: Frederick C. Conard, MD
PO Box 5057
80 Seymour Street
Hartford, CT 06102
Tel: 860-545-5114 Fax: 860-545-4074
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 420-08-22-041

New Haven
Hospital of St. Raphael Program
Sponsor: Hospital of St. Raphael
Program Director: Jeffrey D. Hecht, MD
Department of Radiology
1450 Chapel Street
New Haven, CT 06511
Tel: 203-798-3124 Fax: 203-798-4118
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: V/IR
Program ID: 420-08-22-042

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Michael Gotway, MD*
Department of Radiology
333 Cedar Street
PO Box 208043
New Haven, CT 06505
Tel: 203-755-2177 Fax: 203-785-5002
E-mail: marturano@diagnost.med.yale.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: NR, RNR, V/IR
Program ID: 420-08-21-043

Norwalk
Norwalk Hospital Program
Sponsor: Norwalk Hospital
Program Director: Edward B. Strauss, MD
Department of Radiology
Maple Street
Norwalk, CT 06855
Tel: 203-852-2715 Fax: 203-855-3987
E-mail: mazzocco@norwalkhealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-08-21-216

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Program Director: Sharon W. Gould, MD
4755 Ogletown-Stanton Road
Newark, DE 19711
Tel: 302-733-5688 Fax: 302-733-5898
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: V/IR
Program ID: 420-08-09-11-044

Accredited Programs in Radiology-Diagnostic

Programs

Graduate Medical Education Directory 2005-2006

1005
Accredited Programs in Radiology-Diagnostic

**District of Columbia**

**Washington**

**George Washington University Program**
Sponsor: George Washington University School of Medicine
Department of Radiology
Address: 3503 Reservoir Road, NW
Washington, DC 20057
Tel: 202-994-4160
Fax: 202-994-4141
E-mail: radiology@georgetown.edu
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-10-11-045

**Howard University Program**
Sponsor: Howard University Hospital
Department of Radiology
Address: 2041 G Street, NW
Washington, DC 20050
Tel: 202-865-1571
Fax: 202-865-3286
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-10-11-047

**Florida**

**Gainesville**

**University of Florida Program**
Sponsor: University of Florida College of Medicine
Department of Radiology
Address: Box 100374
Gainesville, FL 32610
Tel: 352-395-0821
Fax: 352-265-0377
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-10-11-048

**Jacksonville**

**Mayo School of Graduate Medical Education (Jacksonville) Program**
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Department of Radiology
Address: 4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 905-0450
Fax: 904 905-0450
E-mail: JAXDRR@ejax mayo.edu
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-10-11-050

**University of Florida Health Science Center/Jacksonville Program**
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Barry Griffiths, MD
555 W 5th Street
Jacksonville, FL 32209
Tel: 904 244-4681
Fax: 904 244-3382
E-mail: radiology.gme@jax.ufl.edu
Length: 4 Yrs
Subspecialties: NR, VIR
Program ID: 420-11-21-223

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Evelyn M Sklar, MD
Department of Radiology (R-139)
1611 NW 12th Avenue
Miami, FL 33103
Tel: 305 658-6894
Fax: 305 235-9512
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-11-21-049

**Miami Beach**

**Mount Sinai Medical Center of Florida Program**
Sponsor: Mount Sinai Medical Center of Florida Inc
Program Director: Manuel Viamonte, MD
Department of Radiology
4300 Alton Road
Miami Beach, FL 33140
Tel: 305 674-2410
Fax: 305 674-2964
E-mail: mviament@mss.com
Length: 4 Yrs
Subspecialties: VNR, NR, VIR
Program ID: 420-11-21-050

**Tampa**

**University of South Florida Program**
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Todd R Hazelton, MD
Box 17
Tampa, FL 33612
Tel: 813-974-3341
Fax: 813-974-3342
Length: 4 Yrs
Subspecialties: NR, VIR
Program ID: 420-11-21-061

**Georgia**

**Atlanta**

**Emory University Program**
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Bruce B Baumgartner, MD
Department of Radiology
1364 Cifton Road, NE - Rm D125A
Atlanta, GA 30322
Tel: 404 713-6365
Fax: 404 713-7948
Length: 4 Yrs
Subspecialties: NR, NR, VIR
Program ID: 420-12-21-062

**Augusta**

**Medical College of Georgia Program**
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Program Director: Ramon R Pagan, MD
BA 1411
1139 15th Street
Augusta, GA 30912
Tel: 706 721-3214
Fax: 706 721-6213
Length: 4 Yrs
Subspecialties: VNR
Program ID: 420-12-21-053

**Savannah**

**Mercer University School of Medicine (Savannah) Program**
Sponsor: Mercer University School of Medicine
Program Director: Alfred H Ustün, MD
Department of Radiology
4700 Waters Avenue
Savannah, GA 31405
Tel: 912 250-7394
Fax: 912 250-8086
E-mail: lariamcl@memorialhealth.com
Length: 4 Yrs
Subspecialties: VNR
Program ID: 420-12-21-054

**Hawaii**

**Honolulu**

**Tripler Army Medical Center Program**
Sponsor: Tripler Army Medical Center
Program Director: Gregory W Petermann, MD
Department of Radiology
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-6668
Fax: 808 433-6688
E-mail: gregg@ava.net
Length: 4 Yrs
Subspecialties: VNR
Program ID: 420-14-21-033
US Armed Services Program

**Illinois**

**Chicago**

**Advocate Illinois Masonic Medical Center Program**
Sponsor: Advocate Illinois Masonic Medical Center
Program Director: Kevin J Kirschenbaum, MD
Department of Radiology
1835 W Wellington Avenue
Chicago, IL 60657
Tel: 773 296-7802
Fax: 773 296-7821
Length: 4 Yrs
Subspecialties: VNR
Program ID: 420-18-21-017

**Cook County Hospital Program**
Sponsor: John H Stroger Hospital of Cook County
Program Director: Patrick M Dunne, MD
Department of Radiology
1911 W Harrison
Chicago, IL 60612
Tel: 312 864-3983
Fax: 312 864-9855
Length: 4 Yrs
Subspecialties: VNR
Program ID: 420-16-21-065
Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St. Francis Medical Center
Prgm Director: Tenny M Brady, MD
500 NE Glen Oak Avenue
Peoria, IL 61637
Tel: 309 655-7768 Fax: 309 655-7265
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: RNR, VIR
Program ID: 240-18-21-243

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine Memorial Medical Center
St. John's Hospital
Prgm Director: Ross Stevens, MD
PO Box 19883
Springfield, IL 62794
Tel: 217 757-2381 Fax: 217 788-5588
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 240-16-21-065

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indianapolis
Clarian Riley Hospital for Children
Richard L. Roudebush Veterans Affairs Medical Center
William N. Wishard Memorial Hospital
Prgm Director: Robert D. Harver, MD
Department of Radiology
1001 West 10th Street Room 1143
Indianapolis, IN 46202
Tel: 317 630-0627 Fax: 317 630-7053
E-mail: lbsemann@iupui.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: VNR, VIR
Program ID: 240-16-21-062

Evanson
St. Francis Hospital of Evanston Program
Sponsor: St. Francis Hospital
Resurrection Medical Center
Prgm Director: Joseph D Calandra, MD
355 Ridge Avenue
Evanston, IL 60202
Tel: 847 316-6510 Fax: 847 316-2241
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 240-16-12-063

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Prgm Director: Laurene M Lomasney, MD
Department of Radiology
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-1884 Fax: 708 216-6899
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 240-16-11-064

Kansasa
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
University of Kansas Medical Center
Prgm Director: Philip L Johnson, MD*
Department of Radiology
3601 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6806 Fax: 913 588-7889
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: VIR
Program ID: 240-18-11-069

Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Prgm Director: Charles W McGuire, MD
Department of Radiology
550 N Hillside
Wichita, KS 67214
Tel: 316 962-7231 Fax: 316 662-7231
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-19-13-070

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Curtis A Given, MD
Department of Diagnostic Radiology
860 Rose Street, Room HX319
Lexington, KY 40536
Tel: 859 323-2565 Fax: 859 323-3510
E-mail: nashjohn@uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 240-20-21-071

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Peter C Hentzen, MD, PhD
Department of Radiology
539 S Jackson Street, Suite C07
Louisville, KY 40202
Tel: 502 852-0870 Fax: 502 852-1754
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 240-20-21-330

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Scott L Beech, MD
1642 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-6968 Fax: 504 568-8655
E-mail: sbbeach@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PDR, VR, VIR
Program ID: 240-21-21-234
Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: James M Milburn, MD*
1014 Jefferson Highway
New Orleans, LA 70112
Tel: 504 842-4795 Fax: 504 842-7102
E-mail: vaynsude@ochsner.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 420-21-13774

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: Harold R Neitzschman, MD
1400 Tulane Avenue SL54
New Orleans, LA 70112
Tel: 504 888-7516 Fax: 504 888-7516
E-mail: ewalker@tulane.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-21-21336

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Marjolijn Hardjasudarma, MD
PO Box 25232
Shreveport, LA 71130
Tel: 318 675-2353 Fax: 318 675-2354
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-21-14076

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Barbara P Biber, MD
Department of Diagnostic Radiology
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-2273 Fax: 207 662-2273
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-22-11076

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Stanley S Siegelman, MD
601 North Caroline Street
Room 4510
Baltimore, MD 21232
Tel: 410 955-5580 Fax: 410 955-8570
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: KIN, PDR, RNR, VIR
Program ID: 420-23-11077

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Charles S Resnik, MD
Department of Radiology
22 South Greene Street
Baltimore, MD 21201
Tel: 410 952-3577 Fax: 410 952-3676
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: NR, RNR, VIR
Program ID: 420-23-11078

University of Maryland School of Medicine Program
Sponsor: University of Maryland Medical System
Program Director: Charles S Resnik, MD
Department of Radiology
22 South Greene Street
Baltimore, MD 21201
Tel: 410 952-3577 Fax: 410 952-3676
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: NR, RNR, VIR
Program ID: 420-23-11079

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: Donald J Flemming, MD
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-5799 Fax: 301 295-5799
E-mail: dflemming@bethesda.med.navy.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 420-10-21-247
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Hiroko Hataba, MD*
330 Brookline Avenue
CC-4 Radiology
Boston, MA 02215
Tel: 617 667-3555 Fax: 617 667-3557
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: AB, NR, VIR
Program ID: 420-34-21080

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Affairs Medical Center (Boston)
Program Director: Elizabeth Oates, MD
98 East Newton Street
Boston, MA 02118
Tel: 617 441-0135 Fax: 617 414-7924
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: RNR, VIR
Program ID: 420-24-21081

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Program Director: Russell A Blinder, MD
Department of Radiology
75 Francis Street
Boston, MA 02115
Tel: 617 273-0700 Fax: 617 394-9229
E-mail: BWRRAD@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: RNR, VIR
Program ID: 420-34-31085

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Program Director: Theresa C McLoud, MD
Dept of Radiology, FND 216
Boston, MA 02114
Tel: 617 724-4550 Fax: 617 726-3077
Length: 4 Yrs ACGME Approved/Offered Positions: 38
Subspecialties: PDR, RNR, VIR
Program ID: 420-24-31083

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Frederick J Dougherty, MD
Department of Radiology
750 Washington Street, #299
Boston, MA 02111
Tel: 617 726-0947 Fax: 617 636-0041
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: RNR, VIR
Program ID: 420-24-21086

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Carl R Larsen, MD
Department of Diagnostic Radiology
41 Mall Road
Burlington, MA 01805
Tel: 781 744-5870 Fax: 781 744-5332
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-24-22082

Cambridge
Mount Auburn Hospital Program
Sponsor: Mount Auburn Hospital
Program Director: Pierre Sasso, MD*
Department of Radiology
330 Mount Auburn Street
Cambridge, MA 02138
Tel: 617 441-1010 Fax: 617 489-5199
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 420-24-11087

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: J Robert Kirkwood, MD
Department of Radiology
75 Chestnut Street
Springfield, MA 01109
Tel: 413 794-4464 Fax: 413 794-4382
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-24-12088

Worcester
St Vincent Hospital Program
Sponsor: St Vincent Hospital
Program Director: David A Bader, MD
Department of Radiology
20 Worcester Center Blvd
Worcester, MA 01608
Tel: 508 363-0680 Fax: 508 363-0236
E-mail: david.bader@stvincenthospital.com
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-24-12089

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Douglas W Fellows, MD*
55 Luke Avenue North
Worcester, MA 01655
Tel: 508 334-9862 Fax: 508 334-9863
E-mail: rad.residency@umassmed.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: RNR, VIR
Program ID: 420-24-21090

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Janet E Bailey, MD*
Department of Radiology
1600 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-8589 Fax: 734 763-8520
Length: 4 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: PDR, RNR, VIR
Program ID: 420-25-21091
Nebraska

Omaha

Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tesset - SJH)
Pgm Director: James J Phalen, MD
Department of Radiology
601 North 30th Street
Omaha, NE 68111
Tel: 402 444-4753 Fax: 402 449-4271
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-30-21-226

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Pgm Director: Jonathan A Jaksha, MD
981045 Nebraska Medical Center
Department of Radiology
Omaha, NE 68198
Tel: 402 559-1018 Fax: 402 559-1011
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: MR, VIR
Program ID: 420-30-21-112

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Pgm Director: Joeczy D Chertoff, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7480 Fax: 603 650-5456
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NRR, VIR
Program ID: 420-32-11-113

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Pgm Director: Joshua D Brody, DO
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-3288 Fax: 856 965-0472
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-33-21-244

Hackensack

Hackensack Medical Center Program
Sponsor: Hackensack University Medical Center
Pgm Director: Patrick J Tosh, MD
30 Prospect Avenue
Hackensack, NJ 07601
Tel: 201 996-2171
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 420-33-12-114

Livingston

St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Pgm Director: Joseph T Viggiano, MD
Old Short Hills Road
Livingston, NJ 07039
Tel: 973 332-0000 Fax: 973 332-2651
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-33-21-215

Long Branch

Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Pgm Director: Richard R Buchman, MD
Department of Radiology
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-8566 Fax: 732 923-6216
E-mail: RBuchman@mmcm.com
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-33-31-115

Morristown

Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Overlook Hospital
Pgm Director: John R Schwartz, MD
101 Madison Avenue
PO Box 1956
Morristown, NJ 07962
Tel: 973 971-5372 Fax: 973 970-7294
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: MR, VIR
Program ID: 420-33-11-119

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Pgm Director: Judith K Amerosa, MD
Department of Radiology
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732 235-7721 Fax: 732 235-6889
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: NRR, VIR
Program ID: 420-33-21-228

Newark

Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Pgm Director: Mark Rovinsky, MD
301 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973 925-7960 Fax: 973 926-7688
E-mail: kdragon@nbihsc.com
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-33-31-118

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Stephen R Baker, MD
Department of Radiology, Room C-320
150 Bergen Street
Newark, NJ 07103
Tel: 973 972-5199 Fax: 973 972-7419
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 420-33-21-236

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Charles J Proctor, MD
Department of Radiology
MSC01 5538, 1 University of New Mexico
Albuquerque, NM 87106
Tel: 505 272-6282 Fax: 505 272-6231
E-mail: raddept@salud.unm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: NRR, VIR
Program ID: 420-34-21-120

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical College
Veterans Affairs Medical Center (Albany)
Pgm Director: Paul R Sikl, MD
Department of Radiology
MC113
43 New Scotland Avenue
Albany, NY 12206
Tel: 518 262-3317 Fax: 518 262-2803
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: MR, VIR
Program ID: 420-35-11-212

Bronx

Albert Einstein College of Medicine (Jacobi) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Pgm Director: Ethan Zuckerman, MD
810 Morris Park Avenue
Bronx, NY 10467
Tel: 718 918-7450 Fax: 718 918-7650
E-mail: e-zuckerman@ayoc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 420-35-21-251

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Emily and Lucie Moses Division
Pgm Director: Michael Meierkord, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 433-5556
Length: 4 Yrs ACGME Approved/Offered Positions: 35
Subspecialties: AR, MRS, NRR, VIR
Program ID: 420-35-21-126

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Pgm Director: Helen T Morehouse, MD
1550 Grand Concourse
Bronx, NY 10457
Tel: 718 518-6001 Fax: 718 518-3224
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-39-12-128
Brooklyn

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Program Director: Deborah L. Reede, MD
330 Hicks Street
Brooklyn, NY 11201
Tel: 718 780-1703 Fax: 718 780-1611
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 420-35-11-131

Mainzides Medical Center Program
Sponsor: Mainzides Medical Center
Program Director: Steven Shankman, MD
4820 Tenth Avenue
Brooklyn, NY 11218
Tel: 718 283-7117 Fax: 718 283-8874
E-mail: docline@maimonidesmed.org
Length: 4 Yrs ACGME Approved/Offered Positions: 1
Program ID: 420-35-21-131

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Alan B. Bergman, MD
Box 15608
500 6th Street
Brooklyn, NY 11215
Tel: 718 796-5879 Fax: 718 780-9491
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-12-130

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Arnold M. Shtrashun, MD
Box 1108
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-2609 Fax: 718 270-5667
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: RNR
Program ID: 420-35-21-143

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children’s Hospital of Buffalo)
Program Director: Gregory Milton, MD
117 Cary Hall
3435 Main Street
Buffalo, NY 14214
Tel: 716 878-7502 Fax: 716 878-7001
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: PDR
Program ID: 420-35-31-122

East Meadow

Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Paul Moh, MD
Department of Radiology
201 Hempstead_Township
East Meadow, NY 11554
Tel: 516 572-6638 Fax: 516 572-6787
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-35-11-123

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: James D. Nadaschi, MD
Department of Radiology
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4794 Fax: 516 562-4794
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: RNR
Program ID: 420-35-31-124

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Arthur Frana, MD
250 First Street
Mineola, NY 11501
Tel: 516 663-3800 Fax: 516 663-8172
E-mail: afraun@winthrop.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-35-21-240

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Lawrence P. Davis, MD
70-05 168th Avenue
New Hyde Park, NY 11040
Tel: 718 477-7235 Fax: 718 343-3803
E-mail: ecasobcc@lijj.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: PDR, RNR, VIR
Program ID: 420-35-21-152

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Marlene Karjonic, MD
First Avenue at 11th Street
New York, NY 10003
Tel: 212 420-4654 Fax: 212 420-2510
E-mail: mkarjonic@bethisrael.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: AR, RNR, VIR
Program ID: 420-35-21-127

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
New York Presbyterian Hospital (Columbia Campus)
Program Director: Robert C. Locko, MD
509 Lenoir Avenue
New York, NY 10037
Tel: 212 939-4901 Fax: 212 939-4836
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-31-214

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Program Director: Neal F. Epstein, MD
Department of Radiology
100 East 77th Street
New York, NY 10021
Tel: 212 444-2900 Fax: 212 444-2945
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-21-218

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Kathleen P. Ballion, MD
Department of Radiology Box 1134
One Gustave Levy Place
New York, NY 10029
Tel: 212 241-4913 Fax: 212 241-4234
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: RNR, VIR
Program ID: 420-35-31-185

New York Medical College at St. Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent’s Catholic Medical Centers (Manhattan)
Program Director: Robert W. Perone, MD
170 West 11th Street
New York, NY 10011
Tel: 212 694-2416 Fax: 212 694-1209
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 420-35-31-141

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Carrie R. Shapiro, MD
160 East 70th Street
New York, NY 10021
Tel: 212 395-9498 Fax: 212 395-4777
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PDR, RNR, VIR
Program ID: 420-35-31-138

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Robert Troiani, MD
525 East 68th Street
New York, NY 10021
Tel: 212 263-5527 Fax: 212 745-8596
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: RNR, VIR
Program ID: 420-35-31-129

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Program Director: Michael M. Ambrose, MD
Department of Radiology
452 First Avenue
New York, NY 10016
Tel: 212 263-5392 Fax: 212 263-7666
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: MS, NR, PDR, VIR
Program ID: 420-35-31-157

St. Luke’s- Roosevelt Hospital Center Program
Sponsor: St. Luke’s-Roosevelt Hospital Center
St. Luke’s-Roosevelt Hospital Center-St. Luke’s Division
Program Director: Nolan J. Kapetan, MD
1000 Tenth Avenue, 4th Floor, Rm 4C-12
New York, NY 10019
Tel: 212 533-7044 Fax: 212 533-6919
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: VIR
Program ID: 420-35-21-221
Accredited Programs in Radiology-Diagnostic

**Rochester**

**Rochester General Hospital Program**

**Sponsor:** Rochester General Hospital  
**Prgm Director:** Daniel R Jacobson, MD, MS  
**Department of Radiology**  
1425 Portland Avenue  
Rochester, NY 14621  
Tel: 585 273-2220  
Fax: 585 273-3404  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 420-35-12-145

**University of Rochester Program**

**Sponsor:** Strong Memorial Hospital of the University of Rochester  
**Prgm Director:** Jeanne A Cullinan, MD  
601 Elmwood Avenue  
PO Box 648  
Rochester, NY 14642  
Tel: 585 276-1128  
Fax: 585 273-3549  
E-mail: Jeanne_Cullinan@urmc.rochester.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 36  
Subspecialties: MSK, PDR, RNR, VIR  
Program ID: 420-35-11-146

**Staten Island**

**New York Medical College (Richmond) Program**

**Sponsor:** New York Medical College  
& Vincent Catholic Medical Centers (Staten Island)  
**Prgm Director:** Suresh T Maximin, MD  
Department of Radiology  
365 Bard Avenue  
Staten Island, NY 10301  
Tel: 718 818-3163  
Fax: 718 818-1899  
E-mail: mnm@vincentny.org  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 420-35-21-259

**Staten Island University Hospital Program**

**Sponsor:** Staten Island University Hospital  
**Prgm Director:** Shalom Buchbinder, MD  
475 Seaview Avenue  
Staten Island, NY 10305  
Tel: 718 226-9175  
Fax: 718 226-8198  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 16  
Program ID: 420-35-13-254

**Stony Brook**

**SUNY at Stony Brook Program**

**Sponsor:** University Hospital SUNY at Stony Brook  
Veterans Affairs Medical Center (Northport)  
**Prgm Director:** Steven Perlmutter, MD  
Dept of Radiology  
School of Medicine - Stony Brook University  
Stony Brook, NY 11794  
Tel: 631 444-2484  
Fax: 631 444-7368  
E-mail: SBUH_RADIO@notes.cc.sunysb.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 20  
Subspecialties: RNR, VIR  
Program ID: 420-35-21-222

**Syracuse**

**SUNY Upstate Medical University Program**

**Sponsor:** SUNY Upstate Medical University  
**Prgm Director:** Kimball G Clark, MD  
700 Adams Street  
Syracuse, NY 13210  
Tel: 315 464-7434  
Fax: 315 464-2570  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 20  
Subspecialties: NR, RNR, VIR  
Program ID: 420-35-21-147

**Valhalla**

**New York Medical College at Westchester Medical Center Program**

**Sponsor:** New York Medical College  
**Prgm Director:** Susan Rachlin, MD  
520 Old Westchester Medical Center  
Valhalla, NY 10595  
Tel: 914 493-8550  
Fax: 914 495-7407  
E-mail: linkowskir@wcmc.com  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 16  
Program ID: 420-35-21-136

**North Carolina**

**Chapel Hill**

**University of North Carolina Hospitals Program**

**Sponsor:** University of North Carolina Hospitals  
**Prgm Director:** Paul L Mollin, MD  
520 Old Inffnary/CH#1010  
Chapel Hill, NC 27599  
Tel: 919 866-6693  
Fax: 919 866-6817  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 34  
Subspecialties: RNR, VIR  
Program ID: 420-38-11-148

**Durham**

**Duke University-Hospital Program**

**Sponsor:** Duke University Hospital  
Veterans Affairs Medical Center (Durham)  
**Prgm Director:** Linda Gray, MD  
Department of Radiology, Box 30388  
Durham, NC 27710  
Tel: 919 594-7546  
Fax: 919 684-7157  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 48  
Subspecialties: NR, PDR, RNR, VIR  
Program ID: 420-38-31-144

**Winston-Salem**

**Wake Forest University School of Medicine Program**

**Sponsor:** Wake Forest University Baptist Medical Center  
**Prgm Director:** Rita I Freimanis, MD  
Department of Radiology  
Medical Center Blvd  
Winston-Salem, NC 27157  
Tel: 336 716-4316  
Fax: 336 716-1278  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 40  
Subspecialties: AR, MSK, NR, RNR, VIR  
Program ID: 420-38-11-156

**Ohio**

**Canton**

**Aultman Hospital/NEOUCOM Program**

**Sponsor:** Aultman Hospital  
Mercy Medical Center (Canton)  
**Prgm Director:** Benedict Y Kim, DO  
Department of Radiology  
2000 Sixth Street, SW  
Canton, OH 44710  
Tel: 330 983-6367  
Fax: 330 983-2901  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 16  
Program ID: 420-38-21-232

**Cincinnati**

**University Hospital/University of Cincinnati College of Medicine Program**

**Sponsor:** University Hospital Inc  
Cincinnati Children's Hospital Medical Center  
Veterans Affairs Medical Center (Cincinnati)  
**Prgm Director:** James Leach, MD  
284 Goodman Street  
Mail Location 701  
Cincinnati, OH 45267  
Tel: 513 584-0016  
Fax: 513 584-0451  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 32  
Subspecialties: NR, PDR, RNR  
Program ID: 420-38-21-152

**Cleveland**

**Case Western Reserve University (MetroHealth) Program**

**Sponsor:** MetroHealth Medical Center  
**Prgm Director:** Rajiv Shah, MD  
2500 MetroHealth Dr  
Cleveland, OH 44109  
Tel: 216 778-4016  
Fax: 216 778-4072  
E-mail: rshah@metrohealth.org  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 16  
Subspecialties: VIR  
Program ID: 420-38-21-242

**Case Western Reserve University/ 
University Hospitals of Cleveland Program**

**Sponsor:** University Hospitals of Cleveland  
**Prgm Director:** Rajiv Shah, MD  
1100 Euclid Avenue  
Cleveland, OH 44106  
Tel: 216 844-3115  
Fax: 216 844-5922  
E-mail: rshah@metrohealth.org  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 28  
Subspecialties: PDR, RNR, VIR  
Program ID: 420-38-21-163

**Cleveland Clinic Foundation Program**

**Sponsor:** Cleveland Clinic Foundation  
**Prgm Director:** Rajiv Shah, MD  
9500 Euclid Avenue  
Deak Hb  
Cleveland, OH 44195  
Tel: 216 444-4425  
Fax: 216 444-4432  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 32  
Subspecialties: ESN, MSK, NR, PDR, RNR, VIR  
Program ID: 420-38-13-154

**Columbus**

**Ohio State University Hospital Program**

**Sponsor:** Ohio State University Hospital  
**Prgm Director:** Joseph Yu, MD  
Department of Radiology  
450 West 10th Avenue  
Columbus, OH 43210  
Tel: 614 293-8398  
Fax: 614 293-8322  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 24  
Subspecialties: RNR, VIR  
Program ID: 420-38-21-156

**Toledo**

**Medical College of Ohio Program**

**Sponsor:** Medical College of Ohio  
Medical College of Ohio Hospital  
St Vincent Mercy Medical Center  
**Prgm Director:** Lee S Waldenburg, MD  
Department of Radiology  
81217 Hopk Blvd, 3000 Arlington Avenue  
Toledo, OH 43614  
Tel: 419 383-9428  
Fax: 419 383-6422  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 420-38-21-157
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Richard H. Maheu, MD
500 University Drive, Hershey
PO Box 860
Hershey, PA 17033
Tel: 717 531-7588
Fax: 717 531-9022
Length: 4 Yrs
ACGME Approved/Offered Positions: 26
Subspecialties: RNR, VIR
Program ID: 420-41-1-164

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: William Herding, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-1749
E-mail: radiology@einstein.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 24
Subspecialties: VIR
Program ID: 420-41-1-165

Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MC
Pennsylvania)
Hahnemann University Hospital (Tenet Health System)
Program Director: Robert Koenigsberg, DO
32nd Floor, North Tower
230 S Broad Street
Philadelphia, PA 19102
Tel: 215 763-8984
Fax: 215 763-4904
E-mail: koenigsberg@drexed.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 32
Subspecialties: RNR
Program ID: 420-41-1-166

Mercy Catholic Medical Center Program
Sponsor: Mercy Catholic Medical Center Inc
Mercy Hospital of Philadelphia
Mercy Fitzgerald Hospital
Program Director: Isael A Aires, MD*
1500 Lansdowne Avenue
Darby, PA 19023
Tel: 610 287-4953
Fax: 610 287-2599
Length: 4 Yrs
ACGME Approved/Offered Positions: 10
Program ID: 420-41-1-170

Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Program Director: Michael B Low, MD
Department of Radiology
800 Spruce Street
Philadelphia, PA 19107
Tel: 215 829-5698
Fax: 215 829-7452
Length: 4 Yrs
ACGME Approved/Offered Positions: 16
Program ID: 420-41-1-171

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Beverly L Herhey, MD*
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-5640
Fax: 215 707-5951
E-mail: petenl@tuhs.temple.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 24
Subspecialties: MSR, RNR, VIR
Program ID: 420-41-1-173

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Lisa M Tartaglino, MD
1013 S 10th Street
Suite 1722 Main Bldg
Philadelphia, PA 19107
Tel: 215 555-6451
Fax: 215 555-5329
E-mail: lisa.tartaglino@jefferson.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 26
Subspecialties: RNR, VIR
Program ID: 420-41-1-174

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: E. Scott Pretorius, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3018
Fax: 215 349-5935
Length: 4 Yrs
ACGME Approved/Offered Positions: 44
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-41-1-175

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Melanie B Fulk, MD
Department of Diagnostic Radiology
329 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-8974
Fax: 412 359-6013
Length: 4 Yrs
ACGME Approved/Offered Positions: 16
Subspecialties: RNR
Program ID: 420-41-1-176

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Program Director: Beatrice A Carlin, MD
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 222-7600
Fax: 412 222-7914
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 420-41-1-177

University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
UPMC Presbyterian/Shadyside
Program Director: Philip D Oros, DO
Medical Arts Building, Suite 505
37th and Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 647-7538
Fax: 412 647-1137
E-mail: onradsp@upmc.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 48
Subspecialties: PDR, RNR, VIR
Program ID: 420-41-1-178

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: David M Epstein, MD*
6800 Friendship Avenue
Pittsburgh, PA 15234
Tel: 412 578-4610
Fax: 412 688-7751
Length: 4 Yrs
ACGME Approved/Authorized Positions: 12
Subspecialties: VIR
Program ID: 420-41-2-241
Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Prgm Director: University of Puerto Rico Medical Center
Veterans Affairs Medical Center (San Juan)
Prgm Director: Edgar Colon Negron, MD
PO Box 093067
Medical Sciences Campus
San Juan, PR 00936
Tel: 787 777-3555 Fax: 787 777-3555
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-43-21-182

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Martha B Mainiero, MD
Department of Radiology
591 Eddy Street
Providence, RI 02903
Tel: 401 444-5184 Fax: 401 444-5017
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: VNR, VNR
Program ID: 420-43-21-183

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Leonie Jordan, MD
Department of Radiology
185 Ashley Ave, PO Box 25022
Charleston, SC 29425
Tel: 843 792-7179 Fax: 843 792-6319
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: VNR
Program ID: 420-45-21-184

Tennessee
Knoxville
University of Tennessee Medical Center Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical School
Prgm Director: Kathleen Hurdon, MD, MEd
1954 Alcoa Highway
Knoxville, TN 37933
Tel: 865 544-9062
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 420-47-21-236

Memphis
Baptist Memorial Hospital Program
Sponsor: Baptist Memorial Hospital
Prgm Director: David H Kim, MD
Department of Radiology, Alvin Regina Rogers
6019 Walnut Grove Road
Memphis, TN 38120
Tel: 901 230-1550 Fax: 901 226-1351
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: VNR
Program ID: 420-47-12-186

University of Tennessee/Methodist Healthcare Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Veterans Affairs Medical Center (Memphis)
Prgm Director: Robert E Laster, MD
Department of Radiology
1220 Union Avenue
Memphis, TN 38114
Tel: 901 726-7254 Fax: 901 726-7490
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 420-47-21-187

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Thomas S Dina, MD
Department of Radiology
R1518 MCG 21st Ave S & Garland
Medical Center North
Nashville, TN 37232
Tel: 615 322-3780 Fax: 615 322-3764
Length: 4 Yrs ACGME Approved/Offered Positions: 29
Subspecialties: PDR, BNR, VNR
Program ID: 420-47-21-189

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Baylor Institute for Rehabilitation
Prgm Director: Kenneth L Ford, III, MD
Department of Radiology
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3792 Fax: 214 820-7377
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: VNR
Program ID: 420-49-22-190

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: George C Curry, MD
5220 Harry Rines Boulevard
Dallas, TX 75230
Tel: 214 648-9600 Fax: 214 648-2678
E-mail: George.Curry@UTSouthwestern.edu
Length: 4 Yrs ACGME Approved/Offered Positions: S3
Subspecialties: NR, PDR, BNR, VNR
Program ID: 420-48-21-193

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Randy Ernst, MD
Department of Radiology
Rte G-69
Galveston, TX 77555
Tel: 409 747-2849 Fax: 409 772-7120
Length: 4 Yrs ACGME Approved/Offered Positions: 23
Subspecialties: PDR, BNR, VNR
Program ID: 420-48-11-194

Houston
 Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Prgm Director: Pedro J Diaz-Marcham, MD
Department of Radiology
One Baylor Place
Houston, TX 77030
Tel: 713 798-6352 Fax: 713 798-8359
E-mail: bjdiaz@bcm.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: NR, PDR, BNR, VNR
Program ID: 420-48-21-195

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Christinas St Joseph Hospital
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Samanta A Oldham, MD
Department of Radiology
6414 Fannin Street, Suite 2.025
Houston, TX 77030
Tel: 713 500-7640 Fax: 713 500-7647
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: NR, BNR, VNR
Program ID: 420-49-21-196

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AFTC)
Prgm Director: Col Thomas M Dykes, MD
750 MDT/MAF
2220 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 293-7709 Fax: 210 293-3846
E-mail: tmdykes@safh.com
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: VNR
Program ID: 420-49-21-248

US Armed Services Program
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Swell A Clarke, MD
Department of Radiology
7701 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-6458 Fax: 210 567-6418
Length: 4 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: BNR, VNR
Program ID: 420-49-21-197
Temple
Texas A&M College of Medicine-Scott and White Program
Prgm Director: James B Schnitzer, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 774-4500 Fax: 254 774-5885
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 420-48-11-198

Utah
Salt Lake City
University of Utah Program
Prgm Director: H Christian Davidson, MD
Department of Radiology
50 North Medical Drive #1471
Salt Lake City, UT 84132
Tel: 801 581-2531 Fax: 801 581-2414
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: EURL, VIR
Program ID: 420-49-31-199

Vermont
Burlington
University of Vermont Program
Prgm Director: Kristen DeStigter, MD
Patrick 113, FHC, MCVM Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-0974 Fax: 802 847-4652
E-mail: Kristen.Destigter@vtmdnet.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: EURL, VIR
Program ID: 420-50-31-200

Virginia
Charlottesville
University of Virginia Program
Prgm Director: Spencer B Gun, MD
PO Box 500190
Lee Street
Charlottesville, VA 22908
Tel: 434 243-9272 Fax: 434 982-1618
E-mail: tvpath@virginia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: NLR, EURL, VIR
Program ID: 420-51-11-201

Norfolk
Eastern Virginia Medical School Program
Prgm Director: Scott and White Memorial Hospital
Program Director: James B Schnitzer, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 774-4500 Fax: 254 774-5885
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-51-31-202

Portsmouth
Naval Medical Center (Portsmouth) Program
Prgm Director: Stephanie A Bernard, MD
630 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 963-1188 Fax: 757 963-0815
E-mail: sabernard@mar.med.navy.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 420-51-13-252

Richmond
Virginia Commonwealth University Health System Program
Prgm Director: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Luksman A Dua, MD
PO Box 886815
1500 E Marshall Street, Rm 4-406
Richmond, VA 23288
Tel: 804 282-3525 Fax: 804 282-2015
E-mail: kirobri@vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: MEURL, VIR
Program ID: 420-51-21-203

Washington
Seattle
University of Washington Program
Prgm Director: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Subspecialties: Sound Health Care System
Prgm Director: Scott J Schulte, MD
1950 NE Pacific Street
Box 357115
Seattle, WA 98109
Tel: 206 543-9393 Fax: 206 543-9371
E-mail: kirobrown@uw.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 43
Subspecialties: OR, EURL, VIR
Program ID: 420-54-21-205

Virginia Mason Medical Center Program
Prgm Director: Virginia Mason Medical Center
University of Washington/Harborview Medical Centers
Prgm Director: Felicia P Cunningham, MD
Graduate Medical Education
1805 Gehrke St.
Seattle, WA 98101
Tel: 206 583-5678 Fax: 206 583-5317
E-mail: rehman@vmmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-54-13-206

Spokane
Spokane Medical Centers Program
Prgm Director: Inland Empire Hospital Services Association
Sacred Heart Medical Center
Prgm Director: Daniel J Murray, MD
101 West 8th Avenue
PO Box 3514
Spokane, WA 99210
Tel: 509 474-2021 Fax: 509 474-5831
E-mail: buchols@shlance.org
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 420-54-21-207

Tacoa
Madigan Army Medical Center Program
Prgm Director: Stephen M Reo, MD
MCUIJ-R
Bldg 10404 Bold Street
Thurman, WA 98485
Tel: 253 958-3190 Fax: 253 958-3140
E-mail: stephen.reo@wusamed.army.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 420-54-21-239

West Virginia
Morgantown
West Virginia University Program
Prgm Director: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Judith S Schleisman, MD
Robert C Byrd Health Science Ctr
PO Box 5255
Morgantown, WV 26506
Tel: 304 293-3890 Fax: 304 293-3899
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: NL, EURL, VIR
Program ID: 420-56-31-208

Wisconsin
Madison
University of Wisconsin Program
Prgm Director: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Andrew J Taylor, MD
E801 Clinical Sciences Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8310 Fax: 608 263-3557
E-mail: akrichge@mail.radiology.wisc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: NLR, EURL, VIR
Program ID: 420-56-21-210

Milwaukee
Aurora Health Care Program
Prgm Director: Aurora Health Care
St Luke's Medical Center
Prgm Director: Sean R Amori, MD
2900 West Oklahoma Avenue
Milwaukee, WI 53215
Tel: 414 649-8298 Fax: 414 649-8289
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-56-12-213

Medical College of Wisconsin Affiliated Hospitals Program
Prgm Director: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Procter Memorial Lutheran Hospital
Prgm Director: Guillermo F Herrera, MD
Department of Radiology
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 953-7380 Fax: 414 953-8290
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: EURL, NLR, VIR
Program ID: 420-56-21-211
Rheumatology (Internal Medicine)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: W Winn Chatham, MD
1530 3rd Avenue South
Birmingham, AL 35294
Tel: 205 934-4112 Fax: 205 934-4198
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-01-21-088

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Program Director: Dick L Robbins, MD
4011 W Markham
Little Rock, AR 72205
Tel: 501 667-6779 Fax: 501 667-6780
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-04-21-145

California

La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic Scripps Clinic/Scripps Green Hospital
Program Director: Ken D Fischel, MD, PhD
10466 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8819 Fax: 858 554-6703
E-mail: knobles@scrippsc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-05-21-042

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Edwin H Krick, MD
Department of Internal Medicine
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4111 Fax: 909 558-0490
E-mail: dacosta@ahs.llumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-05-21-090

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Michael H Weissman, MD
Department of Internal Medicine
6700 Beverly Boulevard, Suite 813
Los Angeles, CA 90048
Tel: 310 423-2170 Fax: 310 423-6808
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-04-11-078

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County Harbor-UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Ernest Brahn, MD
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 206-5671 Fax: 310 206-9707
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 150-06-11-091

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC+USC Medical Center
LAC Rancho Los Amigos National Rehabilitation Center
USC University Hospital
Program Director: Francisco P Quismorio, MD
2031 Zonal Avenue - IRB 620
Los Angeles, CA 90033
Tel: 323 442-1946
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-05-21-031

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Brian S Andrews, MD, PhD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92668
Tel: 714 456-6839 Fax: 714 456-6164
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-05-21-108

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Dick L Robbins, MD
451 E Health Sciences Drive
Suite 6510
Davis, CA 95616
Tel: 530 752-2884 Fax: 530 754-6407
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-06-21-153
San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Robert A. Tarko, MD
3500 La Jolla Village Drive (111K)
San Diego, CA 92161
Tel: 858 552-8586 Fax: 888 552-7425
E-mail: mary.lee@med.va.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-66-123

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: David Welby, MD
Arthritis Faculty Practice, 1500 Sutter St. 4407
San Francisco, CA 94115
Tel: 415 750-2104
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-06-21-169

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Ernesto Takakura, MD
Department of Medicine (CalMedicine)
100 Welch Road, Suite 203
Palo Alto, CA 94305
Tel: 650 435-6000 Fax: 650 856-9024
E-mail: gmaison@stanford.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-06-21-016

Sylmar
UCLA-San Fernando Valley Program
Sponsor: Olive View/UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Richard W Weisbart, MD
Department of Medicine (2B-182)
14455 Olive View Drive
Sylmar, CA 91342
Tel: 818 895-6664 Fax: 818 895-9423
E-mail: rweisbar@ucla.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 190-06-21-092

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
National Jewish Medical and Research Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: Dorothea B. Weisberg, MD
3420 E 9th Avenue
Denver, CO 80202
Tel: 303 315-6660 Fax: 303 315-5540
E-mail: helen.marines@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-07-21-038

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
University of Connecticut Health Center/John Dempsey Hospital
Program Director: Ann L. Parke, MD
Department of Medicine
365 Farmington Avenue
Farmington, CT 06030
Tel: 860 678-3665 Fax: 860 678-1257
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 190-09-69-001

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Insoo Kim, MD
110 Irving Street, Suite 203
New Haven, CT 06510
Tel: 203 785-2454 Fax: 203 785-7053
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 190-06-21-017

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (GW)
Program Director: James D. Katz, MD
Department of Medicine, Suite 5-410
2150 Pennsylvania Avenue, NW
Washington, DC 20057
Tel: 202 741-3400 Fax: 202 741-2400
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-10-21-079

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Program Director: Virginia O'Keefe, MD
Department of Medicine, Rheumatology
3500 New Jersey Avenue, NW
Washington, DC 20007
Tel: 202 444-1532 Fax: 202 444-1533
E-mail: skelley@georgetown.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 190-06-21-090

George Washington University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Arianne Weinstein, MD
Department of Medicine
110 Irving Street, NW # 5A 66
Washington, DC 20010
Tel: 202 877-6774 Fax: 202 877-6100
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-09-11-094

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Eric S. Seibel, MD, PhD
Department of Medicine
PO Box 10077
Gainesville, FL 32610
Tel: 352 273-5445 Fax: 352 392-8463
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-11-21-065

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Carlos J. Lopez, MD
1400 NW 10th Ave, Suite 906
Miami, FL 33136
Tel: 305 245-7546 Fax: 305 245-7546
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 190-11-21-125

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A. Haley Veterans Hospital
Tampa General Hospital
Program Director: Frank B Vasey, MD
12001 Bruce B Downs Blvd, MDC 81
Division of Rheumatology
Tampa, FL 33612
Tel: 813 974-2891 Fax: 813 974-5299
E-mail: lkharling@usc.usf.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 190-11-21-036

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Program Director: Jonathan Walluck, MD
Rheumatology Division
435 Joseph E.選擇 Drive, SE
Atlanta, GA 30303
Tel: 404 777-4836 Fax: 404 777-5076
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 190-12-21-085

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Bruce E. Goetzlitz, MD
1350 15th St, B1 5063
Augusta, GA 30912
Tel: 706 721-2891 Fax: 706 721-6314
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 190-12-21-062
Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Healthcare System
Program Director: Walter G Barr, MD
340 E Huron Street
McGaw Pavilion Suite 2300
Chicago, IL 60611
Tel: 312 503-9803 Fax: 312 503-0994
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-16-21-061

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Program Director: Galvino R Brown, MD
1725 W Harrison Street, Suite 1017
Chicago, IL 60612
Tel: 312 942-8289 Fax: 312 563-2267
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 150-16-11-096

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Marcus B Clark, MD
5841 S Maryland Avenue
MCB008
Chicago, IL 60637
Tel: 773 702-0202 Fax: 773 702-8702
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-16-21-138

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: William Sweidler, MD*
Suite AS12, CMW (MC 725)
1810 West Polk Street
Chicago, IL 60612
Tel: 312 413-8910 Fax: 312 413-9271
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-16-21-097

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Elaine M Adams, MD
2160 S First St
Hdg 54 Room 121
Maywood, IL 60153
Tel: 708 216-3313 Fax: 708 216-1086
E-mail: buamadin@lumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-16-21-003

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L. Roudebush Veterans Affairs Medical Center
William N Whibbard Memorial Hospital
Program Director: Steven T Hugenberg, MD
1101 W Michigan St
LO 545
Indianapolis, IN 46202
Tel: 317 574-6225 Fax: 317 574-7792
E-mail: shtugner@iu.illinois.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-17-21-110

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: George V Lawry, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 355-1777 Fax: 319 355-2290
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-18-21-067

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine University of Kansas Medical Center
Program Director: Daniel J Stechschulte, MD*
Department of Internal Medicine
3901 Rainbow Blvd
Kansas City, KS 66102
Tel: 913 588-6008 Fax: 913 588-3887
E-mail: ksms_steet@ku.dk.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-19-21-060

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine Medical Center of Louisiana at New Orleans
Program Director: Luis R Espinoza, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4630 Fax: 504 568-4642
E-mail: lespredict@lsuhsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-21-21-037

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Robert J Quinet, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4705 Fax: 504 842-4771
E-mail: gm@ochsner.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-21-23-106

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center - University Hospital
Overtown Brooks Veterans Affairs Medical Center
Program Director: Samina Hayat, MD*
Louisiana State University Health Sciences Center
1501 Kings Highway, PO Box 39882
Shreveport, LA 71130
Tel: 318 675-2655 Fax: 318 675-6980
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-21-21-043

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Allan C Gelber, MD, MPH
5200 Eastern Avenue, Mason F. Lowd Building
Center Tower, Suite 4100, Room 407
Baltimore, MD 21224
Tel: 410 550-2085 Fax: 410 550-2072
E-mail: ageber@jhmi.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-23-11-002

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Raymond H Flores, MD
10 South Pine Street
Suite 854
Baltimore, MD 21201
Tel: 410 706-6474 Fax: 410 706-0231
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-23-21-131

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: William H Gilliland, MD
6825 16th Street, NW
Department of Internal Medicine
Washington, DC 20307
Tel: 202 782-8734 Fax: 202 782-0594
E-mail: wgil@illumin.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-10-11-093

US Armed Services Program
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Gregory J Dennis, MD
Warren G Magnuson Clinical Center
Building 10, Room 9S 205
Bethesda, MD 20892
Tel: 301 496-5463 Fax: 301 496-8190
E-mail: DennisG@nih.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 150-23-21-141

US Armed Services Program
**Massachusetts**

**Boston**

**Boston University Medical Center Program**
Sponsor: Boston University Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Joseph H Korn, MD
Arthritis Center: 718 Albany St, B-5
Tel: 617 638-4448 Fax: 617 636-0226
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 150-24-21-111

**Brigham and Women’s Hospital Program**
Sponsor: Brigham and Women’s Hospital
Rheumatology Program
Program Director: Lloyd B Klockstein, MD, PhD
Room 609, Smith Building
1 Jimmy Fund Way
Boston, MA 02115
Tel: 617 739-1200 Fax: 617 735-1227
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 150-24-21-004

**Massachusetts General Hospital Program**
Sponsor: Massachusetts General Hospital
Program Director: Allen C Steere, MD
Rheumatology Unit, MGH
55 Fruit Street - Bullfinch 165
Boston, MA 02114
Tel: 617 726-1827 Fax: 617 735-1544
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-24-21-938

**Tufts-New England Medical Center Program**
Sponsor: Tufts-New England Medical Center
Program Director: Timothy E McAllister, MD MPH, MPH
750 Washington St, Box 406
Boston, MA 02111
Tel: 617 635-5645 Fax: 617 635-1542
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-24-21-005

**Worcester**

**University of Massachusetts Program**
Sponsor: University of Massachusetts Medical School
Program Director: Nancy Y Liu, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-5246 Fax: 508 856-1981
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-24-21-006

**Michigan**

**Ann Arbor**

**University of Michigan Program**
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Rory M Marks, MD*
Room 3818 Taubman Center, Box 0559
Division of Rheumatology
Ann Arbor, MI 48109
Tel: 734 936-0529 Fax: 734 763-1233
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 150-24-21-005

**Missouri**

**Columbia**

**University of Missouri-Columbia Program**
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Darcy Polzienienger, MD
MA 427 Health Sciences Building
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-8095 Fax: 573 882-1380
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-28-21-064

**St Louis**

**St Louis University School of Medicine Program**
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St Louis University Hospital
Program Director: Terry L Moore, MD
Room 210A Dewey Hall
1402 S Grand Blvd
St Louis, MO 63104
Tel: 314 977-8583 Fax: 314 977-8818
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-28-21-004

**Washington University/B-JH/SLCH Consortium Program**
Sponsor: Washington University/B-JH/SLCH Consortium
Baruch-Jewish Hospital
Program Director: Richard D Brasington, MD
Division of Rheumatology, Box 8045
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 454-7729 Fax: 314 454-5164
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-28-21-112

**New Hampshire**

**Lebanon**

**Dartmouth-Hitchcock Medical Center Program**
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Lin A Brown, MD
Department of Medicine
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7708 Fax: 603 650-4861
E-mail: Lin.A.Brown@Dartmouth.org
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-32-21-107

**New Jersey**

**Camden**

**UMDNJ-Robert Wood Johnson Medical School (Camden) Program**
Sponsor: Cooper Hospital-University Medical Center
Program Director: Gerald F Falasca, MD
One Cooper Plaza
401 N Haddon Avenue
Camden, NJ 08103
Tel: 856 757-9671 Fax: 856 757-7020
E-mail: donato-doi@cooperhealth.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-33-21-132
### New Brunswick

**UMDNJ-Robert Wood Johnson Medical School Program**  
Sponsor: UMDNJ-Robert Wood Johnson Medical School  
Robert Wood Johnson University Hospital  
Prgm Director: Naomi Schlesinger, MD*  
Dept of Medicine  
PO Box 19, MEB-484  
New Brunswick, NJ 08903  
Tel: 732 235-2850 Fax: 732 235-7018  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 2  
Program ID: 150-33-21-019

### New Mexico

**Albuquerque**

**University of New Mexico Program**  
Sponsor: University of New Mexico School of Medicine  
University of New Mexico Health Sciences  
Veterans Affairs Medical Center (Albuquerque)  
Prgm Director: Arthur D Bankhurst, MD  
School of Medicine  
Department of Medicine  
Albuquerque, NM 87108  
Tel: 505 272-4741 Fax: 505 277-3634  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 2  
Program ID: 150-34-21-100

### New York

**Albany**

**Albany Medical Center Program**  
Sponsor: Albany Medical Center  
Prgm Director: Joel Klemmer, MD*  
Department of Rheumatology, MC-100  
47 New Scotland Avenue  
Albany, NY 12208  
Tel: 518 265-3377 Fax: 518 265-6873  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 3  
Program ID: 150-36-31-020

**Bronx**

**Albert Einstein College of Medicine Program**  
Sponsor: Albert Einstein College of Medicine of Yeshiva University  
Jacobi Medical Center  
Montefiore Medical Center-Henry and Lucy Moses Division  
Montefiore Medical Center-Weiler Hospital  
North Central Bronx Hospital  
Prgm Director: Chaim Puttermann, MD*  
Montefiore Medical Center  
1300 Morris Park Avenue, Ullmann 505  
Bronx, NY 10461  
Tel: 718 438-4266 Fax: 718 430-4284  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 6  
Program ID: 150-35-21-072

**Brooklyn**

**SUNY Health Science Center at Brooklyn Program**  
Sponsor: SUNY Health Science Center at Brooklyn  
Kings County Hospital Center  
University Hospital-SUNY Health Science Center at Brooklyn  
Veterans Affairs Medical Center (Brooklyn)  
Prgm Director: Deana Lazaro, MD  
450 Clarkson Ave, Box 42  
Brooklyn, NY 11203  
Tel: 718 270-1662 Fax: 718 270-1562  
E-mail: egditter@downstate.edu  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 4  
Program ID: 150-35-21-009

---

**New York Presbyterian Hospital (Cornell Campus) Program**  
Sponsor: New York Presbyterian Hospital  
Hospital for Special Surgery  
Memorial Sloan-Kettering Cancer Center  
New York Presbyterian Hospital (Cornell Campus)  
Prgm Director: Stephen A Paget, MD  
525 East 68th Street  
New York, NY 10021  
Tel: 212 686-8845 Fax: 212 686-9179  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 6  
Program ID: 150-35-21-122

**New York University School of Medicine Program**  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Hospital for Joint Diseases Orthopaedic Institute  
Manhattan VA Health Care System  
Prgm Director: Michael H Pillinger, MD  
301 East 14th Street  
New York, NY 10003  
Tel: 212 598-4119 Fax: 212 598-6582  
E-mail: michael.pillinger@med.nyu.edu  
Length: 3 Yrs  
AGGME Approved/Offered Positions: 9  
Program ID: 150-35-21-063

**Syracuse**

**SUNY Upstate Medical University Program**  
Sponsor: SUNY Upstate Medical University  
Veterans Affairs Medical Center (Syracuse)  
Prgm Director: Andrea Perl, MD, PhD*  
750 East Adams Street  
Syracuse, NY 13210  
Tel: 315 464-4194 Fax: 315 464-4176  
E-mail: lchrist@upstate.edu  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 4  
Program ID: 150-35-21-010

**Valhalla**

**New York Medical College at Westchester Medical Center Program**  
Sponsor: New York Medical College  
Westchester Medical Center  
Prgm Director: L Frank Cavaliere, MD  
Westchester Medical Center  
Mount Kisco Pavilion G70  
Valhalla, NY 10595  
Tel: 914 594-4444 Fax: 914 594-4277  
Length: 2 Yrs  
AGGME Approved/Offered Positions: 2  
Program ID: 150-35-11-040

---

### Sponsored Programs in Rheumatology (Internal Medicine)
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Beth L Jonas, MD
CBH 7250
3330 Thruston Blvd
Chapel Hill, NC 27599
Tel: 919 966-4191  Fax: 919 966-1739
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-38-21-102

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: John Sundy, MD, PhD
Box 3279
Durham, NC 27710
Tel: 919 668-2169  Fax: 919 681-2898
E-mail: ohba002@mc.duke.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-38-21-110

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Kenneth S O'Rourke, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-2177  Fax: 336 716-6031
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-38-21-111

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Program Director: Anne-Barbara Mongey, MD, ChB
Division of Immunology
PO Box 670563
Cincinnati, OH 45267
Tel: 513 558-4701  Fax: 513 558-3199
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-38-12-149

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Ali D Asarkar, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-2388  Fax: 216 844-2388
E-mail: Aliaskar06@yahoo.com
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-38-21-115

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Brian F Mandell, MD, PhD*
9500 Euclid Avenue
Desk A50
Cleveland, OH 44195
Tel: 216 445-6580  E-mail: mandlebbf@cv.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-38-12-117

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Kevin F Bachhuber, MD*
Davis Medical Research Center
450 W 9th Avenue
Columbus, OH 43210
Tel: 614 293-8090
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-38-21-144

Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Leslie S Szuft, MD
PO Box 26001
Oklahoma City, OK 73190
Tel: 405 271-7211  Fax: 405 271-7256
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-38-21-140

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Andre Barchukov, MD
Department of Medicine (OP-09)
3161 SW Jackson Park Road
Portland, OR 97201
Tel: 503 494-5863  Fax: 503 494-1022
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-40-31-118

Pennsylvania

Danville
Goisinger Health System Program
Sponsor: Goisinger Health System
Program Director: Thomas M Harrington, MD
100 North Academy Avenue
Danville, PA 17322
Tel: 570 271-4416  Fax: 570 271-5845
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-41-11-104

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Lawrence B Brent, MD
Korman Building, Suite 103
5001 Old York Road
Philadelphia, PA 19141
Tel: 215 456-7380  Fax: 215 456-3888
E-mail: breath@hotmail.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-41-11-103

Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Program Director: Carolyn R O'Connor, MD
245 N 16th Street
MS 429
Philadelphia, PA 19102
Tel: 215 762-8144  Fax: 215 246-5913
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-41-21-084

Temple University Hospital Program
Sponsor: Temple University Hospital
Program Director: Audrey B Utnis, MD
Department of Rheumatology
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-1758  Fax: 215 707-8302
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-41-31-023

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Raphaell J DeHoratius, MD
Division of Rheumatology
Room 613 Curtis Building
Philadelphia, PA 19107
Tel: 215 696-1410
E-mail: raphael.dehoratius@mail.tju.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-41-21-024

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Sharon L Kolaski, MD
5 Maloney, Suite 504
360 S Spruce Streets
Philadelphia, PA 19104
Tel: 215 349-5066  Fax: 215 592-4500
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-41-21-015

Graduate Medical Education Directory 2005-2006
Accredited Programs in Rheumatology (Internal Medicine)

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
PgM Director: Chester V Oddis, MD
5300 Terrace Street
S703 Biomedical Science Tower
Pittsburgh, PA 15261
Tel: 412 383-8861 Fax: 412 383-8864
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-41-21-027

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
PgM Director: Luis M Vila, MD
Box 560977
San Juan, PR 00936
Tel: 787 758-2305 Fax: 787 764-6839
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-42-21-055

Rhode Island
Providence
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
PgM Director: Edward V Lahey, MD
Roger Williams Medical Center
925 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-2393 Fax: 401 456-6758
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-43-31-028

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H. Johnson VA Medical Center (Charleston)
PgM Director: Marc A Bailer, MD
96 Jonathan Lucas Street, Suite 912
Charleston, SC 29425
Tel: 843 792-3349 Fax: 843 792-7121
E-mail: trickam@musc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-45-21-076

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
PgM Director: Kristine M Lorb, MD
Division of Rheumatology
956 Court Avenue, Room A318
Memphis, TN 38163
Tel: 901 448-5760 Fax: 901 448-3340
E-mail: klcompl1@utmem.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-47-21-165

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
PgM Director: Howard A Fuchs, MD
Division of Rheumatology
Medical Center North, T1219
Nashville, TN 37232
Tel: 615 322-4746 Fax: 615 322-0348
E-mail: howard.fuchs@vanderbilt.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-47-31-012

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
PgM Director: Salahuddin Kazi, MD
Department of Internal Medicine
3333 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-8110 Fax: 214 648-7965
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-48-21-070

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
PgM Director: Bruce A Baetge, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 713-2653 Fax: 409 713-7556
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-48-21-147

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
PgM Director: David P Huston, MD
One Baylor Plaza, BCM 285
Suite 672E
Houston, TX 77030
Tel: 713 798-2393 Fax: 713 798-5790
E-mail: sweit@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-48-21-058

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
PgM Director: John D Bevilaqua, MD
6431 Fannin, MSB 5.270
Houston, TX 77030
Tel: 713 500-0600 Fax: 713 500-0680
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-49-31-130

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
PgM Director: Raymond Arroyo, MD
5200 Bergquist Drive, Ste 1
Lackland AFB, TX 78236
Tel: 210 292-7307 Fax: 210 292-6702
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-48-12-045

US Armed Services Program
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Veterans Hospital (San Antonio)
University Health System
PgM Director: Michael Fischbach, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4598 Fax: 210 677-4721
E-mail: fischbach@uthscsa.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-48-21-041

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
PgM Director: Michael J Baltirome, MD*
50 N Medical Drive, 40810
Salt Lake City, UT 84138
Tel: 801 581-4533 Fax: 801 581-6099
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-48-21-148

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
PgM Director: Sheldon M Cooper, MD
D-306 Given Blvd
80 Beaumont Avenue
Burlington, VT 05405
Tel: 802 655-2144 Fax: 802 655-2654
E-mail: sheldon.cooper@uvm.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-50-21-129
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<td>Beth Israel Deaconess Medical Center/Harvard Medical School Program Details</td>
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<td>Roswell Park Cancer Institute Program Details</td>
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**Selective Pathology (Pathology)**

**Connecticut**

**Hartford**

**Hartford Hospital Program**

**Program Director:** Martin M Berman, MD
80 Seymour Street
PO Box 5037
Hartford, CT 06102
Tel: 860 545-2899 Fax: 860 545-2204

**Length:** 1 Yr  ACGME Approved/Offered Positions: 5  
**Program ID:** 901-46-22-028

**New Haven**

**Yale-New Haven Medical Center Program**

**Program Director:** Marie E Robert, MD
310 Cedar Street
PO Box 268223
New Haven, CT 06520
Tel: 203 785-5603 Fax: 203 787-1064

**Length:** 1 Yr  ACGME Approved/Offered Positions: 1  
**Program ID:** 901-08-21-037

**District of Columbia**

**Washington**

**Armed Forces Institute of Pathology**

**Program Director:** William D Travis, MD
8820 NW 16th Street
Washington, DC 20036
Tel: 202 783-1781 Fax: 202 783-5017

**Length:** 1 Yr  ACGME Approved/Offered Positions: 2  
**Program ID:** 301-19-13-023

**US Armed Services Program**

**Illinois**

**Chicago**

**University of Illinois College of Medicine at Chicago Program**

**Program Director:** Robert Polberg, MD
1819 W Polk Street
446 CMW
Chicago, IL 60612
Tel: 312 996-2829 Fax: 312 996-7586

**Length:** 1 Yr  ACGME Approved/Offered Positions: 2  
**Program ID:** 901-16-01-020

**Buffalo**

**Roswell Park Cancer Institute Program**

**Program Director:** Charles St Levea, MD, PhD*
Elm & Carlton Street
Buffalo, NY 14263
Tel: 716 845-7678 Fax: 716 845-7627
E-mail: christine.levia@roswellpark.org

**Length:** 1 Yr  ACGME Approved/Offered Positions: 5  
**Program ID:** 901-35-31-016
New York
Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: German C Steiner, MD
301 East 11th Street
New York, NY 10003
Tel: 212 598-6331  Fax: 212 598-6557
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 301-35-21-065
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: David S Klimstra, MD
1275 York Avenue
New York, NY 10021
Tel: 212 639-3410  Fax: 212 776-8501
Length: 1 Yr  ACGME Approved/Offered Positions: 17
Program ID: 301-35-21-011
Office of the Chief Medical Examiner-City of New York Program
Sponsor: Office of Chief Medical Examiner-City of New York
Prgm Director: Barbara A Sampson, MD, PhD
520 First Avenue
New York, NY 10016
Tel: 212 447-2335  Fax: 212 447-4330
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 301-35-31-033
Pennsylvania
Philadelphia
Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Douglas B Flieder, MD*
Fox Chase Cancer Center
533 Cottman Avenue
Philadelphia, PA 19111
Tel: 215 772-4021  Fax: 215 772-2869
E-mail: Douglas.Flieder@fccc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 301-41-01-019
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: John E Tomaszewski, MD*
3600 Spruce Street, 6 Founders
Philadelphia, PA 19104
Tel: 215 667-6853  Fax: 215 667-6854
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 301-41-31-029
University of Pennsylvania Program A
Sponsor: University of Pennsylvania Health System
Prgm Director: Emma E Forth, MD*
3400 Spruce Street, 6 Founders
Philadelphia, PA 19104
Tel: 215 662-3211
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 301-41-23-032
Pittsburgh
University of Pittsburgh Medical Center Medical Education (Presbyterian Shadyside) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/SHadyside
Prgm Director: Fareyouz Randhawa, MD
3735 MUH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-7945  Fax: 412 647-6257
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 301-41-13-036
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Leon Barnes, MD
3700 Fifth Avenue, Medical Arts Building
Suite 401
Pittsburgh, PA 15213
Tel: 412 647-3720  Fax: 412 647-6251
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 301-41-11-030
University of Pittsburgh Medical Center Medical Education/Magee-Women's Hospital Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women's Hospital
Prgm Director: David J Dubbs, MD
300 Hankle Street
Pittsburgh, PA 15213
Tel: 412 641-4651
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 301-41-23-035
Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Margaret E Grimes, MD
PO Box 986662
Richmond, VA 23298
Tel: 804 828-9004  Fax: 804 827-1076
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 301-51-12-034
Washington
Seattle
PhenoPath Laboratories Program
Sponsor: PhenoPath Laboratories
Prgm Director: Atees M Gowen, MD
551 N 34th St, Suite 100
Seattle, WA 98109
Tel: 206 374-8900  Fax: 206 374-9000
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 301-54-21-022
Texas
Houston
University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Ayselgul Sahin, MD
1515 Holcombe, Pathology/Fellowship, Box 085
Houston, TX 77030
Tel: 713 794-1369  Fax: 713 794-7598
Length: 1 Yr  ACGME Approved/Offered Positions: 14
Program ID: 301-48-21-010
University of Texas M D Anderson Cancer Center Program A
Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Anais Malpica, MD
Pathology/Fellowship Unit #085
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 794-1369  Fax: 713 794-7598
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 301-48-12-031
Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

**Alabama**

**Birmingham**

University of Alabama Medical Center Program

**Sponsor:** University of Alabama Hospital

Children's Hospital of Alabama

**Prgm Director:** Amy B. Jackson, MD

**Length:** 1 Yr

**E-mail:** m.sipski@miami.edu

**PO**

**Veterans Affairs Medical Center (Miami)**

Shriners Hospitals for Children (Tampa)

Tampa General Hospital

**Prgm Director:** Steven G Scott, DO

12000 Bruce B Downs Boulevard

Tampa, FL 33612

Tel: 813 972-7517 Fax: 813 978-5913

**Program ID:** 945-11-21-016

**Michigan**

**Ann Arbor**

University of Michigan Program

**Sponsor:** University of Michigan Hospitals and Health Centers

**Prgm Director:** David B Gater, MD

**Length:** 1 Yr

**Program ID:** 945-26-32-023

**California**

**Orange**

University of California (Irvine) Program

**Sponsor:** University of California (Irvine) Medical Center

Long Beach Memorial Medical Center

VA Long Beach Healthcare System

**Prgm Director:** Vernor W Lin, MD

SCUD BG (27125) VA Long Beach Healthcare System

5001 East Seventh Street

Long Beach, CA 90802

Tel: 562 494-5701 Fax: 562 494-5718

**E-mail:** vernor.lin@med.va.gov

**Length:** 1 Yr

**Program ID:** 345-05-21-014

**Illinois**

**Chicago**

McGaw Medical Center of Northwestern University Program

**Sponsor:** McGaw Medical Center of Northwestern University

Northwestern Memorial Hospital

Rehabilitation Institute of Chicago

**Prgm Director:** David Chen, MD

345 East Superior Street — Room 1146

Chicago, IL 60611

Tel: 312 236-0764 Fax: 312 238-2512

**Length:** 1 Yr

**Program ID:** 345-16-12-020

**Missouri**

**St Louis**

Washington University/B-JH/SLCH Consortium Program

**Sponsor:** Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

**Prgm Director:** Cristina L Sadowsky, MD

345-28-21-011

**Length:** 1 Yr

**Program ID:** 345-28-21-011

**New Jersey**

**Newark**

UMDNJ-New Jersey Medical School Program

**Sponsor:** UMDNJ-New Jersey Medical School

**Prgm Director:** Steven Kirkblum, MD

205 Bergen Street, ADMC 101

PO Box 7194

Newark, NJ 07102

Tel: 973 972-3906 Fax: 973 972-5148

**E-mail:** SKirkblum@kessler-rehab.com

**Length:** 1 Yr

**Program ID:** 945-33-21-002

**New York**

**New York**

Mount Sinai School of Medicine Program

**Sponsor:** Mount Sinai School of Medicine

Veterans Affairs Medical Center (Bronx)

**Prgm Director:** Adam B Stein, MD

1425 Madison Avenue, Box 1240

New York, NY 10029

Tel: 212 658-6515 Fax: 212 348-6801

**Length:** 1 Yr

**Program ID:** 945-33-21-003

**Florida**

**Miami**

Jackson Memorial Hospital/Jackson Health System Program

**Sponsor:** Jackson Memorial Hospital/Jackson Health System

Veterans Affairs Medical Center (Miami)

**Prgm Director:** Andrew L Sherman, MD, MS

PO Box 016900 (14-611) Room L105

Miami, FL 33101

Tel: 305 585-1520 Fax: 305 585-1340

**E-mail:** m.sipski@miami.edu

**Length:** 1 Yr

**Program ID:** 345-11-21-018

**Massachusetts**

**Boston**

Harvard Medical School Program

**Sponsor:** Spaulding Rehabilitation Hospital

Boston VA Healthcare System (Brookline-West Roxbury)

Brigham and Women’s Hospital

**Prgm Director:** Sunil Sabharwal, MD

1460 VFW Parkway

West Roxbury, MA 02122

Tel: 617 323-7700 Fax: 617 363-5553

**E-mail:** Sunil.Sabharwal@va.gov

**Length:** 1 Yr

**Program ID:** 345-24-01-002
### Accredited Programs in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

#### Ohio

**Cleveland**

**Case Western Reserve University (MetroHealth) Program**
- **Sponsor:** MetroHealth Medical Center Veterans Affairs Medical Center (Cleveland)
- **Program Director:** Greg A Nemunaitis, MD
- **SCCM:** 2500 MetroHealth Drive Cleveland, OH 44109
- **Tel.:** 216 778-3077 Fax: 216 778-7393
- **E-mail:** krank@metrohealth.org
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 345-38-13-024

#### Pennsylvania

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**
- **Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program Children’s Hospital of Pittsburgh  
  UPMC Presbyterian/Shadyside Veterans Affairs Medical Center (Pittsburgh)
- **Program Director:** John A Horton, MD
- **1406 Shady Avenue Pittsburgh, PA 15217**
- **Tel.:** 412 435-3443 Fax: 412 438-2569
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-41-13-017

#### Texas

**Dallas**

**University of Texas Southwestern Medical School Program**
- **Sponsor:** University of Texas Southwestern Medical School  
  Dallas County Hospital District-Parkland Memorial Hospital Veterans Affairs Medical Center (Dallas)
- **Program Director:** Lance Goetz, MD
- **VA North Texas Health Care System**
- **4500 S Lancaster Road (138)**
- **Dallas, TX 75216**
- **Tel.:** 214 657-1575 Fax: 214 657-1579
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 345-48-21-012

#### Houston

**Baylor College of Medicine Program**
- **Sponsor:** Baylor College of Medicine Institute for Rehabilitation and Research Memorial Hermann Hospital System Michael E DeBakey VA Medical Center - Houston
- **Program Director:** Sally A Holmes, MD
- **TIRR, 1333 Murraywood, B-107**
- **Houston, TX 77090**
- **Tel.:** 713 797-5033 Fax: 713 797-5883
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-48-13-021

#### University of Texas at Houston Program
- **Sponsor:** University of Texas Medical School at Houston Institute for Rehabilitation and Research Memorial Hermann Hospital System Michael E DeBakey VA Medical Center - Houston  
  **Program Director:** William H Donovan, MD
- **Veterans Affairs**
- **Education, A-220, TIRR**
- **1333 Murraywood**
- **Houston, TX 77090**
- **Tel.:** 713 797-5991 Fax: 713 797-5904
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-48-21-009

#### Virginia

**Richmond**

**Virginia Commonwealth University Health System Program**
- **Sponsor:** Virginia Commonwealth University Health System  
  Hunter Holmes McGuire VA Medical Center (Richmond) Medical College of Virginia Hospitals
- **Program Director:** Prabhakaran K Nambari, MD
- **1201 Broad Rock Boulevard**
- **Richmond, VA 23248**
- **Tel.:** 804 675-3280 Fax: 804 675-3223
- **E-mail:** prabhakaran2003@yahoo.com
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 3
- **Program ID:** 345-51-21-004

#### Washington

**Seattle**

**University of Washington Program**
- **Sponsor:** University of Washington School of Medicine Children’s Hospital and Regional Medical Center University of Washington Medical Center VA Puget Sound Health Care System
- **Program Director:** Steven A Steins, MD  
  SCI Service (138), Puget Sound VHHC Care  
  1660 Columbia Way South Seattle, WA 98108
- **Tel.:** 206 764-2372 Fax: 206 764-2796
- **E-mail:** steins@uw.edu
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-54-21-006

#### Wisconsin

**Milwaukee**

**Medical College of Wisconsin Affiliated Hospitals Program**
- **Sponsor:** Medical College of Wisconsin Affiliated Hospitals Inc. Clement J Zablocki Veterans Affairs Medical Center
- **Program Director:** Kevin R White, MD
- **SCI Service (128)**
- **5000 W National Avenue Milwaukee, WI 53225**
- **Tel.:** 414 382-2000 Fax: 414 382-5285
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-50-14-013

### Sports Medicine (Emergency Medicine)

#### New York

**Rochester**

**University of Rochester Program**
- **Sponsor:** Strong Memorial Hospital of the University of Rochester  
  **Program Director:** Kenneth R Weenema, MD, MBA
- **Box 655**
- **University of Rochester Program**
- **7703 South Avenue Rochester, NY 14642**
- **Tel.:** 585 341-9327 Fax: 585 340-3061
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 1
- **Program ID:** 110-33-01-004

#### Pennsylvania

**Pittsburgh**

**Allegeny General Hospital Program**
- **Sponsor:** Allegheny General Hospital  
  **Program Director:** Edward D Steil, MD
- **1307 Federal Street**
- **2nd Floor**
- **Pittsburgh, PA 15212**
- **Tel.:** 412 358-6001 Fax: 412 358-6285
- **Length:** 1 Yr  
  **ACGME Approved/Offered Positions:** 2
- **Program ID:** 110-41-21-001

Graduate Medical Education Directory 2005-2006
Sports Medicine (Family Medicine)

Alabama

Birmingham

Carraway Methodist Medical Center Program

- Sponsor: Carraway Methodist Medical Center
- Phone: 205 314-2521
- Fax: 205 314-2543
- E-mail: tray93@pol.net
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-01-19-076

Huntsville

University of Alabama Medical Center (Huntsville) Program

- Sponsor: University of Alabama Hospital
- Phone: 256 551-4633
- Fax: 256 551-4633
- E-mail: francis@uasomh.uab.edu
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-01-21-002

Arizona

Tucson

University of Arizona Program

- Sponsor: University of Arizona College of Medicine
- Phone: 520 694-2543
- Fax: 520 694-2543
- E-mail: paul@health.arizona.edu
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-03-12-063

California

Camp Pendleton

Naval Hospital (Camp Pendleton) Program

- Sponsor: Naval Hospital (Camp Pendleton)
- Phone: 760 725-1779
- Fax: 760 725-9851
- E-mail: kkluenck@open.med.navy.mil
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-05-21-068

Fontana

Kaiser Permanente Southern California (Fontana) Program

- Sponsor: Kaiser Permanente Southern California
- Phone: 909 677-4437
- Fax: 909 677-4456
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-05-31-019

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program

- Sponsor: Kaiser Permanente Southern California
- Phone: 310 794-0795
- Fax: 310 794-8079
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-06-21-018

Sacramento

University of California (Davis) Health System Program

- Sponsor: UC Davis Health System
- Phone: 530 752-7410
- Fax: 530 752-7410
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-06-31-082

San Diego

University of California (San Diego) Program

- Sponsor: University of California (San Diego) Medical Center
- Phone: 760 725-9851
- Fax: 760 725-9851
- E-mail: kkluenck@open.med.navy.mil
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-05-21-068

San Jose

San Jose Medical Center Program

- Sponsor: San Jose Medical Center
- Phone: 408 170-1177
- Fax: 408 170-1177
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-01-10-072

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

- Sponsor: Los Angeles County-Harbor-UCLA Medical Center
- Phone: 310 584-2321
- Fax: 310 584-2321
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-05-21-070

Colorado

Denver

University of Colorado (University Hospital) Program

- Sponsor: University of Colorado School of Medicine
- Phone: 303 274-0735
- Fax: 303 274-0735
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-07-03-1055

Connecticut

Farmington

University of Connecticut Program

- Sponsor: University of Connecticut School of Medicine
- Phone: 860 714-8000
- Fax: 860 714-8000
- Length: 1 yr
- ACGME Approved/Offered Positions: 2
- Program ID: 127-08-13-007

Florida

Daytona Beach

Halifax Medical Center Program

- Sponsor: Halifax Medical Center
- Phone: 386 254-4171
- Fax: 386 254-4171
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-11-21-006

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

- Sponsor: Mayo School of Grad Med Ed-Jacksonville College of Medicine
- Phone: 904 935-0622
- Fax: 904 935-0622
- E-mail: taylor.walter@mayo.edu
- Length: 1 yr
- ACGME Approved/Offered Positions: 1
- Program ID: 127-11-13-072
Accredited Programs in Sports Medicine (Family Medicine)

St Petersburg
Bayfront Medical Center Program
Sponsor: Bayfront Medical Center
Program Director: Arnold M. Kaniva, MD
P.O. Box 9635
1500 Third Street South
St. Petersburg, FL 33701
Tel: 727 893-6811 Fax: 727 550-7340
E-mail: bpweb@bayfront.org
Length: 3 Yr ACGME Approved Offered Positions: 1
Program ID: 127-21-21-041

Georgia
Albany
Phoebe Putney Memorial Hospital Program
Sponsor: Phoebe Putney Memorial Hospital
Program Director: Sean T. Bryan, MD
1298 New England Road
Albany, GA 31707
Tel: 229 312-8768 Fax: 229 312-8743
E-mail: shwang@ppmh.org
Length: 1 Yr ACGME Approved Offered Positions: 1
Program ID: 127-19-31-079

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Queen’s Medical Center
Wahiau General Hospital
Program Director: Andrew W Nichols, MD
University of Hawaii at Manoa
1660 East West Road
Honolulu, HI 96822
Tel: 808 956-5874 Fax: 808 956-5834
E-mail: sportmed@hawaii.edu
Length: 1 Yr ACGME Approved Offered Positions: 1
Program ID: 127-14-31-074

Idaho
Boise
Family Practice Residency of Idaho Program
Sponsor: Family Practice Residency of Idaho
St Alphonse Regional Medical Center
Treasure Valley Hospital
Program Director: Sue B Scheffield, MD
2200 S. 25th Street
Boise, ID 83704
Tel: 208 367-6000 Fax: 208 367-6123
Length: 3 Yr ACGME Approved Offered Positions: 1
Program ID: 127-14-21-057

Illinois
Bervyn
MacNeal Memorial Hospital Program
Sponsor: MacNeal Memorial Hospital
Program Director: Roy G Henderson, MD, MPH
2021 S. David Avenue
Bervyn, IL 60402
Tel: 708 783-3539 Fax: 708 783-3565
E-mail: rhendert@macneal.com
Length: 3 Yr ACGME Approved Offered Positions: 1
Program ID: 127-16-21-040

Carbondale
Southern Illinois University (Carbondale) Program
Sponsor: Southern Illinois University School of Medicine
Memorial Hospital of Carbondale
Program Director: Jerry L. Goldland, MD
105 W. Jackson, Suite 200
Carbondale, IL 62901
Tel: 618 536-6281 Fax: 618 453-1102
E-mail: cml@sisu.edu
Length: 1 Yr Program ID: 127-19-21-085

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: William W. Briten, MD
1775 West Dempster Street, 6 South
Park Ridge, IL 60068
Tel: 847 723-1950 Fax: 847 723-5615
Length: 1 Yr ACGME Approved Offered Positions: 2
Program ID: 127-16-21-086

Quincy
Southern Illinois University (Quincy) Program
Sponsor: Southern Illinois University School of Medicine
Blessing Hospital
Program Director: James M. Daniels, MD, PhD
412 North 11th Street, Suite B
Quincy, IL 62281
Tel: 217 224-9484 Fax: 217 224-7950
Length: 2 Yr Program ID: 127-16-22-079

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Program Director: Kevin B. Gebke, MD
1110 West Michigan St
Long Hospital, 2nd Floor
Indianapolis, IN 46202
Tel: 317 278-6390 Fax: 317 274-4444
E-mail: kgebke@iuim.org
Length: 1 Yr ACGME Approved Offered Positions: 1
Program ID: 127-17-21-062

South Bend
Memorial Hospital of South Bend Program
Sponsor: Memorial Hospital of South Bend
St. Joseph’s Regional Medical Center (South Bend)
Program Director: Mark E. Lavellee, MD
111 West Jefferson Boulevard, Suite 100
South Bend, IN 46017
Tel: 574 289-4764 Fax: 574 239-6461
E-mail: mlavelle@memorialhs.org
Length: 1 Yr ACGME Approved Offered Positions: 2
Program ID: 127-17-21-045

St. Joseph’s Regional Medical Center (South Bend) Program
Sponsor: St. Joseph’s Regional Medical Center (South Bend)
Memorial Hospital of South Bend
Program Director: Stephen M Simons, MD
230 E. Day Rd Suite 150
Mishawaka, IN 46546
Tel: 574 247-5878 Fax: 574 247-5877
Length: 3 Yr ACGME Approved Offered Positions: 1
Program ID: 127-17-31-043

Kansas
Wichita
University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Program Director: Mark L. Stovall, MD
1121 S. Clifton
Wichita, KS 67218
Tel: 316 869-6317 Fax: 316 869-6792
Length: 1 Yr ACGME Approved Offered Positions: 1
Program ID: 127-19-31-086

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Program Director: Robert Rosey, MD
K-903 Kentucky Clinic
Lexington, KY 40502
Tel: 859 292-6711 Fax: 859 293-6661
Length: 1 Yr ACGME Approved Offered Positions: 1
Program ID: 127-20-21-062

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: William W. Briten, MD
1300 Congress Street
Portland, ME 04101
Tel: 207 662-7396 Fax: 207 874-1018
E-mail: dlsex@mmmc.org
Length: 1 Yr ACGME Approved Offered Positions: 2
Program ID: 127-22-21-085

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland School of Medicine
Union Memorial Hospital
Program Director: Violette L. Rod, MD*
Lower Level
Baltimore, MD 21201
Tel: 410 339-5140 Fax: 410 339-4725
Length: 2 Yr ACGME Approved Offered Positions: 1
Program ID: 127-23-21-051

Massachusetts
Fitchburg
University of Massachusetts (Fitchburg) Program
Sponsor: University of Massachusetts Medical School
Health Alliance Hospital Leominster
UMass Memorial Health Care (Memorial Campus)
Program Director: John H. Stevenson, MD*
270 Nichols Road, 4th Floor
Fitchburg, MA 01420
Tel: 978 665-5877 Fax: 508 665-5909
E-mail: stevijl@ummhc.org
Length: 1 Yr ACGME Approved Offered Positions: 2
Program ID: 127-24-13-080
Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robert B Knittingham, MD, MA
1506 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734-615-2066 Fax: 734-615-2067
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-35-21-007

Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Steven J Karanagas, DO
5625 Second Avenue
Detroit, MI 48202
Tel: 313-870-8910 Fax: 313-874-5881
Length: 1 Yr ACGME Approved/Offered Positions: 3 Program ID: 127-26-21-064

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Brusius Methodist Hospital
Prgm Director: Robert J Baker, MD, PhD
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 616-337-6500 Fax: 616-337-6565
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-35-20-659

Lansing

Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Prgm Director: Randolph Pearson, MD
125 S Michigan Avenue
PO Box 30480
Lansing, MI 48909
Tel: 517-364-5760 Fax: 517-364-5760
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 127-35-21-001

Southfield

Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Prgm Director: Scott Eatherorne, MD
20005 Northwestern Highway
Suite 50
Farmington Hills, MI 48334
Tel: 248-885-4000 Fax: 248-885-4001
E-mail: scott.eatherorne@psjhn.org
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-35-20-022

Minnesota

Minneapolis

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Prgm Director: Robert J Johnson, MD
Family Medical Center
5 West Lake Street
Minneapolis, MN 55408
Tel: 612-545-2222 Fax: 612-545-2222
Length: 1 Yr ACGME Approved/Offered Positions: 3 Program ID: 127-36-21-008

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Prgm Director: James J Kinderknecht, MD
Medicine Program
Columbia, MO 65212
Tel: 573-884-7085 Fax: 573-883-9096
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-33-21-019

Montana

Billings

Montana Family Practice Sports Medicine Program
Sponsor: Montana Family Medicine Residency
St Vincent Hospital and Health Center
Prgm Director: Roxanne Fahrenwald, MD
123 S 24th Street, Suite B
Billings, MT 59101
Tel: 406-247-3306 Fax: 406-247-3307
E-mail: info@emc.fammed.washington.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-29-11-078

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Prgm Director: Dennis A Cardone, DO
Dept of Family Medicine, MSB 278C
Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732-235-7594 Fax: 732-235-8309
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 127-33-21-036

New York

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleda Health System (Buffalo General Hospital)
Kaleda Health System (Millard Fillmore Hospital)
Prgm Director: John J Leddy, MD
160 Farber Hall
Buffalo, NY 14214
Tel: 716-885-2070 Fax: 716-688-3022
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 127-35-21-084

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Jeffrey B Bytomski, DO
Box 3872
Durham, NC 27710
Tel: 919-668-3501 Fax: 919-681-6357
E-mail: bytomski@duke.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-36-13-065

Greensboro

Moses H Cone Memorial Hospital Program
Sponsor: Moses H Cone Memorial Hospital
Prgm Director: Karl B Fields, MD
1125 N Church Street
Greensboro, NC 27401
Tel: 336-832-8132 Fax: 336-832-7070
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-36-21-023

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Prgm Director: Joseph P Garraty, MD
4100 Brody Building
600 Moye Boulevard
Greenville, NC 27834
Tel: 252-744-5901 Fax: 252-744-4614
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 127-36-12-063

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Douglas G Browning, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-2794 Fax: 336-716-9126
E-mail: dswonmg@dwbmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 127-36-21-048
Ohio

Cleveland

Fairview Hospital Program
Sponsor: Fairview Hospital
Cleveland Clinic Foundation
Prgm Director: Robert J Dimmeff, MD
8590 East 95th Street, A-41
Cleveland, OH 44109
Tel: 216 444-2185 Fax: 216 445-7362
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-38-21-047

Columbus

Grant Medical Center (OhioHealth) Program
Sponsor: Grant Medical Center (OhioHealth)
Children’s Hospital (Columbus)
McConnell Heart Health Center
Prgm Director: Thomas L Runnning, DO
111 South Grant Avenue
Medical Education Department
Columbus, OH 43215
Tel: 614 666-8041 Fax: 614 666-8073
E-mail: bingler@ohiohealth.com
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 127-38-21-009

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: John A Lombardo, MD
2650 Kenny Road
Columbus, OH 43221
Tel: 614 293-0390 Fax: 614 293-4380
Length: 1 Yr  ACME Approved/Offered Positions: 4
Program ID: 127-39-21-081

Toledo

Toledo Hospital Program
Sponsor: Toledo Hospital
Prgm Director: Roger J Kruse, MD
3965 S Reynolds Rd #340
Toledo, OH 43615
Tel: 419 578-7590 Fax: 419 537-5605
Length: 1 Yr  ACME Approved/Offered Positions: 3
Program ID: 127-38-31-011

Pennsylvania

Erie

St Vincent Health Center Program
Sponsor: St Vincent Health Center
Prgm Director: Jonathan D McKrell, MD
2314 Sassafras Street
3rd Floor
Erie, PA 16502
Tel: 814 452-5106 Fax: 814 452-5697
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-41-21-081

Philadelphia

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: John McShane, MD
1015 Walnut Street, Suite 401
Philadelphia, PA 19107
Tel: 215 595-6038 Fax: 215 595-0640
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-41-21-034

Pittsburgh

University of Pittsburgh Medical Center Medical Education (St Margaret) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Prgm Director: David A Stone, MD
UPMC St Margaret, c/o Room 519 SON Shadyside
6250 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 629-2036 Fax: 412 629-3253
E-mail: pmcfellowship@upmc.edu
Length: 1 Yr  ACME Approved/Offered Positions: 3
Program ID: 127-31-31-035

University of Pittsburgh Medical Center Medical Education/Presbyterian Shadyside Hospital Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: David A Stone, MD
Dept of Family Medicine
6250 Centre Avenue - Room 419
Pittsburgh, PA 15232
Tel: 412 629-3209 Fax: 412 629-6253
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 127-41-21-014

Upland

Crouz-Keystone Health System Program
Sponsor: Crouz-Chester Medical Center
Springfield Hospital
Prgm Director: Brian J Shippee, DO
1350 E Woodland Avenue, Suite 200
Springfield, PA 19064
Tel: 610 660-4461 Fax: 610 582-9391
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-41-21-035

South Carolina

Columbia

Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Prgm Director: Thomas D Armsey, MD
3250 Colonial Drive
Columbia, SC 29203
Tel: 803 434-6116 Fax: 803 434-7529
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-43-21-015

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Kenneth M Bie lact, MD, MBA
1924 Alcoa Highway
Box U-17
Knoxville, TN 37920
Tel: 865 544-8350 Fax: 865 544-6532
E-mail: kbieba@utk.edu
Length: 1 Yr  ACME Approved/Offered Positions: 1
Program ID: 127-47-21-044

Texas

Dallas

Methodist Hospitals of Dallas/University of Texas Southwestern Medical School Program
Sponsor: Methodist Hospitals of Dallas
Chariton Methodist Hospital
Prgm Director: David S Ross, MD
3500 W Wheatland Road
Dallas, TX 75237
Tel: 214 947-5420 Fax: 214 947-5425
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-48-21-010

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Michael E DelBakey VA Medical Center - Houston
Prgm Director: James J Barbee, MD
1650 S Main Street
Fort Worth, TX 76104
Tel: 817 927-1200 Fax: 817 927-1661
E-mail: jbarbee@shealtnetwork.org
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-48-21-073

Lubbock

Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Prgm Director: Jeff Paxton, MD
3501 4th Street
Lubbock, TX 79430
Tel: 806 743-2770 Fax: 806 743-3055
Length: 1 Yr  ACME Approved/Offered Positions: 2
Program ID: 127-48-12-081
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Pgm Director: Walter L Calmbach, MD
7703 Floyd Curl Drive, Suite 610-L
Mailbox 1728
San Antonio, TX 78229
Tel: 210 358-3930  Fax: 210 223-0840
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-49-21-049

West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Pgm Director: Ross M Patton, MD
1500 Medical Center Drive #1200
Huntington, WV 25701
Tel: 304 591-1189  Fax: 304 591-1153
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-55-31-062

Utah
Provo
Utah Valley Regional Medical Center Program
Sponsor: Utah Valley Regional Medical Center
Pgm Director: Matt Rousch, MD
1134 North 900 West, Suite N2
Provo, UT 84604
Tel: 801 957-7940  Fax: 801 357-7927
E-mail: uvacme@uv.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-49-21-098

Wisconsin
Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Proctor Memorial Lutheran Hospital
Pgm Director: Craig O Young, MD
c/o Dr Craig Young Box 36089
2200 West Wisconsin Avenue
Milwaukee, WI 53225
Tel: 414 895-7463  Fax: 414 895-7490
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-54-21-029

Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Pgm Director: Elizabeth Joy, MD
555 Poindexter Boulevard
Salt Lake City, UT 84112
Tel: 801 581-8000  Fax: 801 585-3800
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-49-21-059

Virginia
Fort Belvoir
National Capital Consortium (DeWitt Army Community Hospital) Program
Sponsor: National Capital Consortium
DeWitt Army Community Hospital
Malcolm Grow Medical Center
Virginia Hospital Center-Arlington
Pgm Director: Fred W Brennan, DO*
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 285-3632  Fax: 301 285-3100
E-mail: fwb0767@hotmail.com
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 127-54-14-037
US Armed Services Program

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Pgm Director: Kimberly G Harmon, MD*
Halle Health Primary Care Center
Box 356410
Seattle, WA 98195
Tel: 206 685-1044  Fax: 206 616-6652
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-54-21-049

Sports Medicine (Internal Medicine)

Indiana
Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Pgm Director: Thomas J.Severin, MD
Medical Education Department
2401 W University Avenue
Muncie, IN 47303
Tel: 765 747-4366
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-17-21-002

Pennsylvania
Philadelphia
Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Pgm Director: Gary W Dorschimer, MD
727 Delancey Street
Philadelphia, PA 19106
Tel: 215 829-3023  Fax: 215 829-6023
E-mail: btyrne@pahosp.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-41-13-004
Surgery-General

Alabama

Birmingham

Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Priesthood
Pgm Director: William J Tapsargent, MD*
701 Princeton Avenue SW
4 East
Birmingham, AL 35211
Tel: 205 783-3101 Fax: 205 783-1514
E-mail: billytapmd@aol.com
Length: 5 yrs ACGME Approved/Offered Positions: 16
Pogram ID: 440-01-21-020

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
DCH Regional Medical Center
Pgm Director: Kimball I Mauil, MD
Department of Surgical Education
1600 Carraway Boulevard
Birmingham, AL 35224
Tel: 205 502-6230 Fax: 205 502-1875
Length: 5 yrs ACGME Approved/Offered Positions: 18
Program ID: 440-01-12-021

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Pgm Director: Marshall M Eris, MD*
1933 7th Avenue South
Room 301 Krackle Building
Birmingham, AL 35294
Tel: 205 975-2190 Fax: 205 975-2199
Length: 5 yrs ACGME Approved/Offered Positions: 41
Program ID: 440-01-21-022

Mobile

University of South Alabama Medical Center Program
Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
USA神州wood Park Hospital
Pgm Director: Joseph LoCicero, MD
2451 Fillinngim Street
Department of General Surgery
Mobile, AL 36617
Tel: 251 471-7093 Fax: 251 471-7022
Length: 5 yrs ACGME Approved/Offered Positions: 24
Program ID: 440-01-11-024

Arizona

Phoenix

Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Pgm Director: John J Ferrara, MD
1300 N 12th Street, Suite 518
Phoenix, AZ 85006
Tel: 602 239-2202 Fax: 602 495-9112
E-mail: angl.bennett@bannerhealth.com
Length: 5 yrs ACGME Approved/Offered Positions: 82
Program ID: 440-03-22-026

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Mayo Clinic (Scottsdale)
Pgm Director: Kevin N Porter, MD*
Department of Surgery
2901 F Roosevelt St
Phoenix, AZ 85008
Tel: 602 344-5600 Fax: 602 344-5048
Length: 5 yrs ACGME Approved/Offered Positions: 26
Program ID: 440-03-22-026

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Pgm Director: Richard J Gray, MD*
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-8000 Fax: 480 301-7346
Length: 5 yrs ACGME Approved/Offered Positions: 17
Program ID: 440-03-21-402

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Pgm Director: James A Wameke, MD
Dept of Surgery/Room 5334
1501 N Campbell Avenue/P.OB 245058
Tucson, AZ 85724
Tel: 520 626-7474 Fax: 520 626-2547
E-mail: sellis@email.arizona.edu
Length: 5 yrs ACGME Approved/Offered Positions: 43
Program ID: 440-03-21-027

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Baptist Medical Center
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Joseph C Jensen, MD
Department of Surgery, Slot 520
4001 West Markham Street
Little Rock, AR 72205
Tel: 501 686-6637 Fax: 501 686-5666
Length: 5 yrs ACGME Approved/Offered Positions: 24
Program ID: 440-04-21-029

California

Bakersfield

Kern Medical Center Program
Sponsor: Kern Medical Center
Pgm Director: Ray S Chang, MD
1850 Flower Street
Bakersfield, CA 93305
Tel: 661 336-2276 Fax: 661 326-2382
Length: 5 yrs ACGME Approved/Offered Positions: 12
Program ID: 440-05-01-820

Fresno

University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Children's Hospital Central California
Community Medical Centers-University Medical Center
VA Central California Health Care System
Pgm Director: Steven N Parks, MD
Department of Surgery
441 S Cedar Avenue
Fresno, CA 93720
Tel: 559 458-3770 Fax: 559 458-3719
E-mail: surgery@ucsf.edu
Length: 5 yrs ACGME Approved/Offered Positions: 16
Program ID: 440-05-21-032

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Permanente Hospital (Fontana)
Riverside County Regional Medical Center
Pgm Director: Arnold Taboescu, MD
11175 Campus Street
Room 31108
Loma Linda, CA 92354
Tel: 909 558-4369 Fax: 909 558-4872
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 440-06-21-034

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm Director: Alan T Lefere, MD, MPH
Dept of Surgery
7800 Beverly Blvd #8215
Los Angeles, CA 90048
Tel: 310 633-5874 Fax: 310 423-1564
Length: 5 yrs ACGME Approved/Offered Positions: 21
Program ID: 440-05-11-037

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
LAC-USC Medical Center
Pgm Director: J Craig Collins, MD
4766 Sunset Blvd, 3rd Floor
Department of Surgery
Los Angeles, CA 90027
Tel: 213 735-5442 Fax: 213 735-8747
E-mail: hilma.y.balairn@kp.org
Length: 5 yrs ACGME Approved/Offered Positions: 23
Program ID: 440-05-12-038

UCCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Tyrell T Hyaga, MD
72-244 OHS
Box 966904
Los Angeles, CA 90056
Tel: 310 823-6557 Fax: 310 267-0108
E-mail: djhyaga@muscet.ucla.edu
Length: 5 yrs ACGME Approved/Offered Positions: 68
Program ID: 440-06-21-042

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Graduate Medical Education Directory 2005-2006
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Kaiser Permanente Medical Center (San Francisco)
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veteran Affairs Medical Center (San Francisco)
Phone: Linda Reilly, MD
513 Parnassus Ave, S209
Department of Surgery
San Francisco, CA 94143
Tel: 415 476-1239 Fax: 415 476-1734
Length: 5 Yrs ACGME Approved/Offered Positions: 70
Program ID: 440-05-21-062

University of California San Francisco (East Bay) Program
Sponsor: University of California (San Francisco) School of Medicine
Alameda County Medical Center
University of California (Davis) School of Medicine
University of California (San Francisco) Medical Center
Phone: Terrence H Liu, MD
Department of Surgery
1411 East 35th Street
Oakland, CA 94606
Tel: 510 437-4837 Fax: 510 437-5017
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Program ID: 440-05-21-389

Santa Barbara
Santa Barbara Cottage Hospital Program
Sponsor: Santa Barbara Cottage Hospital
Phone: Kenneth Weinman, MD
PO Box 688
Pueblo at Bath St
Santa Barbara, CA 93102
Tel: 805 569-7316 Fax: 805 569-7317
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 440-05-12-063

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Phone: Salome Greco, MD
300 Pasteur Dr, Suite H-3391
Stanford, CA 94305
Tel: 650 736-1855 Fax: 650 736-1863
Length: 5 Yrs ACGME Approved/Offered Positions: 57
Program ID: 440-05-21-054

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Phone: Joseph M Civetta, MD
Department of Surgery
265 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-3467 Fax: 860 679-1460
Length: 5 Yrs ACGME Approved/Offered Positions: 49
Program ID: 440-06-21-890

Torrence
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Christian M de Virgilio, MD
1000 West Carson Street
Box 661
Torrance, CA 90509
Tel: 310 222-2702 Fax: 310 782-1562
Length: 5 Yrs ACGME Approved/Offered Positions: 39
Program ID: 440-05-21-056

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Kaiser Foundation Hospital (Vallejo)
University of California (Davis) Medical Center
Phone: San Perlstein, MD
55th MSOS/SGCMC
161 Rodin Circle
Travis AFB, CA 94535
Tel: 707 433-5180 Fax: 707 433-7479
Length: 5 Yrs ACGME Approved/Offered Positions: 14
Program ID: 440-05-31-001

US Armed Services Program

Colorado
Denver
Exempla St Joseph Hospital Program
Sponsor: Exempla St Joseph Hospital
Denver Health Medical Center
Program Director: Jeffrey R Clark, MD
1885 Franklin Street
Denver, CO 80202
Tel: 303 897-7121 Fax: 303 866-9041
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-07-22-057

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver) (Denver)
Phone: Mark R Nehler, MD
4200 East Ninth Avenue
Census Box C-302
Denver, CO 80262
Tel: 303 315-7448
Length: 5 Yrs ACGME Approved/Offered Positions: 65
Subspecialties: OES
Program ID: 440-07-21-068

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Permanente Hospital (Sacramento)
University of California (Davis) Medical Center
Phone: Lynette A Scherer, MD
2515 Stockton Blvd
Room 4039
Sacramento, CA 95817
Tel: 916 734-2724 Fax: 916 734-0633
Length: 5 Yrs ACGME Approved/Offered Positions: 64
Program ID: 440-05-11-047

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Scripps Mercy Hospital
Phone: Robert P Carrillo, MD
34805 Bob Wilson Drive
San Diego, CA 92154
Tel: 619 532-7676 Fax: 619 532-7676
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Program ID: 440-05-12-013

US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Phone: David Easter, MD
200 W Arbor Dr
Mail Code 9402
San Diego, CA 92103
Tel: 619 543-6989 Fax: 619 543-3763
E-mail: crause@ucsd.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 46
Program ID: 440-05-21-048

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Phone: Russell A Williams, MD
Department of Surgery
101 The City Drive
Orange, CA 92668
Tel: 714 456-7725 Fax: 714 456-9205
E-mail: milsofic@uci.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 38
Program ID: 440-05-21-063

Pasadena
Huntington Memorial Hospital Program
Sponsor: Huntington Memorial Hospital
Phone: Steven G Katz, MD
100 West California Boulevard
PO Box 7013
Pasadena, CA 91106
Tel: 626 397-5160 Fax: 626 397-5194
E-mail: jane.larkin@huntingtonhospital.com
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-05-11-047

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
USC University Hospital
Phone: Jeffrey A Hagena, MD
1510 San Pablo Street, Suite 514
Los Angeles, CA 90033
Tel: 213 442-5795 Fax: 213 442-5897
Length: 5 Yrs ACGME Approved/Offered Positions: 64
Program ID: 440-05-11-039
District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Holy Cross Hospital of Silver Spring
Veterans Affairs Medical Center (Washington DC)
Program Director: David T. Lin, MD
Mail Stop AN81426
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-3219 Fax: 202 741-3210
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 440-10-19-069

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital Veterans Affairs Medical Center (Washington DC) Virginia Hospital Center Arlington
Program Director: Stephen B. Evans, MD 3800 Reservoir Road, NW (3 PHC) Department of Surgery, Office of Education Washington, DC 20007
Tel: 202 444-1220 Fax: 202 444-7122
Length: 5 Yrs ACGME Approved/Offered Positions: 34
Program ID: 440-10-19-066

Howard University Program
Sponsor: Howard University Hospital Providence Hospital
Program Director: Debra H. Ford, MD 2041 Georgia Avenue, NW Washington, DC 20009
Tel: 202 785-1446 Fax: 202 825-1666 E-mail: surgery@howard.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 440-10-21-070

Washington Hospital Center Program
Sponsor: Washington Hospital Center Program Director: John B. Kirkpatrick, MD 110 Irving St, NW Suite G253
Washington, DC 20010
Tel: 202 877-5133 Fax: 202 877-3502 E-mail: stephanie.e.morgan@howmedstar.net
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-10-31-071

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida
Program Director: William G. Cawse, MD Shands Hospital PO Box 100296 Gainesville, FL 32610
Tel: 352 386-7873 Fax: 352 386-3382
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Program ID: 440-11-21-072

New Haven

Hospital of St Raphael Program
Sponsor: Hospital of St Raphael Program Director: Kenneth A. Giardello, MD 1460 Chapel Street New Haven, CT 06511
Tel: 203 785-3500 Fax: 203 867-5348
Length: 5 Yrs ACGME Approved/Offered Positions: 24
Program ID: 440-08-21-063

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Bridgeport Hospital Veterans Affairs Medical Center (West Haven)
Program Director: Walter E. Longo, MD Department of Surgery 330 Cedar Street New Haven, CT 06510
Tel: 203 776-2100 Fax: 203 733-5200
Length: 5 Yrs ACGME Approved/Offered Positions: 47
Program ID: 440-08-21-064

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Sponsor: Stamford Hospital Program Director: Timothy S. Hall, MD* 39 Shelbourn Road Stamford, CT 06904
Tel: 203 276-7470 Fax: 203 276-7090 Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-08-21-304

Waterbury

St Mary's Hospital (Waterbury) Program
Sponsor: St Mary's Hospital Program Director: Stanley J. Drootin, MD 56 Franklin Street Department of Surgery Waterbury, CT 06704 Tel: 203 789-6314 Fax: 203 789-6606 Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 440-08-31-065

Waterbury Hospital Health Center Program
Sponsor: Waterbury Hospital Health Center Program Director: Edward M. Kwasnik, MD 64 Robbins St Waterbury, CT 06721
Tel: 203 573-7287 Fax: 203 573-6973 Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-08-11-068

Delaware

Wilmington

Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc Program Director: Gibson F. Pedric, MD* 4735 Ogletown Stanton Road Suite 511, MAF-2 Newark, DE 19713
Tel: 302 733-4508 Fax: 302 733-4510 E-mail: fgberson@christianacare.org Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 440-09-11-067

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine Mayo Clinic (Jacksonville)
Orlando Regional Healthcare
Program Director: Ronald A. Hinder, MD, PhD 4500 San Pablo Road Jacksonville, FL 32234
Tel: 904 965-0451 Fax: 904 965-0460 E-mail: clear.margaret@mayo.edu Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-11-21-405

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Program Director: Thomas E. Mauterson, MD Department of Surgery 653 W 8th St, 3rd Floor Clinic Building Jacksonville, FL 32206
Tel: 904 327-4200 Fax: 904 327-4380 E-mail: kathy.garvin@jax.ufl.edu Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-11-21-073

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System Veterans Affairs Medical Center (Miami)
Program Director: Dennis G. Hutton, MD Department of Surgery, (R310) PO Box 016310 Miami, FL 33101
Tel: 305 243-1258 Fax: 305 243-1263 E-mail: TSperone@med.miami.edu Length: 5 Yrs ACGME Approved/Offered Positions: 54
Program ID: 440-11-21-074

Miami Beach

Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida Inc Memorial Regional Hospital University of Miami Hospital and Clinics
Program Director: Manuel Sivia, MD 4900 Alton Road, Suite 312A Miami Beach, FL 33140
Tel: 305 674-2700 Fax: 305 674-2920 Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-11-23-070

Orlando

Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare Orlando Regional Medical Center
Program Director: Mark L Frielel, MD Department of Surgical Education 86 W Underwood Street, Suite 201 Orlando, FL 32806
Tel: 407 441-0412 Fax: 407 648-3860 Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-11-11-076

1034
Graduate Medical Education Directory 2005-2006
Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A. Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Pgm Director: Richard C Karl, MD
12901 Bruce B Downs Blvd
MDC Box 16
Tampa, FL 33612
Tel: 813 974-6189 Fax: 813 974-8106
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Program ID: 440-11-31-975

Georgia
Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Pgm Director: David Rosenthal, MD
300 Parklawn Drive, NE
Dept of Surgery, Box 423
Atlanta, GA 30312
Tel: 404 355-4411 Fax: 404 355-4489
E-mail: docroot@mdsprc.com
Length: 5 Yrs ACGME Approved/Offered Positions: 16
Program ID: 440-12-22-980

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital Grady Health System
Piedmont Hospital
Veterans Affairs Medical Center (Atlanta)
Pgm Director: Thomas F Dodson, MD
5150 Peachtree Rd, NE
Atlanta, GA 30322
Tel: 404 727-0098 Fax: 404 727-3916
E-mail: lynda_watts@emoryhealthcare.org
Length: 5 Yrs ACGME Approved/Offered Positions: 76
Program ID: 440-12-21-979

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Grady Health System
Piedmont Hospital
Veterans Affairs Medical Center (Atlanta)
Pgm Director: William L Weaver, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 616-3582 Fax: 404 616-3681
Length: 5 Yrs ACGME Approved/Offered Positions: 22
Program ID: 440-12-21-987

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Pgm Director: John D Melling, MD
5731 General Surgery Building
1120 15th Street
Augusta, GA 30912
Tel: 706 721-4263 Fax: 706 721-0672
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Program ID: 440-12-31-682

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Pgm Director: James H North, MD
Bldg 300, E Hospital Rd, General Surgery Service
Fort Gordon, GA 30805
Tel: 706 787-3567 Fax: 706 787-2347
Length: 5 Yrs ACGME Approved/Offered Positions: 18
Program ID: 440-12-21-365
US Armed Services Program

Macon
Mercer University School of Medicine
Program
Sponsor: Mercer University School of Medicine
Pgm Director: Steven Brower, MD
4100 Waters Avenue (31604)
PO Box 23889
Savannah, GA 31403
Tel: 912 350-5600 Fax: 912 350-6084
E-mail: brower.se@mercerhealth.com
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-12-31-984

Savannah
Mercer University School of Medicine (Savannah) Program
Sponsor: Medical University of South Carolina
Pgm Director: Richard A Bell, MD
1120 W Congress Pl
Suite 770 Jettie
Chicago, IL 60612
Tel: 312 942-8573 Fax: 312 942-8065
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 440-16-21-092

St Joseph Hospital Program
Sponsor: St Joseph Hospital
Pgm Director: Mark M Connolly, MD
2000 N Lake Shore Drive
Chicago, IL 60657
Tel: 773 555-2577 Fax: 773 665-6232
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 440-16-31-086

University of Chicago Program
Sponsor: University of Chicago Hospitals
John H Stroger Hospital of Cook County
Louis A Weiss Memorial Hospital
MacNeal Memorial Hospital
Pgm Director: Mitchell Posner, MD
5841 S Maryland Avenue, MC 5001
Chicago, IL 60637
Tel: 773 702-6237 Fax: 773 702-2140
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 440-16-11-094

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Pgm Director: Jose R Cintio, MD
Department of Surgery, MC 508
840 S Wood Street, Room 518F
Chicago, IL 60612
Tel: 312 996-1214 Fax: 312 996-1214
E-mail: uicugrs@uic.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 56
Program ID: 440-16-21-955

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Mercy Hospital and Medical Center
St Francis Hospital
Pgm Director: Vijay K Maker, MD
Advocate Illinois Masonic Medical Center
836 West Wellington, Room 4813
Chicago, IL 60661
Tel: 773 296-7090 Fax: 773 296-5570
E-mail: Helen.Cerceda@advocatehealth.com
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-10-31-096

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Stroger Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Pgm Director: Richard H Bell, MD
McGaw Medical Center - Galter 5-160
515 E Chicago Street
Chicago, IL 60611
Tel: 312 926-8060 Fax: 312 926-7404
Length: 5 Yrs ACGME Approved/Offered Positions: 48
Program ID: 440-10-21-091

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Pgm Director: Richard A Printz, MD
1500 W Congress Pl
Suite 770 Jettie
Chicago, IL 60612
Tel: 312 942-8573 Fax: 312 942-2897
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 440-16-21-092

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Resurrection Medical Center
Pgm Director: Sheryl L Gabram, MD
Department of Surgery
2160 South First Avenue
Maywood, IL 60153
Tel: 708 327-3655 Fax: 708 327-3655
Length: 5 Yrs ACGME Approved/Offered Positions: 49
Program ID: 440-16-21-099

Programs
Accredited Programs in Surgery-General

North Chicago
The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program
Sponsor: Chicago Medical School/Rosalind Franklin University of Med & Sci
Mount Sinai Hospital Medical Center of Chicago
Swedish Covenant Hospital
Prgm Director: Thomas Vargish, MD*
Mount Sinai Medical Center
California Avenue at 11th Street
Chicago, IL 60608
Tel: 773 257-6448 Fax: 773 257-6548
E-mail: andrea.wortham@rosalindfranklin.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 34
Program ID: 449-10-21-385

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Prgm Director: Norman C Eales, MD
Department of Surgery
634 NE Glen Oak, North Blvd 2nd Floor
Peoria, IL 61603
Tel: 309 656-2203 Fax: 309 655-3090
Length: 5 Yrs ACGME Approved/Offered Positions: 16
Program ID: 449-16-21-101

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Gary L Dunnington, MD*
800 N Rutledge
PO Box 1963
Springfield, IL 62714
Tel: 217 541-4481 Fax: 217 545-3292
E-mail: bcarter@sumed.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 449-16-21-102

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Keith D Lillemoe, MD
305 Emerson Hall
546 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-9466 Fax: 317 274-8769
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 449-17-21-103

Iowa
Des Moines
Central Iowa Health System (Iowa Methodist Medical Center) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Broadlawns Medical Center
Veterans Affairs Central Iowa Health Care System
Prgm Director: Douglas B Verson, MD
1415 Woodland Avenue
Suite 140
Des Moines, IA 50309
Tel: 515 241-6801 Fax: 515 241-4999
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 449-18-22-105

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: William J Sharp, MD
Department of Surgery
200 Hawkins Drive, 810AICP
Iowa City, IA 52242
Tel: 319 356-1907 Fax: 319 356-6306
Length: 5 Yrs ACGME Approved/Offered Positions: 36
Program ID: 449-18-21-107

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Dwight D Eisenhower Veterans Affairs Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Kurt P Schropp, MD*
Room 5046, Sudler
5046, Sudler
Kansas City, KS 66110
Tel: 913 588-6114 Fax: 913 588-6105
E-mail: kcschropp@kumc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 449-19-21-108

Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Wesley Medical Center
Prgm Director: Jacqueline Solsland, MD*
Department of Surgery
929 North St Francis Room 3082
Wichita, KS 67214
Tel: 316 268-5900 Fax: 316 291-0662
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 449-19-21-397

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Eric O Endean, MD
General Surgery
800 Rose Street, C224
Lexington, KY 40502
Tel: 859 323-8346 Fax: 859 323-6840
Length: 5 Yrs ACGME Approved/Offered Positions: 49
Program ID: 449-20-21-111

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jefferson Hospital
Kosair Children’s Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: William G Chensue, MD
Department of Surgery
Health Sciences Center
Louisville, KY 40292
Tel: 502 852-6311 Fax: 502 852-9815
Length: 5 Yrs ACGME Approved/Offered Positions: 49
Subspecialties: HSS
Program ID: 449-20-21-113

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Earl K Long Medical Center
Medical College of Louisiana at New Orleans
University Medical Center (Lafayette)
Veterans Affairs Medical Center (New Orleans)
Prgm Director: J Patrick O’Leary, MD
1542 Tulane Ave
7th Floor
New Orleans, LA 70112
Tel: 504 568-7515 Fax: 504 568-2306
E-mail: joleary@lsuhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 449-21-21-114

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: George M Fuhimad, MD
Department of Surgery
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4070 Fax: 504 842-3124
Length: 5 Yrs ACGME Approved/Offered Positions: 29
Program ID: 449-21-22-113

Tulane University Program
Sponsor: Tulane University School of Medicine
Huey P Long Regional Medical Center
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Robert L Hewitt, MD
1430 Tulane Ave
Department of Surgery SL22
New Orleans, LA 70112
Tel: 504 861-1803 Fax: 504 888-1974
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 449-21-21-116
**Shreveport**

**Louisiana State University (Shreveport) Program**

**Sponsor:** LSU Health Sciences Center-University Hospital

**E A Conway Medical Center**

**Overton Brooks Veterans Affairs Medical Center**

**Program Director:** Donnie F Altman, MD

**1501 E Kings Hwy**

**PO Box 36892**

**Shreveport, LA 71130**

**Tel:** 318 675-6111  Fax: 318 675-6141

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 36  **Program ID:** 410-23-21-117

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**Maine**

**Portland**

**Portland Medical Center Program**

**Sponsor:** Maine Medical Center

**Program Director:** Michael R Curci, MD

**Department of Surgery**

**22 Bramhall Street**

**Portland, ME 04102**

**Tel:** 207 871-2515  Fax: 207 871-6389

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 17  **Program ID:** 410-23-21-119

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**Maryland**

**Baltimore**

**Johns Hopkins University Program**

**Sponsor:** Johns Hopkins University School of Medicine

**Johns Hopkins Bayview Medical Center**

**Johns Hopkins Hospital**

**Simon Hospital of Baltimore**

**Program Director:** Julie A Freichsleg, MD

**600 North Wolfe Street**

**605 Hallock**

**Baltimore, MD 21287**

**Tel:** 410 287-9407  Fax: 410 287-3500

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 58  **Program ID:** 410-23-21-392

**St Agnes HealthCare Program**

**Sponsor:** St Agnes Hospital

**Program Director:** Richard R Spencer, MD

**900 Calcas Avenue**

**Department of Surgery - Box 207**

**Baltimore, MD 21225**

**Tel:** 410 966-2715  Fax: 410 881-6097

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20  **Program ID:** 410-23-21-133

**Union Memorial Hospital Program**

**Sponsor:** Union Memorial Hospital

**Franklin Square Hospital Center**

**Program Director:** Richard F Heitmillar, MD

**200 E University Parkway**

**Baltimore, MD 21213**

**Tel:** 410 554-2000  Fax: 410 554-2299

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 19  **Program ID:** 410-23-21-127

**University of Maryland Program**

**Sponsor:** University of Maryland Medical System

**Medical Center**

**Veterans Affairs Medical Center (Baltimore)**

**Program Director:** Barbara L Bass, MD

**22 South Greene Street**

**Baltimore, MD 21201**

**Tel:** 410 328-8577  Fax: 410 328-6910

**E-mail:** bbass@umaryland.edu

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 40  **Program ID:** 410-23-21-128

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**Boston**

**Beth Israel Deaconess Medical Center Program**

**Sponsor:** Beth Israel Deaconess Medical Center

**Mount Auburn Hospital**

**Program Director:** Joseph E Fischer, MD

**110 Francis Street, Suite 3A**

**Boston, MA 02115**

**Tel:** 617 632-9770  Fax: 617 632-7244

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 58  **Program ID:** 410-23-21-409

**Boston University Medical Center Program**

**Sponsor:** Boston Medical Center

**Veterans Affairs Medical Center (Boston)**

**Program Director:** James M Becker, MD

**Boston Medical Center**

**88 E Newton St, Room CS15**

**Boston, MA 02118**

**Tel:** 617 638-8442

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 46  **Program ID:** 410-23-21-131

**Brigham and Women’s Hospital Program**

**Sponsor:** Brigham and Women’s Hospital

**Boston VA Healthcare System (Brockton-West Roxbury)**

**Parnkner Hospital**

**Program Director:** Stanley W Ashby, MD

**15 Francis Street**

**CA 054**

**Boston, MA 02115**

**Tel:** 617 723-6780  Fax: 617 723-1789

**E-mail:** surgeryeducation@partners.org

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 99  **Program ID:** 410-23-21-135

**Caritas St Elizabeth’s Medical Center Program**

**Sponsor:** Caritas St Elizabeth’s Medical Center of Boston

**Good Samaritan Medical Center-Cushing Campus**

**Program Director:** Martin J Lopes, MD

**736 Cambridge St**

**Boston, MA 02135**

**Tel:** 617 789-3899  Fax: 617 789-3419

**E-mail:** Linda.J.Smith@bchums.org

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 23  **Program ID:** 410-23-21-136

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**Massachusetts General Hospital Program**

**Sponsor:** Massachusetts General Hospital

**Salem Hospital**

**Program Director:** Charles M Ferguson, MD

**Surgical Residency Office**

**55 Fruit Street, CB 425**

**Boston, MA 02114**

**Tel:** 617 726-2800  Fax: 617 726-3489

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 58  **Program ID:** 440-24-31-132

**Tufts-New England Medical Center Program**

**Sponsor:** Tufts-New England Medical Center

**Program Director:** William C Mackey, MD

**750 Washington Street**

**Boston, MA 02111**

**Tel:** 617 636-5027  Fax: 617 638-9003

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 21  **Program ID:** 440-24-31-134

**Burlington**

**Lahey Clinic Program**

**Sponsor:** Lahey Clinic

**Program Director:** David Bruns, MD

**41 Mall Road**

**Burlington, MA 01805**

**Tel:** 781 744-8585  Fax: 781 744-3645

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 21  **Program ID:** 440-24-31-401

**Pittsfield**

**Berkshire Medical Center Program**

**Sponsor:** Berkshire Medical Center

**Program Director:** Paris J Sudhpli, MD

**Berkshire Medical Center**

**735 North Street**

**Pittsfield, MA 01201**

**Tel:** 413 447-2741  Fax: 413 447-2766

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 13  **Program ID:** 440-24-31-137

**Springfield**

**Baystate Medical Center/Tufts University School of Medicine Program**

**Sponsor:** Baystate Medical Center

**Program Director:** Richard B Wait, MD, PhD

**575 Chestnut Street**

**Springfield, MA 01109**

**Tel:** 413 794-5169  Fax: 413 794-1835

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 28  **Program ID:** 440-24-11-138

**Worcester**

**University of Massachusetts Program**

**Sponsor:** University of Massachusetts Medical School

**Program Director:** Giles Whalen, MD

**55 Lake Avenue North**

**Department of Surgery**

**Worcester, MA 01655**

**Tel:** 508 856-7344  Fax: 508 856-2090

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 43  **Program ID:** 440-24-21-139
Michigan

Ann Arbor

St Joseph Mercy Hospital Program
Sponsor: St Joseph Mercy Health System
Program Director: Seth W Weil, MD
1501 S Huron River Drive
Ann Arbor, MI 48106
Tel: 734 719-7054 Fax: 734 719-7054
Length: 5 Yrs ACGME Approved/Offered Positions: 23
Program ID: 440-25-11-140

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Randall D Doherty, MD
2307 Taunton Center
1560 E Medical Center Drive
Ann Arbor, MI 48105
Tel: 734 615-4741 Fax: 734 936-9725
E-mail: UMIS-surgery.education@med.umich.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-25-21-341

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State University-Kalamazoo Center for Medical Studies
Program Director: Michael R McLeod, MD
Department of Surgery
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6200 Fax: 269 337-6411
E-mail: genurrge@kcs.msu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 14
Program ID: 440-25-21-400

Lansing

Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Ingham Regional Medical Center
McLaren Regional Medical Center
St Mary's Mercy Medical Center (Grand Rapids)
Sparrow Hospital
Program Director: Keith N Apelgren, MD
1200 East Michigan Ave, Suite 655
Lansing, MI 48912
Tel: 517 426-2484 Fax: 517 426-3448
Length: 5 Yrs ACGME Approved/Offered Positions: 36
Program ID: 440-25-21-396

Pontiac

North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers
Program Director: Yoav S Silva, MD
461 West Huron Street
Pontiac, MI 48341
Tel: 248 657-7114 Fax: 248 657-6700
E-mail: surgery@nomc.org
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-25-11-146

St Joseph Mercy-Oakland Program
Sponsor: St Joseph Mercy-Oakland
Program Director: Allen Silbergleit, MD, PhD
4400 Woodward Avenue
Pontiac, MI 48341
Tel: 248 658-3234 Fax: 248 658-3344
Length: 5 Yrs ACGME Approved/Offered Positions: 14
Program ID: 440-25-11-157

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Gerald B Zelenock, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 561-0625 Fax: 248 561-3426
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 440-25-12-158

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
St Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health Blodgett Campus
Spectrum Health Butterworth Campus
Program Director: Marc G Schlatter, MD
221 Michigan Street, NE Ste 200A
Grand Rapids, MI 49503
Tel: 616 391-1405 Fax: 616 391-8631
E-mail: marcsg11@comcast.net
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-25-21-410

Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Ingham Regional Medical Center
McLaren Regional Medical Center
St Mary's Mercy Medical Center (Grand Rapids)
Sparrow Hospital
Program Director: Keith N Apelgren, MD
1200 East Michigan Ave, Suite 655
Lansing, MI 48912
Tel: 517 426-2484 Fax: 517 426-3448
Length: 5 Yrs ACGME Approved/Offered Positions: 36
Program ID: 440-25-21-396

Pontiac

North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers
Program Director: Yoav S Silva, MD
461 West Huron Street
Pontiac, MI 48341
Tel: 248 657-7114 Fax: 248 657-6700
E-mail: surgery@nomc.org
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-25-11-146

St Joseph Mercy-Oakland Program
Sponsor: St Joseph Mercy-Oakland
Program Director: Allen Silbergleit, MD, PhD
4400 Woodward Avenue
Pontiac, MI 48341
Tel: 248 658-3234 Fax: 248 658-3344
Length: 5 Yrs ACGME Approved/Offered Positions: 14
Program ID: 440-25-11-157

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Gerald B Zelenock, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 561-0625 Fax: 248 561-3426
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 440-25-12-158

Saginaw

Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System Cooper Campus
Covenant HealthCare System Harrison Campus
St Mary's Mercy Medical Center
Program Director: Dennis A Boysen, MD
1000 Houghton, Iron 3061
Saginaw, MI 48602
Tel: 989 581-8287 Fax: 989 581-6989
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 440-25-21-139

Southfield

Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Sinal-Grace Hospital (Grace Campus)
Program Director: Vijay K Mittal, MD
16001 West Nine Mile Road
Department of Surgery
Southfield, MI 48075
Tel: 248 849-3075 Fax: 248 849-5380
Length: 5 Yrs ACGME Approved/Offered Positions: 24
Program ID: 440-25-21-100

Minnesota

Minneapolis

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Joan M Van Camp, MD
701 Park Ave
Minneapolis, MN 55415
Tel: 612 373-2049 Fax: 612 904-4297
E-mail: phyliss.aquiles@hco.hennepin.us
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-28-11-161

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Methodist Hospital
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: David L Dunn, MD, PhD
11132 Phillips-Wangensteen Bldg
516 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-1999 Fax: 612 626-0614
E-mail: larson551@tc.umn.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 53
Program ID: 440-28-21-182

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: David R Farley, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-8240 Fax: 507 284-0068
Length: 5 Yrs ACGME Approved/Offered Positions: 85
Program ID: 440-28-21-163

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
North Mississippi Medical Center
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Karen R Borman, MD
2500 N State St
Jackson, MS 39216
Tel: 601 816-1016 Fax: 601 864-6273
E-mail: surgapp+surgery.umsmed.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 34
Program ID: 440-27-21-106
Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Comet - SJK)
Veterans Affairs Medical Center (Omaha)
Program Director: John Thompson, MD
Tel: 402 559-6731  Fax: 402 559-6748
Length: 5 yrs  ACGME Approved/Offered Positions: 25
Program ID: 440-30-21-176

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical College
Children's Hospital
Nebraska Methodist Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Program Director: Jon S Thompson, MD
Tel: 402 559-6731  Fax: 402 559-6748
Length: 5 yrs  ACGME Approved/Offered Positions: 19
Program ID: 440-31-21-378

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Daniel E Walsh, MD
Tel: 603 650-7682  Fax: 603 650-6661
E-mail: Surgery.Office@dartmouth.edu
Length: 5 yrs  ACGME Approved/Offered Positions: 34
Program ID: 440-32-21-177

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Veterans Affairs Medical Center Burlington County
Program Director: Steven E Ross, MD
Cooper Hospital/University Medical Center
Three Cooper Plaza, Suite 411
Camden, NJ 08101
Tel: 856 342-3013  Fax: 856 395-7682
E-mail: surgery_camben@umdnj.edu
Length: 5 yrs  ACGME Approved/Offered Positions: 16
Program ID: 440-33-21-179

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
150 Bergen Street
University Hospital - Room E-401
Newark, NJ 07103
Tel: 973 972-6601  Fax: 973 972-6591
E-mail: njms-res-surgery@umdnj.edu
Length: 5 yrs  ACGME Approved/Offered Positions: 36
Program ID: 440-33-22-181

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Veterans Affairs Medical Center (White River Junction)
Program Director: Michael A Mazano, MD
Tel: 732 334-1845  Fax: 732 334-1846
Length: 5 yrs  ACGME Approved/Offered Positions: 20
Program ID: 440-33-21-182

Morristown
Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Program Director: John J Castronovo, MD
Tel: 973 971-5654  Fax: 973 972-7070
Length: 5 yrs  ACGME Approved/Offered Positions: 23
Program ID: 440-33-11-188

New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Veterans Affairs Medical Center
Program Director: Peter J Pappas, MD
Tel: 732 334-1845  Fax: 732 334-1846
E-mail: njms-res-surgery@umdnj.edu
Length: 5 yrs  ACGME Approved/Offered Positions: 26
Program ID: 440-33-22-181

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Veterans Affairs New Jersey Health Care System
Program Director: Peter J Pappas, MD
Tel: 973 972-6601  Fax: 973 972-6591
E-mail: njms-res-surgery@umdnj.edu
Length: 5 yrs  ACGME Approved/Offered Positions: 55
Program ID: 440-33-21-184
South Orange  
Seton Hall University School of Graduate Medical Education (St. Francis) Program  
Sponsor: Seton Hall University School of Graduate Medical Education  
St Francis Medical Center  
St Joseph's Regional Medical Center  
Program Director: James E. Gervase, MD, PhD  
601 Hamilton Avenue, Room B 158  
Trenton, NJ 08629  
Tel: 609 586-6376 Fax: 609 586-6332  
Length: 5 Yrs  ACGME Approved/Offered Positions: 15  
Program ID: 440-33-31-169

New Mexico  
Albuquerque  
University of New Mexico Program  
Sponsor: University of New Mexico School of Medicine  
Program Director: Mark Langfield, MD  
MSC 10-5610  
1 University of New Mexico  
Albuquerque, NM 87131  
Tel: 505 277-4161 Fax: 505 272-4851  
E-mail: genoguse@salud.unm.edu  
Length: 5 Yrs  ACGME Approved/Offered Positions: 26  
Program ID: 440-34-21-190

New York  
Albany  
Albany Medical Center Program  
Sponsor: Albany Medical Center  
St Peter's Hospital  
Veterans Affairs Medical Center (Albany)  
Program Director: David J. Conti, MD  
47 New Scotland Avenue  
Department of Surgery  
Albany, NY 12208  
Tel: 518 262-6674 Fax: 518 262-6692  
Length: 5 Yrs  ACGME Approved/Offered Positions: 28  
Program ID: 440-34-21-191

Bronx  
Albert Einstein College of Medicine Program  
Sponsor: Albert Einstein College of Medicine of Yeshiva University  
Jacobi Medical Center  
Montefiore Medical Center-Weiler Hospital  
North Central Bronx Hospital  
Program Director: Tranjaner S. Ravkunaz, MD  
Montefiore Medical Center  
1040 Baintbridge Avenue MAP Bldg 4th Floor  
Bronx, NY 10467  
Tel: 718 930-6287 Fax: 718 788-1883  
E-mail: travkunan@montefiore.org  
Length: 5 Yrs  ACGME Approved/Offered Positions: 65  
Program ID: 440-35-21-202

SUNY Health Science Center at Brooklyn Program  
Sponsor: SUNY Health Science Center at Brooklyn  
Long Island College Hospital  
University Hospital-SUNY Health Science Center at Brooklyn  
Program Director: Michael V. Zolinman, MD  
Department of Surgery  
45 Clarkson Ave, Box 40  
Brooklyn, NY 11203  
Tel: 718 270-1411 Fax: 718 270-3261  
Length: 5 Yrs  ACGME Approved/Offered Positions: 68  
Program ID: 440-35-21-237

New York Medical College (Our Lady of Mercy) Program  
Sponsor: New York Medical College  
Our Lady of Mercy Medical Center  
Lincoln Medical and Mental Health Center  
Program Director: C. Gene Cayton, MD, MPH  
600 East 233rd Street  
Bronx, NY 10469  
Tel: 718 293-9032 Fax: 718 293-9077  
Length: 5 Yrs  ACGME Approved/Offered Positions: 21  
Program ID: 440-35-11-405

Brooklyn  
Brookdale University Hospital and Medical Center Program  
Sponsor: Brookdale University Hospital and Medical Center  
Program Director: Prem S. Patel, MD  
One Brookdale Plaza  
Brooklyn, NY 11213  
Tel: 718 240-8890 Fax: 718 240-6098  
Length: 5 Yrs  ACGME Approved/Offered Positions: 25  
Program ID: 440-35-21-297

Brooklyn Hospital Center Program  
Sponsor: Brooklyn Hospital Center  
Program Director: Stephen S. Carrey, MD  
121 Dekalb Avenue  
Brooklyn, NY 11201  
Tel: 718 250-5944 Fax: 718 250-6080  
Length: 5 Yrs  ACGME Approved/Offered Positions: 30  
Program ID: 440-35-21-288

Bassett Healthcare Program  
Sponsor: Bassett Healthcare  
Mary Imogene Bassett Hospital  
Program Director: Patrick A. Dietz, MD  
One Atwell Road  
Cooperstown, NY 13326  
Tel: 607 547-2007 Fax: 607 547-6560  
E-mail: kelly.stone@bassett.org  
Length: 5 Yrs  ACGME Approved/Offered Positions: 15  
Program ID: 440-35-31-197

East Meadow  
Nassau University Medical Center Program  
Sponsor: Nassau University Medical Center  
Program Director: Richard A. Raggonitas, MD  
2201 Hempstead Turnpike  
East Meadow, NY 11554  
Tel: 516 572-6706 Fax: 516 572-6140  
Length: 5 Yrs  ACGME Approved/Offered Positions: 25  
Program ID: 440-35-12-198

Flushing  
New York Hospital Medical Center of Queens/Garnell University Medical College Program  
Sponsor: New York Hospital Medical Center of Queens  
Program Director: James W. Turner, MD  
96-45 Main Street  
Flushing, NY 11355  
Tel: 718 670-1156 Fax: 718 670-1864  
Length: 5 Yrs  ACGME Approved/Offered Positions: 28  
Program ID: 440-35-11-200

Great Neck  
North Shore-Long Island Jewish Health System Program  
Sponsor: North Shore-Long Island Jewish Health System  
Long Island Jewish Medical Center  
North Shore University Hospital  
Program Director: H. Hank Simins, MD  
500 Community Drive  
Manhasset, NY 11030  
Tel: 516 563-2870  
Length: 5 Yrs  ACGME Approved/Offered Positions: 68  
Program ID: 440-35-14-411

Jamaica  
New York Medical College (Brooklyn-Queens) Program  
Sponsor: New York Medical College  
St Vincent Catholic Medical Centers (Brooklyn-Queens)  
Program Director: Sugowara Mandava, MD  
Brooklyn and Queens Campus  
88-35 103 Street  
Jamaica, NY 11432  
Tel: 718 558-7216 Fax: 718 558-7060  
Length: 5 Yrs  ACGME Approved/Offered Positions: 13  
Program ID: 440-35-21-210

Buffalo  
University at Buffalo Program  
Sponsor: University at Buffalo  
Erie County Medical Center  
Kaleida Health System (Buffalo General Hospital)  
Kaleida Health System (Millard Fillmore Hospital)  
Veterans Affairs Western New York Healthcare System  
Program Director: James M. Bassett, MD  
Erie County Medical Center-Surgery  
462 Grider Street  
Buffalo, NY 14215  
Tel: 716 898-3968 Fax: 716 898-5029  
E-mail: rhm@acsu.buffalo.edu  
Length: 5 Yrs  ACGME Approved/Offered Positions: 53  
Program ID: 440-35-21-393

Cooperstown  
Bassett Healthcare Program  
Sponsor: Bassett Healthcare  
Mary Imogene Bassett Hospital  
Program Director: Patrick A. Dietz, MD  
One Atwell Road  
Cooperstown, NY 13326  
Tel: 607 547-2007 Fax: 607 547-6560  
E-mail: kelly.stone@bassett.org  
Length: 5 Yrs  ACGME Approved/Offered Positions: 15  
Program ID: 440-35-31-197
New Rochelle
New York Medical College (Sound Shore) Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Daneby Hospital
Program Director: Burton L. Herz, MD
16 Gunion Place
New Rochelle, NY 10802
Tel: 914 637-1896 Fax: 914 637-1630
Length: 5 Yrs ACGME Approved/Offered Positions: 21
Program ID: 440-35-21-201

New York
Albert Einstein College of Medicine at
Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Ronald Kaleya, MD
First Avenue at 16th Street
New York, NY 10033
Tel: 212 844-8440 Fax: 212 844-8440
E-mail: r kaleya@chpnet.org
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 440-35-11-214

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
North General Hospital
Program Director: Soji F Obuwole, MD
506 Lenox Ave
New York, NY 10027
Tel: 212 939-3535 Fax: 212 939-3535
E-mail: s66@columbia.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 440-35-11-214

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Program Director: Michael Leitman, MD
100 East 77th Street
8-Loggia
New York, NY 10021
Tel: 212 434-2155 Fax: 212 434-2383
Length: 5 Yrs ACGME Approved/Offered Positions: 24
Program ID: 440-35-11-217

Mount Sinai School of Medicine (Cabrini)
Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Program Director: Michael Cicotola, MD
227 E 119th Street
Dept of Surgery 1009
New York, NY 10030
Tel: 212 869-5777 Fax: 212 869-5777
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-35-21-209

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Gary L Schner, MD
Department of Surgery
One Gustave L Levy Place Box 1259
New York, NY 10029
Tel: 212 844-8701 Fax: 212 844-8701
Length: 5 Yrs ACGME Approved/Offered Positions: 21
Program ID: 440-35-21-225

New York Medical College at St
Vincent's Hospital and Medical Center
Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Metropolitan Hospital Center
St Vincent’s Catholic Medical Centers (Staten Island)
Program Director: Vincent M Scarpinato, MD
170 West 12th Street
Cronin 909
New York, NY 10011
Tel: 212 604-8052 Fax: 212 604-8055
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 440-35-21-234

New York Presbyterian Hospital
(Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Overlook Hospital
Program Director: Mark A Hardy, MD
177 Fort Washington Avenue
New York, NY 10032
Tel: 212 266-3538 Fax: 212 266-8021
E-mail: mhardy@columbia.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 51
Program ID: 440-35-21-229

New York Presbyterian Hospital
(Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Thomas F Fahey, MD
525 East 68th Street
New York, NY 10021
Tel: 212 746-5100 Fax: 212 746-8802
E-mail: mst2003@med.cornell.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 64
Program ID: 440-35-21-211

New York University School of Medicine
Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harfor Health Care System
NYU Downtown Hospital
Program Director: Thomas H Gouge, MD
550 First Avenue
NY 11-15
New York, NY 10016
Tel: 212 263-6289 Fax: 212 263-6289
Length: 5 Yrs ACGME Approved/Offered Positions: 65
Program ID: 440-35-21-204

St Luke's-Roosevelt Hospital Center
Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Program Director: Ann M Rogers, MD
1000 Tenth Avenue, Suite 2B
New York, NY 10019
Tel: 212 523-7760 Fax: 212 523-6465
Length: 5 Yrs ACGME Approved/Offered Positions: 36
Program ID: 440-35-21-383

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Rochester General Hospital
Program Director: James L Peacock, MD
681 Elmwood Avenue
Department of Surgery
Rochester, NY 14642
Tel: 585 273-1250 Fax: 585 273-1250
E-mail: karen_kozlowski@urmc.rochester.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 48
Program ID: 440-35-21-240

Staten Island
Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Program Director: Gino F Coppa, MD
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 225-8008 Fax: 718 226-8365
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 440-35-11-293

SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Windthrop-University Hospital
Program Director: Eugene Mohan, MD
Health Science Center 19-020
Stony Brook, NY 11794
Tel: 631 444-4931 Fax: 631 444-6209
Length: 5 Yrs ACGME Approved/Offered Positions: 46
Program ID: 440-35-21-242

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Community-General Hospital of Greater Syracuse
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Paul E Cunningham, MD
Department of Surgery
750 E Adams Street
Syracuse, NY 13210
Tel: 315 444-6268 Fax: 315 444-6233
E-mail: thomasuat@upstate.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 42
Program ID: 440-35-21-244

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
St Vincent's Medical Center
Westchester Medical Center
Program Director: John A Savino, MD
Department of Surgery
Mount Vernon Pavilion
Valhalla, NY 10595
Tel: 914 493-7614 Fax: 914 493-4859
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-35-21-227
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals Wake Medical Center
Prgm Director: Anthony A Meyer, MD, PhD
Department of Surgery
215 Bioinformatics Bldg, CB #7060
Chapel Hill, NC 27599
Tel: 919.966.4663 Fax: 919.966.7841
Length: 5 Yrs
AGGME Approved/Offered Positions: 48
Program ID: 449-36-21-245

Charlotte

Carolina Medical Center Program
Sponsor: Carolinas HealthCare
PO Box 33661
Charlotte, NC 28222
Tel: 704.355-3176 Fax: 704.355-5619
E-mail: general.surgery@carolinashealthcare.org
Length: 5 Yrs
AGGME Approved/Offered Positions: 16
Program ID: 449-36-12-246

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital Durham Regional Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: Michael A Skinner, MD
PO Box 3443
Durham, NC 27710
Tel: 919-651-3516 Fax: 919-651-7054
E-mail: fish64@mc.duke.edu
Length: 5 Yrs
AGGME Approved/Offered Positions: 68
Program ID: 449-36-21-247

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Carl E Haisch, MD
Department of Surgery
Pitt County Medical Center
Greenville, NC 27834
Tel: 252.744-3562 Fax: 252.744-3156
Length: 5 Yrs
AGGME Approved/Offered Positions: 24
Program ID: 449-36-11-248

Wilmington

New Hanover Regional Medical Center Program
Sponsor: New Hanover Regional Medical Center
Prgm Director: Don K Nakagawa, MD, MBA
2113 South 17th Street
PO Box 8095
Wilmington, NC 28402
Tel: 910.343-0161 Fax: 910.763-4030
Length: 5 Yrs
AGGME Approved/Offered Positions: 11
Program ID: 449-36-31-249

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: J Wayne Meredith, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336.716.7579 Fax: 336.716.5414
Length: 5 Yrs
AGGME Approved/Offered Positions: 45
Program ID: 449-36-31-250

North Dakota

Grand Forks
University of North Dakota Program
Sponsor: University of North Dakota School of Medicine and Health Sciences
Altru Health System Hospital
Veterans Affairs Medical and Regional Office Center ( Fargo)
Prgm Director: Robert P Stieva, MD
501 North Columbia Road
Department of Surgery
Grand Forks, ND 58203
Tel: 701.777-3902 Fax: 701.777-2969
Length: 5 Yrs
AGGME Approved/Offered Positions: 12
Program ID: 449-37-21-379

Ohio

Akron
Akron General Medical Center/ NEOUCOM Program
Sponsor: Akron General Medical Center
Prgm Director: Daniel P Goyton, MD
400 Wahnish Avenue
Akron, OH 44315
Tel: 330.344.6234 Fax: 330.344.6672
Length: 5 Yrs
AGGME Approved/Offered Positions: 16
Program ID: 449-38-11-252

Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Deane L Behro, MD
825 E Market Street
Medical Education/Mary Tanic
Akron, OH 44304
Tel: 330.376-9048 Fax: 330.376-5710
Length: 5 Yrs
AGGME Approved/Offered Positions: 17
Program ID: 449-38-21-251

Cincinnati

Jewish Hospital of Cincinnati Program
Sponsor: Jewish Hospital of Cincinnati
Prgm Director: Elliott J Fegelman, MD
4777 E Galbraith Road
Cincinnati, OH 45216
Tel: 513.896.5891 Fax: 513.896.5479
E-mail: brough@healthhall.com
Length: 5 Yrs
AGGME Approved/Offered Positions: 14
Program ID: 449-38-31-254

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
Franciscan Hospital-Western Hills
TriHealth-Bethesda Hospital
TriHealth-Good Samaritan Hospital
Prgm Director: Richard E Welling, MD
375 Dorrith Avenue
Cincinnati, OH 45220
Tel: 513.872-3320
Length: 5 Yrs
AGGME Approved/Offered Positions: 24
Program ID: 449-39-31-255

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Robert H Bowles, MD
231 Albert Bahn Way ML 0508
Cincinnati, OH 45267
Tel: 513.558-5961 Fax: 513.558-3474
Length: 5 Yrs
AGGME Approved/Offered Positions: 30
Program ID: 449-38-31-256

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Debra J Graham, MD
University Hospitals of Cleveland
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216.444.3021 Fax: 216.644-8201
Length: 5 Yrs
AGGME Approved/Offered Positions: 82
Program ID: 449-38-21-255

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
MetroHealth Medical Center
Prgm Director: Allan Siporin, MD
Department of Surgery/A80
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216.444.5064 Fax: 216.445.7053
E-mail: surgmed@ccf.org
Length: 5 Yrs
AGGME Approved/Offered Positions: 50
Program ID: 449-38-22-257

Fairview Hospital Program
Sponsor: Fairview Hospital
Prgm Director: Richard C. Treat, MD
Department of Surgery
18501 Lorain Avenue
Cleveland, OH 44111
Tel: 216.477.7155 Fax: 216.477.7893
Length: 5 Yrs
AGGME Approved/Offered Positions: 29
Program ID: 449-38-22-258

Huron Hospital Program
Sponsor: Huron Hospital
Hillcrest Hospital
Robinson Memorial Hospital
Prgm Director: Raphael S Chung, MD, MBA
13851 Terrace Road
Cleveland, OH 44112
Tel: 216.761-4223 Fax: 216.761-3499
E-mail: rschung@hotmail.com
Length: 5 Yrs
AGGME Approved/Offered Positions: 14
Program ID: 449-38-22-259

Columbus

Mount Carmel Program
Sponsor: Mount Carmel
Prgm Director: Thomas H Hartlaff, MD
Department of Surgery
783 W State Street - MSB 2nd Floor Columbus, OH 43222
Tel: 614.234.8090 Fax: 614.234.2772
E-mail: tmoone@columbus.com
Length: 5 Yrs
AGGME Approved/Offered Positions: 15
Program ID: 449-38-33-263

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Arthur G. James Cancer Hospital and Research Institute
Prgm Director: Mark W Arnold, MD
316-AMeans Hall
1654 Uphaul Drive
Columbus, OH 43210
Tel: 614.292.8704 Fax: 614.292.4063
Length: 5 Yrs
AGGME Approved/Offered Positions: 34
Program ID: 449-38-21-264
<table>
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<tr>
<th>Program</th>
<th>Sponsor</th>
<th>Prgm Director</th>
<th>Length</th>
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<tbody>
<tr>
<td>Riverside Methodist Hospital (OhioHealth) Program</td>
<td>Sponsor: Riverside Methodist Hospital (OhioHealth)</td>
<td>Prgm Director: Oscar R Ruiz, MD</td>
<td>Medical Education Department</td>
<td>2935 West 5th Street Columbus, OH 43214</td>
<td>Tel: 614-566-5762 Fax: 614-566-4685 E-mail: <a href="mailto:amanning@ohiohealth.com">amanning@ohiohealth.com</a></td>
</tr>
<tr>
<td>Dayton Wright State University Program</td>
<td>Sponsor: Wright State University School of Medicine</td>
<td>Prgm Director: Paula M Termahlen, MD</td>
<td>Medical Education Department</td>
<td>1800 Renaissance Center</td>
<td>Tel: 419-392-2137 Fax: 419-392-2135</td>
</tr>
<tr>
<td>Toledo Medical College of Ohio Program</td>
<td>Sponsor: Medical College of Ohio</td>
<td>Prgm Director: David C Allison, MD, PhD* Mulford Library</td>
<td>3045 Arlinghton Avenue</td>
<td>Toledo, OH 43604</td>
<td>Tel: 419-383-6238 Fax: 419-383-6336</td>
</tr>
<tr>
<td>Youngstown St Elizabeth Health Center/NEUCOM Program</td>
<td>Sponsor: St Elizabeth Health Center</td>
<td>Prgm Director: Michael S Kavic, MD</td>
<td>1044 Belmont Avenue</td>
<td>PO Box 1790</td>
<td>Youngstown, OH 44501</td>
</tr>
<tr>
<td>Western Reserve Care System/NEUCOM Program</td>
<td>Sponsor: Farouk Health/Western Reserve Care System (Youngstown Northside Medical Center)</td>
<td>Prgm Director: Mark Birk, MD</td>
<td>500 Gypsy Lane</td>
<td>PO Box 240</td>
<td>Youngstown, OH 44501</td>
</tr>
<tr>
<td>Oklahoma City Oklahoma University of Oklahoma Health Sciences Center Program</td>
<td>Sponsor: University of Oklahoma College of Medicine</td>
<td>Prgm Director: M. Alex Jacobs, MD</td>
<td>Veterans Affairs Medical Center (Oklahoma City)</td>
<td>PO Box 20101</td>
<td>Oklahoma City, OK 73101</td>
</tr>
<tr>
<td>Tulsa University of Oklahoma College of Medicine-Tulsa Program</td>
<td>Sponsor: University of Oklahoma College of Medicine</td>
<td>Prgm Director: Thomas A Brouhang, MD</td>
<td>Department of Surgery</td>
<td>4502 E 41st Street</td>
<td>Tulsa, OK 74135</td>
</tr>
<tr>
<td>Oregon Portland Oregon Health &amp; Science University Program</td>
<td>Sponsor: Oregon Health &amp; Science University Hospital</td>
<td>Prgm Director: John S Kubera, MD</td>
<td>Legacy Emanuel Hospital and Medical Center</td>
<td>1200 NW 12th Avenue</td>
<td>Portland, OR 97209</td>
</tr>
<tr>
<td>Pennsylvania Abington Abington Memorial Hospital Program</td>
<td>Sponsor: Abington Memorial Hospital</td>
<td>Prgm Director: Robert L Conter, MD</td>
<td>1000 University Drive</td>
<td>PO Box 840</td>
<td>Sewickley, PA 15143</td>
</tr>
<tr>
<td>Allentown Lehigh Valley Hospital/Pennsylvania State University Program</td>
<td>Sponsor: Lehigh Valley Hospital</td>
<td>Prgm Director: Gary G Nicholas, MD</td>
<td>Department of Surgery</td>
<td>690 Cedar Crest and I-78, PO Box 689</td>
<td>Allentown, PA 18105</td>
</tr>
<tr>
<td>Bethlehem St Luke's Hospital Program</td>
<td>Sponsor: St Luke's Hospital</td>
<td>Prgm Director: Joel C Rosenfield, MD</td>
<td>General Surgery Residency</td>
<td>801 Ostrum Street</td>
<td>Bethlehem, PA 18016</td>
</tr>
<tr>
<td>Danville Geisinger Health System Program</td>
<td>Sponsor: Geisinger Health System</td>
<td>Prgm Director: William H Strobel, MD</td>
<td>Department of General Surgery</td>
<td>100 North Academy Avenue</td>
<td>Danville, PA 17822</td>
</tr>
<tr>
<td>Easton Easton Hospital Program</td>
<td>Sponsor: Easton Hospital (Northampton Hospital Corporation)</td>
<td>Prgm Director: Harold P Kobl, MD</td>
<td>290 S 21st Street</td>
<td>Easton, PA 18042</td>
<td>Tel: 610-925-4503 Fax: 610-925-8751</td>
</tr>
<tr>
<td>Harrisburg PinnacleHealth Hospitals Program</td>
<td>Sponsor: PinnacleHealth Hospitals</td>
<td>Prgm Director: Michael J Holman, MD</td>
<td>Department of Surgery</td>
<td>1200 North Front Street</td>
<td>Harrisburg, PA 17110</td>
</tr>
<tr>
<td>Hershey Penn State University/Milton S Hershey Medical Center Program</td>
<td>Sponsor: Milton S Hershey Medical Center</td>
<td>Prgm Director: Robert L Conter, MD</td>
<td>500 University Drive</td>
<td>PO Box 880</td>
<td>Hershey, PA 17033</td>
</tr>
<tr>
<td>Johnstown Temple University/Comenahga Valley Memorial Hospital Program</td>
<td>Sponsor: Conemaugh Valley Memorial Hospital</td>
<td>Prgm Director: Russell D Dumire, MD*</td>
<td>Department of Surgery</td>
<td>1000 Franklin Street</td>
<td>Johnstown, PA 15901</td>
</tr>
</tbody>
</table>
Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Robert G Sonnen, MD
5501 Old York Road
Klein Building, Suite 510
Philadelphia, PA 19141
Tel: 215 456-3529
Fax: 215 456-3529
Length: 5 Yrs ACGME Approved/Offered Positions: 23
Program ID: 440-41-11-291

Drexel University College of Medicine/Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Crozer-Chester Medical Center
Hahnemann University Hospital (Tenet Health System)
St Christopher's Hospital for Children (Tenet Health System)
Program Director: William C Meyers, MD, MBA*
245 North 15th Street
Mail Stop 413
Philadelphia, PA 19102
Tel: 215 762-6275
Fax: 215 762-6275
E-mail: wmeyers@drexeldmed.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-41-31-205

Graduate Hospital Program
Sponsor: Graduate Hospital (Tenet Health System)
Chesnut Hill Hospital
Hahnemann University Hospital (Tenet Health System)
Pepper Pavilion, Suite 1101
1800 Lombard Street
Philadelphia, PA 19103
Tel: 215 863-6284
Fax: 215 863-6284
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 440-41-31-253

Mercy Catholic Medical Center Program
Sponsor: Mercy Catholic Medical Center Inc
Mercy Hospital of Philadelphia
Program Director: Chris D Taarnaa, MD
500 Landowne Avenue
Darby, PA 19023
Tel: 610 237-4050
Fax: 610 237-4029
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-41-31-297

Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS) University of Pennsylvania Health System
Program Director: Alan L Schuricht, MD
301 S 8th Street, Suite 4 D
Education Office
Philadelphia, PA 19106
Tel: 215 839-6889
Fax: 215 839-8497
E-mail: alschuricht@hotmail.com
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-41-31-298

Temple University Hospital Program
Sponsor: Temple University Hospital
Crozer-Chester Medical Center
Fox Chase Cancer Center
Program Director: Amy J Goldberg, MD*
3401 N Broad St
Broad & Ontario Streets
Philadelphia, PA 19140
Tel: 215 707-3634
Fax: 215 707-1016
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 440-41-31-300

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Veterans Affairs Medical Center (Wilmington)
Program Director: John C Kairys, MD
1015 Walnut Street
Suite 620
Philadelphia, PA 19107
Tel: 215 655-6654
Fax: 215 655-2878
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Program ID: 440-41-21-301

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Veterans Affairs Medical Center (Philadelphia)
Program Director: Jon S Morris, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-6165
Fax: 215 662-7883
Length: 5 Yrs ACGME Approved/Offered Positions: 58
Program ID: 440-41-21-302

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Charles F Cobb, MD
320 East North Avenue
Pittsburgh, PA 15232
Tel: 412 359-8067
Fax: 412 359-3112
E-mail: gardner@wpahs.org
Length: 5 Yrs ACGME Approved/Offered Positions: 32
Program ID: 440-41-12-303

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Program Director: Kurt B Stahlfield, MD
1400 Loest Street
Pittsburgh, PA 15219
Tel: 412 233-9087
Fax: 412 222-8986
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-41-12-305

University of Pittsburgh Medical Center Education Program
Sponsor: University of Pittsburgh Medical Center Education Program
UPMC St Margaret
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Timothy R Billiar, MD*
Room 1251 UPH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-1749
Fax: 412 647-1000
E-mail: billiartr@upmc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 53
Program ID: 440-41-21-304

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Philip F Caushaj, MD
4800 Friendship Avenue
Suite 4600 North Tower
Pittsburgh, PA 15224
Tel: 412 578-4025
Fax: 412 578-1424
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 440-41-12-308

Sayre
Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Corning Hospital
Program Director: Sushil K Gupta, MD
One Guthrie Square
Sayre, PA 18621
Tel: 570 882-3668
Fax: 570 882-3669
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-41-12-309

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Program Director: Barry D Mann, MD*
100 Lancaster Avenue
422 Lankenau Medical Building
Wynnewood, PA 19096
Tel: 610 645-2188
Fax: 610 645-8354
E-mail: marianow@lankenau.org
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-41-31-296

York
York Hospital Program
Sponsor: York Hospital
Program Director: J Lpector, MD
1001 South George Street
York, PA 17405
Tel: 717 851-2772
Fax: 717 851-4513
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-41-31-310

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
1 Gonzalez Martinez Otorologic Hospital
University of Puerto Rico Hospital at Carolina
Veterans Affairs Medical Center (San Juan)
Program Director: Juan J Lojo, MD
Medical Sciences Campus
GPO Box 95967
San Juan, PR 00918
Tel: 787 763-3440
Fax: 787 758-1110
E-mail: gjojomd@coqui.net
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-42-31-313

Rhode Island
Providence
Brown University Program
Sponsor: Brown University Hospital-Lifespan Miriam Hospital-Lifespan Veterans Affairs Medical Center (Providence)
Program Director: William G Coffey, MD
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903
Tel: 401 444-6611
Fax: 401 444-6612
Length: 5 Yrs ACGME Approved/Offered Positions: 46
Program ID: 440-43-31-314

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson Veterans Affairs Medical Center (Charleston)
Program Director: Thomas E Brothers, MD
96 Jonathan Lucas St, PO Box 350613
Charleston, SC 29425
Tel: 843 792-9237
Fax: 843 792-8236
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-45-31-215
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Program Director: Richard M Bell, MD
University of South Carolina
Two Richardson Medical Park, #402
Columbia, SC 29003
Tel: 803 258-2657 Fax: 803 833-9545
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-45-21-318

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Program Director: Jonathan S Loken, MD
Academic Department of Surgery
701 Grove Road
Greenville, SC 29605
Tel: 864 455-7896 Fax: 864 455-1230
E-mail: sburns@ghs.org
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-45-11-317

Spartanburg
Spartanburg Regional Healthcare System Program
Sponsor: Spartanburg Regional Healthcare System
Program Director: Richard K Orr, MD, MPH
101 E Wood Street
Spartanburg, SC 29301
Tel: 864 560-6385 Fax: 864 560-6063
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 440-45-31-318

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Ehinger Medical Center
Program Director: Joseph B Cofer, MD
978 East Third Street, Suite 401
Chattanooga, TN 37403
Tel: 423 775-7805 Fax: 423 777-3850
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-47-11-320

Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Wellmont Health System - Bristol Regional Medical Center
Wellmont Health System-Holston Valley
Program Director: William Browder, MD
Department of Surgery
Box 707575
Johnson City, TN 37614
Tel: 423 439-6287 Fax: 423 439-6259
E-mail: browder@etsu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 29
Program ID: 440-47-21-317

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical Center
Program Director: Mitchell H Goldman, MD
University Memorial Hospital
1924 Alcoa Highway, Box U-11
Knoxville, TN 37920
Tel: 865 544-9200 Fax: 865 544-8558
E-mail: gwjyg@utkmemc.com
Length: 5 Yrs ACGME Approved/Offered Positions: 22
Program ID: 440-47-11-321

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Hospital
901 Madison Avenue, South
Nashville, TN 37203
Tel: 615 342-7666 Fax: 615 342-7606
E-mail: jwene@uthsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 63
Program ID: 440-47-21-324

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University School of Medicine
Memphis Veterans Affairs Medical Center (Memphis)
Program Director: Eugene C Manglaye, MD
901 Madison Avenue, South
Nashville, TN 37203
Tel: 615 342-8642 Fax: 615 332-0689
E-mail: john.tarpley@vanderbilt.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 62
Program ID: 440-47-31-327

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
300 Madison Avenue
Dallas, TX 75246
Tel: 214 330-4538 Fax: 214 330-4588
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Program ID: 440-48-21-329

Methodist Hospitals of Dallas Program
Sponsor: Methodist Hospitals of Dallas
Program Director: Ernest L Dunn, MD
900 North Stemmons Freeway
Dallas, TX 75204
Tel: 214 947-2400 Fax: 214 947-2420
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-48-13-329

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Dallas, TX 75339
Tel: 214 648-3514 Fax: 214 648-7969
E-mail: james.valentine@utsouthwestern.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 36
Program ID: 440-49-31-331

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Program Director: Ysela M Carrillo, MD
4800 Alberta Avenue
El Paso, TX 79905
Tel: 915 545-6961 Fax: 915 545-6964
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-48-11-322

William Beaumont Army Medical Center Program
Sponsor: William Beaumont Army Medical Center
Program Director: John P Schriver, MD
General Surgery Service
5005 N Postman
El Paso, TX 79928
Tel: 915 569-2698 Fax: 915 569-2602
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-48-18-000

US Armed Services Program

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Program Director: Lt Col Thomas E Le Voyer, MD
3351 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-0408 Fax: 210 916-6658
Length: 5 Yrs ACGME Approved/Offered Positions: 22
Program ID: 440-48-23-010

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Courtney M Townsend, Jr, MD
Department of Surgery
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1205 Fax: 409 772-5611
Length: 5 Yrs ACGME Approved/Offered Positions: 38
Program ID: 440-48-31-333
Accredited Programs in Surgery-General

Houston
Bay College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E. DeBakey VA Medical Center - Houston
Pgm Director: Charles H McComb, MD
One Baylor Plaza, Room 1940D
Houston, TX 77030
Tel: 713.798.5243 Fax: 713.798.8841
Length: 5 Yrs ACGME Approved/Offered Positions: 68
Program ID: 440-49-21-394

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
Pgm Director: Thomas V Taylor, MD
111 E LaBrashe
Department of Surgery
Houston, TX 77002
Tel: 713.756.5648 Fax: 713.657.5884
Length: 5 Yrs ACGME Approved/Offered Positions: 21
Program ID: 440-49-21-335

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Pgm Director: John R. Potts, MD
Department of Surgery
6431 Fannin, Room 4.270
Houston, TX 77030
Tel: 713.500.7226 Fax: 713.500.7220
E-mail: Angela.M.Younig@uth.tmc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 92
Program ID: 440-49-21-337

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Pgm Director: Ari O Halldorsson, MD
Department of Surgery
3801 4th Street
Lubbock, TX 79430
Tel: 906.743.2370 Fax: 903.743.1475
Length: 5 Yrs ACGME Approved/Offered Positions: 18
Program ID: 440-49-21-363

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Veterans Hospital (San Antonio)
San Antonio Uniformed Services Health Education Consortium
University Health System
Willford Hall Medical Center (AETC)
Pgm Director: Melanie L. Richards, MD
7705 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210.867.5711
E-mail: smrtah@uthscsa.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 76
Program ID: 440-49-21-388

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Pgm Director: Randall W Smith, MD
2401 S 31st Street
Temple, TX 76508
Tel: 254.724.2896 Fax: 254.724.9186
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 440-46-21-339

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Salt Lake Regional Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Pgm Director: James Mccree, MD
50 N Medical Drive
Salt Lake City, UT 84135
Tel: 801.581.5488 Fax: 801.581.6112
Length: 5 Yrs ACGME Approved/Offered Positions: 37
Program ID: 440-49-21-340

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Pgm Director: Kenneth H Sarverell, MD
Surgery Education Office, Fletcher House 309
111 Colchester Avenue
Burlington, VT 05401
Tel: 802.847.4270 Fax: 802.847.9528
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Program ID: 440-50-21-341

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Veterans Affairs Medical Center (Salem)
Pgm Director: Bruce D Schirmer, MD
PO Box 80663
Charlottesville, VA 22908
Tel: 434.984.9007 Fax: 434.343.5791
Length: 5 Yrs ACGME Approved/Offered Positions: 48
Program ID: 440-51-21-342

Falls Church
Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program
Sponsor: Inova Fairfax Hospital
Pgm Director: H David Reines, MD
3000 Gallows Road
Falls Church, VA 22042
Tel: 703.776.3563 Fax: 703.776.3338
E-mail: h.david.reines@inova.com
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 440-51-21-412

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children’s Hospital of the King's Daughters
Sentara Leigh Hospital
Veterans Affairs General Hospital
Sponsor: Memorial Hospital
Pgm Director: L D Britt, MD, MPH
6th Floor, Hofheimer Hall
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757.446-8000 Fax: 757.446-8001
Length: 5 Yrs ACGME Approved/Offered Positions: 34
Program ID: 440-51-21-343

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Pgm Director: Beth R Jakle, MD
Department of General Surgery (code 0511)
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757.963.5447 Fax: 757.963.6946
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-51-32-015

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Brian J Kaplin, MD
PO Box 880125
Richmond, VA 23298
Tel: 804.829.3755 E-mail: surgeryvcu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-51-23-344

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center Roanoke Community Hospital
Carilion Medical Center Roanoke Memorial Hospital
Pgm Director: James E Foster, MD
P.O. Box 13387
Roanoke, VA 24033
Tel: 540.981.9890 Fax: 540.981.9891
E-mail: shahzuddin@carilion.com
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 440-51-31-345

Washington
Seattle
Swedish Medical Center (First Hill) Program
Sponsor: Swedish Medical Center-Seattle
University of Washington Medical Center
Pgm Director: Michael J Hart, MD
747 Broadway
Surgery Residency Program, Suite 731
Seattle, WA 98122
Tel: 206.386.2123 Fax: 206.386.8283
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 440-54-39-047
Accredited Programs in Surgical Critical Care (General Surgery)

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Pgm Director: Karen D Horvath, MD
1909 NW Pacific Street
Box 354410
Seattle, WA 98195
Tel: 206 543-2867 Fax: 206 543-8336
Length: 5 yrs ACGME Approved/Offered Positions: 10
Program ID: 440-55-21-395

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
University of Washington Medical Center
Pgm Director: Richard C Thirby, MD
505 Seattle St
HS-GME
Seattle, WA 98111
Tel: 206 583-6070 Fax: 206 583-2307
Length: 5 yrs ACGME Approved/Offered Positions: 28
Program ID: 440-55-12-340

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington/ Harborview Medical Center
Pgm Director: Kenneth S Azarow, MD
General Surgery Service
MCEU-SGY
Tacoma, WA 98401
Tel: 253 696-0236 Fax: 253 968-5600
Length: 5 yrs ACGME Approved/Offered Positions: 22
Program ID: 440-55-12-911
US Armed Services Program

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Pgm Director: John A DeLarca, MD
3110 Mac Corkle Ave
Charleston, WV 25304
Tel: 304 247-1356 Fax: 304 280-8600
Length: 5 yrs ACGME Approved/Offered Positions: 19
Program ID: 440-55-11-541

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Pgm Director: John T Walker, MD
1600 Medical Center Dr, Suite 2500
Huntington, WV 25701
Tel: 304 691-1281 Fax: 304 691-1287
Length: 5 yrs ACGME Approved/Offered Positions: 18
Program ID: 440-55-21-366

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals
Pgm Director: Cynthia F Graves, MD
Health Sciences Center N, Room 7700
PO Box 9289
Morgantown, WV 26506
Tel: 304 293-5169 Fax: 304 293-8881
Length: 5 yrs ACGME Approved/Offered Positions: 22
Program ID: 440-55-21-352

Wisconsin
La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic
Veterans Affairs Medical Center-La Crosse
Pgm Director: Thomas H Cogbill, MD
1550 South Avenue
Mail Code C01-005
La Crosse, WI 54601
Tel: 608 775-2451 Fax: 608 775-4460
Length: 5 yrs ACGME Approved/Offered Positions: 10
Program ID: 440-55-12-234

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: David M Kabir, MD
600 Highland Avenue
H4/24A Clinical Science Center
Madison, WI 53792
Tel: 608 253-1360 Fax: 608 253-7653
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 440-55-21-355

Marshfield
Marshfield Clinic-St Joseph’s Hospital Program
Sponsor: Marshfield Clinic-St Joseph’s Hospital
Pgm Director: Randolph E Stablick, MD
Marshfield Clinic
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 291-7444 Fax: 715 291-4645
E-mail: stablick.randolph@marshfieldclinic.org
Length: 5 yrs ACGME Approved/Offered Positions: 10
Program ID: 440-55-31-356

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children’s Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Columbia Hospital
Froedtert Memorial Lutheran Hospital
Pgm Director: John A Weigelt, MD
Department of Surgery
9220 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 955-9832 Fax: 414 955-9841
Length: 5 yrs ACGME Approved/Offered Positions: 43
Program ID: 440-55-21-357

Surgical Critical Care (General Surgery)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Pgm Director: Leroy W Rose, MD
Department of Surgery
121 South 18th Street (Suite 112)
Birmingham, AL 35294
Tel: 205 934-6840
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 442-01-21-079

California
Fresno
University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Pgm Director: Krista L Kaups, MD
445 S Cedar Avenue
Fresno, CA 93701
Tel: 559 409-3770 Fax: 559 409-3719
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 442-05-21-067

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm Director: Michael Shabot, MD
8700 Beverly Boulevard
Department of Surgery - Room 8215
Los Angeles, CA 90048
Tel: 210 423-5872
Fax: 210 423-5872
E-mail: michael.shabot@cschealth.org
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 442-05-21-046

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
LAC+USC Hospital
USC University Hospital
Pgm Director: Thomas V Burke, MD
Department of Surgery, Room 9900
1200 N State Street
Los Angeles, CA 90033
Tel: 323 266-7320 Fax: 323 266-5966
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 442-05-21-068

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Pgm Director: Marianne Cinat, MD
101 The City Drive, South
Bldg 55, Room 207, Box 85
Orange, CA 92868
Tel: 714 455-5840 Fax: 714 455-0494
E-mail: dmhasson@uci.edu
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 442-05-21-069

Graduate Medical Education Directory 2005-2006
Sacramento
University of California (Davis) Health System Program
Sponsor: University of California (Davis) Health System
Program Director: John Owings, MD
Department of Surgery
535 Stockton Blvd, Suite 4206
Sacramento, CA 95817
Tel: 916-734-5535 Fax: 916-734-7755
E-mail: doc@ucdavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44240-21-417

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Raul Colindres, MD, PhD
200 West Arbor Drive, #5086
San Diego, CA 92103
Tel: 619-543-7200 Fax: 619-543-7202
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44265-21-463

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Program Director: Andre B Campbell, MD
1001 Potrero Avenue
San Francisco, CA 94110
Tel: 415-296-4297
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 44185-21-075

Colorado
Denver
University of Colorado School of Medicine Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Program Director: Jon M Burch, MD
777 Bammonck Street
Denver, CO 80204
Tel: 303-438-6558 Fax: 303-436-6572
E-mail: Jon.Burch@dhha.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 44207-18-094

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Program Director: Kevin P Keating, MD
Surgical Critical Care Division
89 Seymour Street
Hartford, CT 06102
Tel: 860-545-5201 Fax: 860-545-3366
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 44249-21-020

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Bridgewater Hospital
Program Director: Heidi L Frankel, MD
Section of Trauma and Surgical Critical Care
990 Cedar Street, BR810
New Haven, CT 06520
Tel: 203-777-8684 Fax: 203-785-3505
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44208-21-045

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Program Director: Rodney M Durham, MD
2 Columbus Drive
Room G 417
Tampa, FL 33610
Tel: 813-944-4429
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 44211-21-104

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Gradys Health System
Program Director: Grace S Roszycki, MD
69 Jesse Hill Jr Drive, SE
Glen Memorial Bldg, Suite 302
Atlanta, GA 30303
Tel: 404-616-3555 Fax: 404-616-7333
E-mail: grozycik@emory.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44212-21-009

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Queen’s Medical Center
Program Director: Mike Ye, MD
356 Leilani Street, 6th Floor
Honolulu, HI 96813
Tel: 808-586-2929 Fax: 808-586-5022
E-mail: mihon@hawaii.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44214-21-036

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Kushanna Stryam, MD
Division of Surgical Critical Care
1601 West Harrison St Room 3530
Chicago, IL 60612
Tel: 312-864-0101 Fax: 312-864-5023
E-mail: kartram1@hotmail.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44312-12-087

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Program Director: Martha Reynolds, MD
Pediatric Surgery #63
2300 Children’s Plaza
Chicago, IL 60614
Tel: 773-882-4282 Fax: 773-882-4588
E-mail: dsligo@childrensmemorial.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44216-31-077

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Alfred I duPont Hospital for Children
Program Director: Gerard J Fulda, MD
4716 Ogletown-Stanton Road
Room 2235
Newark, DE 19718
Tel: 302-733-4260 Fax: 302-733-4264
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 44209-21-093

District of Columbia
Washington
Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: John R Kirkpatrick, MD, MBA
110 Irving Street, NW, Room G203
Washington, DC 20010
Tel: 202-877-5199 Fax: 202-877-5178
E-mail: stephanie.e.morgan@washingtonhospitalcenter.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 44210-21-048

Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Erik Barqués, MD
1980 NW 1st Avenue, A1247
Ryder Trauma Center
Miami, FL 33016
Tel: 305-684-1200 Fax: 305-684-1200
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 44211-21-004

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Program Director: Michael L Chessin, MD
88 W Underwood Street
Suite 301, MP 100
Orlando, FL 32806
Tel: 407-941-2226 Fax: 407-648-5166
E-mail: michael@oroth.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 44212-21-006
University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Prgm Director: Richard J Fantus, MD
580 West Wellington Avenue
Room 4813 Center Court
Chicago, IL 60657
Tel: 773-296-7033 FAX: 773-296-7199
E-mail: IMMC-SurgicalCriticalCare@advantagehealth.com
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-21-21-060

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Kimberly A Davis, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 327-3073 FAX: 708 327-3474
E-mail: fluchet@lumc.edu
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-16-21-060

Kentucky
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Steven H Johnston, MD
Division of Surgical Critical Care
22 South Greene Street, TH322
Lexington, KY 40536
Tel: 859 323-6846 FAX: 859 323-6840
E-mail: pkearns@uky.edu
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-20-21-076

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Prgm Director: Jorge L. Rodriguez, MD
Department of Surgery, C2222
Lexington, KY 40536
Tel: 502 852-8915 FAX: 502 852-8015
E-mail: jbrodr@louisville.edu
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 442-20-21-069

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Christopher C Baker, MD, MPh
110 Francis Street, Suite 5A
Boston, MA 02115
Tel: 617 632-9029 FAX: 617 632-9197
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-23-21-062

Baystate Medical Center Program
Sponsor: Baystate Medical Center
Prgm Director: Peter A Burke, MD, MPh
86 E Newton Street
Boston, MA 02118
Tel: 617 638-8442 FAX: 617 638-8400
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 442-22-21-011

Brigham and Women’s Hospital Program
Sponsor: Brigham and Women’s Hospital
Prgm Director: Solomon O Rogers, MD, MPH
75 Francis Street
Boston, MA 02115
Tel: 617 732-8042 FAX: 617 582-6047
E-mail: srogers@partners.org
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-24-12-053

Children’s Hospital Program
Sponsor: Children’s Hospital
Prgm Director: Jay W Wilson, MD
800 Longwood Avenue, Pegan 3
Boston, MA 02115
Tel: 617 355-6418 FAX: 617 734-0477
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-24-31-082

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Prgm Director: Marc L. Cullen, MD
5001 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 574-5809 FAX: 313 574-5896
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 442-23-31-037

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Butterworth Campus
Prgm Director: Bruce W KGrabbe, MD
504 568-7805 FAX: 504 568-4033
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 442-25-31-014
Minnesota
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Robert J. Quinold, MD
701 Park Avenue, South, #8138
Minneapolis, MN 55415
Tel: 612 873-2649 Fax: 612 904-4297
E-mail: phyllis.marquardt@hcno.hennepin.mn.us
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-26-21-072

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: Gregory J. Beilman, MD
Department of Surgery, MMC11
420 Delaware Street, SE
Minneapolis, MN 55405
Tel: 612 625-7911 Fax: 612 625-0439
E-mail: beilman01@umn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-26-21-022

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
St Mary’s Hospital of Rochester
Program Director: Michael P. Bannon, MD
Department of Surgery
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-6365 Fax: 507 255-9872
E-mail: krumwied.karma@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-26-21-054

Moosouri
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: Donald Sparone, MD
One Hospital Drive
4th Floor McManus Hall
Columbia, MO 65212
Tel: 573 884-2000
E-mail: Schulgal@health.missouri.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-25-21-016

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children’s Mercy Hospital
Program Director: Ronald J. Sharp, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3574 Fax: 816 460-1012
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-29-21-071

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St John’s Mercy Medical Center
St Louis University Hospital
Program Director: Louise W Friel, MD
3650 Vista Ave at Grand Blvd
PO Box 12526
St Louis, MO 63110
Tel: 314 635-2050 Fax: 314 638-5194
E-mail: phyllis.marquardt@hcno.hennepin.mn.us
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-26-21-023

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Program Director: Craig M. Cooper Smith, BA, MD
600 S Euclid Avenue
Box 1101
St Louis, MO 63110
Tel: 314 363-8347 Fax: 314 363-1602
E-mail: surgery.arden@wustl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-33-21-031

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Alexander Axelrad, MD, MS
Department of Surgery
3 Cooper Plaza, Suite 411
Camden, NJ 08103
Tel: 856 342-2814 Fax: 856 342-2817
E-mail: surgery.camden@umdnj.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-33-21-031

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School UMDNJ-University Hospital
Program Director: David H. Livingston, MD
New Jersey Trauma Center
150 Bergen Street, E 245
Newark, NJ 07103
Tel: 973 972-4900 Fax: 973 982-7441
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-53-31-049

New York
Bronx
Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
New York Presbyterian Hospital
Program Director: Samuel F Kagino, MD
234 East 149th Street
Department of Surgery
Bronx, NY 10451
Tel: 718 578-5000 Fax: 718 578-4200
E-mail: gonzalez@nychhc.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-35-31-033

Great Neck
North Shore-Long Island Jewish Health System Program
Sponsor: North Shore-Long Island Jewish Health System
North Shore University Hospital
Program Director: Ay A. Yelen, DO
200 Community Drive
Manhasset, NY 11030
Tel: 516 562-3060
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-35-31-100

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Paul Bankey, MD
601 Elmwood Avenue
Box Surg
Rochester, NY 14642
Tel: 716 757-7219 Fax: 716 757-8513
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-35-21-025

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook University Hospital
SUNY at Stony Brook
Program Director: Marc J Shapiro, MD
Division of Urology/Surgical Critical Care/Burn Health Sciences Center, T19-060
Stony Brook, NY 11794
Tel: 631-444-1045 Fax: 631-444-4576
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-35-21-084

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: John A. Savino, MD
Department of Surgery
Munger Pavilion
Valhalla, NY 10595
Tel: 914 994-2041 Fax: 914 994-4559
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 442-35-11-035

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Edmund J. Rutherford, MD
160 Wing D CB #7228
Chapel Hill, NC 27599
Tel: 919 962-7555 Fax: 919 966-0360
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-36-21-028

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Mark W. Subaustian, MD
DUMC, Box 0538
Durham, NC 27710
Tel: 919 668-2066 Fax: 919 668-5284
E-mail: harel004@mc.duke.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-36-21-037
Accredited Programs in Surgical Critical Care (General Surgery)

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
University of North Carolina Hospitals
Pgm Director: Michael F Rotondo, MD
600 Most Boulevard
Greenville, NC 27834
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-36-13-105

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Pgm Director: Sandra Miller, MD
231 Albert Sabin Way
PU Box 670588
Cincinnati, OH 45276
Tel: 513 585-5651  Fax: 513 585-3186
E-mail: sandra.miller@uc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-38-21-063

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Metzent Health Medical Center
Pgm Director: Charles J Prowler, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 771-6527
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-38-21-070

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Pgm Director: Brian D Kenney, MD, MIA
700 Children's Drive, #4570
Columbus, OH 43205
Tel: 614 722-8906  Fax: 614 722-8906
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-38-21-068

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Pgm Director: Larry C Martin, MD
NT46 Dean Hall
410 W Tenth Avenue
Columbus, OH 43210
Tel: 614 293-4251  Fax: 614 293-4251
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-38-21-021

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Pgm Director: Martin A Schreiber, MD
1315 SW Sam Jackson Park Rd, L223A
Portland, OR 97239
Tel: 503 494-5300  Fax: 503 494-6519
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-40-21-064

Pennsylvania
Allentown
Lehigh Valley Hospital/Pennsylvania State University Hospital Program
Sponsor: Lehigh Valley Medical Center
Pgm Director: Michael B Padettino, MD
Cedar Crest & 1st St
PO Box 688
Allentown, PA 18105
Tel: 610 402-9866  Fax: 610 402-1647
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-41-31-047

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Robert N Cooney, MD
500 University Drive, MC B107
Hershey, PA 17033
Tel: 717 531-6041  Fax: 717 531-3649
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-41-21-041

Philadelphia
Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MC)
Cox-Chester Medical Center
Hahnemann University Hospital (Temse Health System)
St Christopher's Hospital for Children (Temse Health System)
Pgm Director: Thomas J Santora, MD
Department of Surgery
3500 Henry Avenue, 8th Floor
Philadelphia, PA 19129
Tel: 215 842-6801  Fax: 215 843-1095
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-41-21-066

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Murray J Cohen, MD
1100 Walnut Street, 5th Floor
Philadelphia, PA 19107
Tel: 215 655-3600  Fax: 215 655-5670
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-41-21-066

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Pgm Director: Patrick M Reilly, MD
3440 Market Street, First Floor
Philadelphia, PA 19104
Tel: 215 692-7227  Fax: 215 349-5017
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 443-41-21-066

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Pgm Director: Samuel Fisherman, MD
635 Scaife Hall
555 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-1100  Fax: 412 647-8000
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 443-41-21-005

University of Pittsburgh Medical Center Medical Education Program A
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Mage-Women's Hospital
UPMC Presbyterian/Shadyside
Pgm Director: Barbara A Gaines, MD
1750 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-7460  Fax: 412 692-6609
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-41-18-103

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital Lifespan
Pgm Director: Walter L Riffl, MD
630 Resly Street (APC 481)
Providence, RI 02903
Tel: 401 444-2892  Fax: 401 444-6681
E-mail: someska2@lifespan.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-43-21-044

South Carolina
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Pgm Director: James Morrison, MD
Two Richland Medical Park Suite 402
Columbia, SC 29030
Tel: 803 256-3551  Fax: 803 935-9654
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-44-11-066

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Pgm Director: Robert A Maxwell, MD
Chattanooga Unit, Department of Surgery
970 East Third Street, Suite 401
Chattanooga, TN 37403
Tel: 423 778-7590  Fax: 423 778-2950
E-mail: schulte@erlanger.org
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-47-21-049

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical College
Pgm Director: Elaine L Enderson, MD
1524 Alcoa Highway, U-11
Knoxville, TN 37920
Tel: 865 544-0200  Fax: 865 544-6505
E-mail: gmspa@utk.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 443-47-21-043
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<th>Location</th>
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<td>Memphis</td>
<td>University of Tennessee Program</td>
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<td>Martin A Croce, MD</td>
<td>1 yr</td>
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<tr>
<td>Nashville</td>
<td>Vanderbilt University Program</td>
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<td>Abihasen K May, MD</td>
<td>1 yr</td>
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<td>University of Texas Southwestern Medical School Program</td>
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<td>1 yr</td>
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<td>1 yr</td>
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<td>1 yr</td>
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<td>Virginia University Medical School</td>
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<td>Marshall Medical College of Wisconsin Affiliated Hospitals</td>
<td>Randolph B Szlabick, MD</td>
<td>2 yrs</td>
<td>414-805-3841</td>
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<td>Milwaukee</td>
<td>Milwaukee</td>
<td>J. William Scholl, MD</td>
<td>2 yrs</td>
<td>414-805-3841</td>
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<td>Virginia Commonwealth University Health System Program</td>
<td>Virginia Commonwealth University</td>
<td>Ronald V Mayer, MD</td>
<td>1 yr</td>
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<td>1 yr</td>
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**Accredited Programs in Surgical Critical Care (General Surgery)**

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<th>Location</th>
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<td>1 yr</td>
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</table>
Thoracic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Albert D Pacinto, MD
1000 University Blvd
THT, Room 760
Birmingham, AL 35294
Tel: 205 934-6209 Fax: 205 934-7514
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-01-21-007

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Jack G Copeland, MD
1501 N Campbell Avenue
PO Box 245071
Tucson, AZ 85724
Tel: 520 626-4341 Fax: 520 626-4333
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-04-21-106

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Tamim Antakli, MD
Slot 713
4301 West Markham Street
Little Rock, AR 72205
Tel: 501 686-7581 Fax: 501 686-9503
E-mail: antaklitam@uams.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-04-21-008

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Anesa J Razouk, MD
1175 Campus Street
Suite 21121
Loma Linda, CA 92354
Tel: 909 558-4365 Fax: 909 558-0348
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-05-21-102

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Mark D Plunkett, MD
Cardiothoracic Surgery
10833 Le Conte Avenue
Los Angeles, CA 90025
Tel: 310 206-6230 Fax: 310 206-1211
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-05-21-018

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
Huntington Memorial Hospital
LAC+USC Medical Center
USC University Hospital
Program Director: Winfield J Wells, MD*
USC Cardiothoracic Surgery
1560 San Pablo Street, Suite 4300
Los Angeles, CA 90033
Tel: 213 442-5060 Fax: 213 442-5066
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-05-22-011

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: J Nilas Young, MD
Division of Thoracic Surgery
2221 Stockton Blvd, 2nd Floor
Sacramento, CA 95817
Tel: 916 734-3861 Fax: 916 734-2066
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-112

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Stuart W Jamieson, MD
Division of Cardiothoracic Surgery
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-7777 Fax: 619 543-2652
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-109

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Scott H Merrick, MD*
365 Parnassus Avenue
Suite 160
San Francisco, CA 94143
Tel: 415 553-1406 Fax: 415 553-1212
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-015

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Program Director: Bruce A Beitz, MD
Department of Cardiothoracic Surgery
Palo Alto Veterans Affairs Research Building
Stanford, CA 94305
Tel: 650 725-5956 Fax: 650 725-3845
Length: 7 Yrs ACGME Approved/Offered Positions: 7
Program ID: 460-05-21-016

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: David A Fullerton, MD
4200 East 9th Avenue, Box C-310
Denver, CO 80262
Tel: 303 315-3657 Fax: 303 315-3655
E-mail: david.fullerton@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-07-21-017

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Program Director: John A Fletheridides, MD
333 Cedar Street
Cardiothoracic Surgery, FM1121
New Haven, CT 06519
Tel: 203 785-2704 Fax: 203 785-3346
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-31-018

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Johns Hopkins Hospital
Veterans Affairs Medical Center (Washington DC)
Program Director: Penelope Alexander, MD
2150 Pennsylvania Avenue, Suite 6B
Washington, DC 20037
Tel: 202 745-8626 Fax: 202 745-8886
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-10-21-019
### Florida

**Gainesville**

**University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida

**Program Director:** Daniel G Knautz, MD
Division of Thoracic Surgery
PO Box 10086
Gainesville, FL 32610
Tel: 352 273-5591  Fax: 352 273-5513
E-mail: weutc@urgery.ufl.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 460-11-21-030

### Miami

**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)

**Program Director:** Tomas A Salerno, MD
Cardiothoracic Surgery (R-114)
161 NW 12th Avenue  ET 3072
Miami, FL 33136
Tel: 305 655-5271  Fax: 305 647-2181
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-11-21-031

### Georgia

**Atlanta**

**Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)

**Program Director:** Robert A Gayton, MD
1205 Clifton Road, NE 859-0870
Room A225
Atlanta, GA 30322
Tel: 404 778-3836  Fax: 404 778-5009
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 460-12-21-022

### Augusta

**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)

**Program Director:** Kevin P Landolfo, MD, MSC
BAA-4000
1130 15th Street
Augusta, GA 30912
Tel: 706 721-9226  Fax: 706 721-7096
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 460-12-21-033

### Illinois

**Chicago**

**McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital

**Program Director:** Robert M Vanek, MD
Galt Pavilion, 201 East Huron Street
Suite 10-105
Chicago, IL 60611
Tel: 312 996-3131  Fax: 312 996-1003
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 460-16-21-035

**Rush University Medical Center Program**

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County

**Program Director:** Robert S Higgins, MD
1653 West Congress Parkway
714 Jelle
Chicago, IL 60612
Tel: 312 942-6970  Fax: 312 942-6002
E-mail: Robert_Higgins@rushu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-16-21-027

**University of Illinois College of Medicine at Chicago Program**

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center

**Program Director:** Alexander S Gea, MD, MS
840 South Wood Street
Room 417 CSB (MC 668)
Chicago, IL 60612
Tel: 312 996-7006  Fax: 312 996-2013
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-16-21-029

### Maywood

**Loyola University Program**

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Program Director: Bryan K Fry, MD
Foster G McGaw Hospital
2160 South First Avenue, Bldg 110, Room 5043
Maywood, IL 60153
Tel: 708 237-3303  Fax: 708 237-3504
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-16-31-030

### Indiana

**Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children

**Program Director:** John W Brown, MD
Emerson Hall 216
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-1750  Fax: 317 274-2940
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 460-17-21-001

### Iowa

**Iowa City**

**University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Lexington)

**Program Director:** Victor A Ferrario, MD, PhD
Department of Surgery
800 Rose Street, C207
Lexington, KY 40506
Tel: 859 323-6519  Fax: 859 257-4632
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-13-21-115

### Kentucky

**Lexington**

**University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)

**Program Director:** John W Brown, MD
Emerson Hall 216
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 708 237-3303  Fax: 708 237-3504
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-13-21-115

### Louisiana

**New Orleans**

**Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Veterans Affairs Medical Center (New Orleans)

**Program Director:** Lynn H Harrison, MD
1542 Tulane Avenue, 7th Floor
New Orleans, LA 70112
Tel: 504 669-7654  Fax: 504 588-8533
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-21-21-117

**Ochsner Clinic Foundation Program**

Sponsor: Ochsner Clinic Foundation

**Program Director:** F Michael McDadden, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-3260  Fax: 504 842-3193
E-mail: gme@ochsner.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-21-21-036
Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: William A Baumgartner, MD
Biakoff 618
660 North Wolfe Street
Baltimore, MD 21287
Tel: 410 699-5248 Fax: 410 699-3800
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-23-11-057

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Barbara P Griffith, MD
1800 Georgia Avenue NW
Washington, DC 20009
Tel: 202 962-8489 Fax: 202 737-2535
E-mail: pocp@er.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 466-10-11-006

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Philip C Corcoran, MD
6000 Georgia Avenue NW
Washington, DC 20009
Tel: 202 267-4866 Fax: 202 737-2535
E-mail: pocp@er.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 466-10-11-006

US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Frank W Selanke, MD
110 Francis Street, Suite 2A
Boston, MA 02215
Tel: 617 632-3855 Fax: 617 632-3897
E-mail: fialec@gmail.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-23-21-041

Boston University Medical Center Program
Sponsor: Boston Medical Center
Children's Hospital
Prgm Director: Richard J Sbemkin, MD
Dept of Cardiothoracic Surgery
88 E Newton Street
Boston, MA 02118
Tel: 617 638-7292 Fax: 617 638-7228
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-23-21-039

Brigham and Women's Hospital/Children's Hospital Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Prgm Director: Raphael Bueno, MD
75 Francis Street
Boston, MA 02115
Tel: 617 730-5148 Fax: 617 730-5111
E-mail: surgeryeducation@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-23-22-043

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Children's Hospital
Prgm Director: Douglas J Mathisen, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 726-3838 Fax: 617 728-7667
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-23-11-040

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Children St Elizabeths Medical Center of Boston
Prgm Director: Kenneth G Warner, MD
55 Lake Avenue North
Boston, MA 02115
Tel: 617 636-8038 Fax: 617 638-7616
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-24-21-042

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Stephen J Labiner, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 999-3478 Fax: 508 999-7915
E-mail: jlabine@umassmed.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-24-21-111

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Mark B Gruenauer, MD
2150 Taubman, Thoracic Surgery
1500 E Medical Center Dr
Ann Arbor, MI 48109
Tel: 734 936-6875 Fax: 734 615-0656
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-25-21-044

Detroit

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Heartz Center
Prgm Director: Larry W Stephebson, MD
3060 John R
Suite 2101 Harper Professional Building
Detroit, MI 48201
Tel: 313 745-1413 Fax: 313 968-0572
Length: 2 Yrs ACGME Approved/offer Positions: 4
Program ID: 460-25-21-045

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Registrar's Office
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: E Morton Bolman, MD
Mayo Medical Campus
425 East River Road, Room 347
Minneapolis, MN 55455
Tel: 612 232-1963 Fax: 612 232-1963
E-mail: bolman@umn.edu
Length: 3 Yrs ACGME Approved/offer Positions: 6
Program ID: 460-26-21-046

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Sci Mayo Clinic
College of Medicine
Prgm Director: Ann M Auer, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 255-7069 Fax: 507 255-7538
Length: 3 Yrs ACGME Approved/offer Positions: 6
Program ID: 460-26-21-047

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Giorgio M Arbo, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5170 Fax: 601 984-5195
Length: 3 Yrs ACGME Approved/offer Positions: 2
Program ID: 460-27-11-048

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Elliott Medical Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Richard A Schmalz, MD
Division of Cardiothoracic Surgery M412
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-6951 Fax: 573 882-6951
Length: 2 Yrs ACGME Approved/offer Positions: 3
Program ID: 460-29-21-049
Kansas City
St Luke's Hospital Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Program Director: R Scott Stuart, MD
Medical Plaza II, Suite 50
6420 Wornall Road
Kansas City, MO 64111
Tel: 816 931-3312 Fax: 816 531-9862
E-mail: ssstuart@saint-lukes.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-38-12-050

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Program Director: Keith S Naunheim, MD
3635 Vista Avenue at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8360 Fax: 314 577-8315
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-38-21-065

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Program Director: Marc E Moun, MD*
Cardiothoracic Surgery, Box 6294
One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314 362-0935 Fax: 314 362-0036
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-38-21-061

New Jersey
New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: Peter M Scholz, MD
Division of Thoracic Surgery
PO Box 19, MEB 512
New Brunswick, NJ 08903
Tel: 732 236-7642 Fax: 732 235-7013
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-35-21-110

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Program Director: Barry C Eastrig, MD
150 Bergen Street
Suite F-102 (UH)
Newark, NJ 07103
Tel: 973 972-3856 Fax: 973 972-3850
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-33-21-053

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Jorge A Wernly, MD
1 University of New Mexico
MSC 10 5610, AOC 2
Albuquerque, NM 87131
Tel: 505 272-8590 Fax: 505 272-8699
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-34-21-065

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center Veterans Affairs Medical Center (Albany)
Program Director: Rivo Ivers, MD*
47 New Scotland Avenue, MC 55
Albany, NY 12208
Tel: 518 262-6000 Fax: 518 262-6099
E-mail: rivever@mail.amc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-11-096

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Jeffrey P Gold, MD
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-7000 Fax: 718 231-7113
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-21-065

Brooklyn
SUNY Health Science Center at Brooklyn
SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Lutheran Medical Center
Maimonides Medical Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Joseph N Cunningham, MD
4902 Utica Avenue
Brooklyn, NY 11219
Tel: 718 283-7683 Fax: 718 686-7389
E-mail: azazrak@ohio.com
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-11-096

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: M Michael Graver, MD
The Heart Institute, Bm 2123
2700 Fifth Avenue
New Hyde Park, NY 11040
Tel: 718 470-7460 Fax: 718 343-1438
E-mail: mlgraver@lix.netcom.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-31-062

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Scott J Swanson, MD
One Gustave L Levy Place
Box 1028
New York, NY 10029
Tel: 212 659-6815 Fax: 212 659-6818
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-35-11-064

New York Presbyterian Hospital
(Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Craig R Smith, MD
177 Fort Washington Avenue
MBG 7GN-435
New York, NY 10032
Tel: 212 658-8312 Fax: 212 343-1602
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-21-069

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Karl L Krieger, MD
525 E 68th St, Suite 4A36
Mail Box #110
New York, NY 10031
Tel: 212 746-5152 Fax: 212 746-8828
E-mail: jk_1@med.cornell.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-35-11-060

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Program Director: Aubrey C Galloway, MD
630 First Avenue, Suite 9 V
New York, NY 10016
Tel: 212 283-7185 Fax: 212 262-6080
E-mail: galloway@cv.med.nyu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-35-31-065

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: George L Hicks, MD
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-5384 Fax: 585 244-7171
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-31-067
Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgm Director: Leslie J Kohman, MD
760 E Adams Street
Syracuse, NY 13210
Tel: 315 464-6951 Fax: 315 464-6951
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 460-35-21-068

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Michael B Mill, MD
101 Manning Drive
Chapel Hill, NC 27599
Tel: 919 966-3581 Fax: 919 966-3575
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-96-11-009

Charlotte
Carolina Medical Center Program
Sponsor: Carolina Medical Center
Prgm Director: Francis Robiabek, MD, PhD
1000 Blythe Boulevard
PO Box 32861
Charlotte, NC 28203
Tel: 704 355-4055 Fax: 704 355-4027
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-96-12-070

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas A D’Amico, MD
Box 3495
Durham, NC 27710
Tel: 919 664-9891 Fax: 919 661-8508
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 460-96-21-071

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Neal D Kon, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-2124 Fax: 336 716-3348
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-96-11-072

Ohio
Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children’s Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Walter H Merrill, MD
231 Albert B Sabin Way, ML 0558
Cincinnati, OH 45267
Tel: 513 584-2932 Fax: 513 584-1538
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-35-23-119

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Robert W Stewart, MD
1110 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7268 Fax: 216 844-1202
E-mail: robert.stewart@uhhs.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-38-21-074

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Delos M Coyotee, MD
9500 Euclid Avenue
F24 Cleveland, OH 44195
Tel: 216 444-0783 Fax: 216 444-3119
E-mail: madison@ccf.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-38-12-075

Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Arthur G James Cancer Hospital and Research Institute
Children’s Hospital (Columbus)
Prgm Director: Benjamin Sun, MD*
410 W 10th Ave
N 8th Floor, Doan Hall
Columbus, OH 43210
Tel: 614 338-3586 Fax: 614 293-4726
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-38-21-077

Ohio University Hospitals of Columbus Program
Sponsor: University of Ohio Hospital Columbus
Prgm Director: Thomas J Ryan, MD
500 Euclid Avenue
Columbus, OH 43216
Tel: 614 444-4111 Fax: 614 444-3111
E-mail: madison@ohiohealth.com
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-38-12-075

Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Arthur G James Cancer Hospital and Research Institute
Children’s Hospital (Columbus)
Prgm Director: Benjamin Sun, MD*
410 W 10th Ave
N 8th Floor, Doan Hall
Columbus, OH 43210
Tel: 614 338-3586 Fax: 614 293-4726
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-38-21-077

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Arthur G James Cancer Hospital and Research Institute
Children’s Hospital (Columbus)
Prgm Director: Benjamin Sun, MD*
410 W 10th Ave
N 8th Floor, Doan Hall
Columbus, OH 43210
Tel: 614 338-3586 Fax: 614 293-4726
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-38-21-077

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children’s Hospital
OU Medical Center-Presbyterian Tower
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Marvin D Peyton, MD
Post Office Box 29591
Oklahoma City, OK 73190
Tel: 405 271-5787 Fax: 405 271-3326
E-mail: Thoracic.Surgery@ouhsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-39-21-078

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Ross M Ungerleider, MD
Oregon Health & Science University
3181 SW Sun Jackson Park Road
Portland, OR 97239
Tel: 503 484-7260 Fax: 503 484-7260
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-48-21-078

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: David B Campbell, MD
500 University Drive
PO Box 585
Hershey, PA 17033
Tel: 717 531-8500 Fax: 717 531-8564
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-41-11-009

Philadelphia
Drexel University College of Medicine/ Hahnemann University Hospital Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
St Christopher’s Hospital for Children (Tenet Health System)
Prgm Director: John W Entwistle III, MD, PhD
Broad and Vine Streets, MS 111
Philadelphia, PA 19102
Tel: 215 762-9992 Fax: 215 762-9858
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-41-31-104

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Children’s Hospital of Philadelphia
Prgm Director: James T Dieli, MD
1025 Walnut St, Suite 607
Philadelphia, PA 19107
Tel: 215 696-6696 Fax: 215 696-6601
E-mail: James.Diehl@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-41-31-081

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Prgm Director: Michael A Acker, MD
Division of Cardiothoracic Surgery
8400 Spruce Street, 6 Silverstein
Philadelphia, PA 19140
Tel: 215 346-8305 Fax: 215 346-5798
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-41-31-082

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: George J Magovorn, MD
335 B North Avenue
14th Floor, South Tower
Pittsburgh, PA 15212
Tel: 412 359-2375 Fax: 412 359-3878
E-mail: gmagovorn@agpahs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-41-31-084

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Robert L Kormos, MD
Suite C700 PUM
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-8107 Fax: 412 648-1826
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-41-21-085
## Accredited Programs in Thoracic Surgery

### South Carolina

**Charleston**

**Medical University of South Carolina Program**  
**Sponsor:** Medical University of South Carolina College of Medicine  
**MUSC Medical Center**  
**Prgm Director:** Fred A Crawford, MD  
**Tel:** 843 792-5857  
**Fax:** 843 792-9783  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 440-48-21-087

### Tennessee

**Memphis**

**University of Tennessee Program**  
**Sponsor:** University of Tennessee College of Medicine  
**Veterans Affairs Medical Center**  
**Prgm Director:** Darryl S Weiman, MD, JD  
**Tel:** 901 448-5914  
**Fax:** 901 448-7889  
**E-mail:** rtpkim@utmem.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 440-47-21-088

### Nashville

**Vanderbilt University Program**  
**Sponsor:** Vanderbilt University Medical Center  
**Veterans Affairs Medical Center (Nashville)**  
**Prgm Director:** Joe B Putnam, MD*  
**Tel:** 615 343-0932  
**Fax:** 615 343-3032  
**E-mail:** bill.putsman@vanderbilt.edu  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 440-47-31-089

### Texas

**Dallas**

**University of Texas Southwestern Medical School Program**  
**Sponsor:** University of Texas Southwestern Medical School  
**Children's Medical Center of Dallas**  
**Dallas County Hospital District-Parkland Health and Hospital System**  
**St Paul University Hospital**  
**Veterans Affairs Medical Center (Dallas)**  
**Prgm Director:** Michael E Jensen, MD  
**Tel:** 214 645-7721  
**Fax:** 214 645-9706  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 440-48-21-090

### Galveston

**University of Texas Medical Branch Hospitals Program**  
**Sponsor:** University of Texas Medical Branch Hospitals  
**Texas Children's Hospital**  
**Prgm Director:** Vincent R Conti, MD  
**Division of Cardiothoracic Surgery**  
**301 University Blvd**  
**Galveston, TX 77555**  
**Tel:** 409 772-1303  
**Fax:** 409 772-1421  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 1  
**Program ID:** 440-48-21-091

### Houston

**Baylor College of Medicine Program**  
**Sponsor:** Baylor College of Medicine  
**Harris County Hospital District-Ben Taub General Hospital**  
**Methodist Hospital**  
**Texas Children's Hospital**  
**University of Texas M D Anderson Cancer Center**  
**Prgm Director:** Joseph S Costell, MD  
**Oncology Plaza**  
**Houston, TX 77030**  
**Tel:** 713 798-8154  
**Fax:** 713 798-8333  
**E-mail:** josephs@bcm.tmc.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 440-48-21-092

### Texas Heart Institute Program**  
**Sponsor:** Texas Heart Institute  
**Memorial Hermann Hospital System**  
**St Luke's Episcopal Hospital**  
**Texas Children's Hospital**  
**University of Texas M D Anderson Cancer Center**  
**Prgm Director:** Denton A Cooley, MD  
**P 8 Box 1045**  
**Houston, TX 77225**  
**Tel:** 832 355-4992  
**Fax:** 832 355-3424  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 440-48-21-093

### The University of Texas (M D Anderson Cancer Center) Program**  
**Sponsor:** University of Texas M D Anderson Cancer Center  
**Texas Heart Institute**  
**Prgm Director:** Ara A Vaporciyan, MD*  
**1515 Holcombe Boulevard**  
**Box 445**  
**Houston, TX 77030**  
**Tel:** 713 553-9142  
**Fax:** 713 794-8601  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 440-48-19-121

### San Antonio

**University of Texas Health Science Center at San Antonio Program**  
**Sponsor:** University of Texas Medical School at San Antonio  
**Audie L Murphy Memorial Veterans Hospital (San Antonio)**  
**Christus Santa Rosa Health Care Corporation**  
**University Health System**  
**Prgm Director:** John H Calhoun, MD  
**7100 Floyd Curl Drive**  
**Division of Thoracic Surgery**  
**San Antonio, TX 78229**  
**Tel:** 210 567-5883  
**Fax:** 210 567-2877  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 440-48-21-094

### Utah

**Salt Lake City**

**University of Utah Program**  
**Sponsor:** University of Utah Medical Center  
**LDS Hospital**  
**Children's Medical Center**  
**Veterans Affairs Medical Center (Salt Lake City)**  
**Prgm Director:** David A Bull, MD  
**50 North Medical Drive**  
**Salt Lake City, UT 84132**  
**Tel:** 801 581-5311  
**Fax:** 801 585-3636  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 440-42-21-095

### Virginia

**Charlottesville**

**University of Virginia Program**  
**Sponsor:** University of Virginia Medical Center  
**Prgm Director:** Irving L Korn, MD  
**Division of Thoracic Cardiovascular Surgery**  
**Box 800079**  
**Charlottesville, VA 22908**  
**Tel:** 434 924-2158  
**Fax:** 434 922-3655  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 440-51-11-096

### Richmond

**Virginia Commonwealth University Health System Program**  
**Sponsor:** Virginia Commonwealth University Health System  
**Hunter Holmes McGuire VA Medical Center (Richmond)**  
**Medical College of Virginia Hospitals**  
**Prgm Director:** Abe DeAnda, MD  
**1300 E Broad Street, South Wing, 7th Fl**  
**982-3885**  
**Fax:** 804 628-2775  
**E-mail:** adeanda@vcu.edu  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 440-51-11-097

### Washington

**Seattle**

**University of Washington Program**  
**Sponsor:** University of Washington School of Medicine  
**Children's Hospital and Regional Medical Center**  
**VA Puget Sound Health Care System**  
**Prgm Director:** Edward D Versier, MD  
**Division of Thoracic Surgery**  
**Box 356110, 1990 NE Pacific**  
**Seattle, WA 98195**  
**Tel:** 206 685-3370  
**Fax:** 206 616-0063  
**Length:** 2 Yrs  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 440-54-21-098
West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Monongalia General Hospital
West Virginia University Hospitals
Pgm Director: Timothy S Hall, MD
Department of Surgery
650 Health Sciences Center South
Morgantown, WV 26506
Tel: 304 293-1111 Fax: 304 293-5845
E-mail: hall@hsc.wvu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-55-11-099

Wisconsin

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Children's Hospital of Wisconsin
William S Middleton Veterans Hospital
Prgrm Director: Nilmo M Edwards, MD, BA
609 Highland Avenue, CSC 144-359
Madison, WI 53792
Tel: 608 263-0450 Fax: 608 263-0547
E-mail: edwards@surigy.wisc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-56-21-100

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Pgm Director: James S DeWeddell, MD
Froedtert Memorial Lutheran Hospital
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 606-6090 Fax: 414 606-6216
E-mail: jdwedde@mcw.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 460-56-21-101

Transitional Year

Alabama

Birmingham
Baptist Medical Center Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center Princeton
Pgm Director: Steven D Peasley, MD
440 Montclair Road, Suite 317
Birmingham, AL 35212
Tel: 205 592-5759 Fax: 205 592-5694
Length: 1 Yr  ACGME Approved/Offered Positions: 16
Sponsoring Spec: IM, IM, GS
Program ID: 999-01-00-011

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Pgm Director: Edward D Haigler, MD
1600 Carraway Boulevard
Birmingham, AL 35204
Tel: 205 520-6959 Fax: 205 520-5619
E-mail: transmt@carraway.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Sponsoring Spec: IM, FP, OS
Program ID: 999-01-00-002

Arizona

Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Pgm Director: Robert A Bauchle, MD
1111 East McDowell Road
Department of Medicine
Phoenix, AZ 85006
Tel: 602 239-2296 Fax: 602 239-3094
E-mail: medicine@samaritan.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, OB, FP, GS
Program ID: 999-03-00-004

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Pgm Director: Mark K Edwin, MD
15400 East Shea Boulevard
CP-91C Med Ed
Scottsdale, AZ 85259
Tel: 480 391-4503 Fax: 480 391-8323
E-mail: voigt.susan@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, FP, OS
Program ID: 999-03-00-226

Tucson
Tucson Hospitals Medical Education Program
Sponsor: Tucson Hospitals Medical Education Program Inc
Southern Arizona VA, Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Pgm Director: Tyler J Kent, MD
PO Box 42195
Tucson, AZ 85703
Tel: 520 884-2466 Fax: 520 345-0311
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-03-00-006

California

Bakersfield
Kern Medical Center Program
Sponsor: Kern Medical Center
Pgm Director: Jennifer J Abraham, MD, MEd
1500 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2200 Fax: 661 326-2200
E-mail: abrahamj@kernmedical.com
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, FP, GS
Program ID: 999-05-00-009

Colton
Arrowhead Regional Medical Center Program
Sponsor: Arrowhead Regional Medical Center
Pgm Director: Daniel A Lamott, MD
400 N Pepper Avenue
Colton, CA 92324
Tel: 909 580-6250 Fax: 909 580-6086
E-mail: reboccia@armc.bomamedgov
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Sponsoring Spec: FP, GS
Program ID: 999-05-00-009

Oakland
Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
Pgm Director: Steven Sackrin, MD
1411 E 31st Street
Oakland, CA 94602
Tel: 510 437-5198 Fax: 510 437-4187
Length: 1 Yr  ACGME Approved/Offered Positions: 11
Sponsoring Spec: IM, RM
Program ID: 999-05-00-185

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Pgm Director: John S Hamme, MD, BS
34500 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 229-1646 Fax: 619 522-5507
E-mail: dirgen@nmcno.com
Length: 1 Yr  ACGME Approved/Offered Positions: 31
Sponsoring Spec: IM, PD, GS
Program ID: 999-05-00-151

US Armed Services Program
Accredited Programs in Transitional Year

Scripps Mercy Hospital Program
Sponsor: Scripps Mercy Hospital
Pgm Director: Andrew C Pings, MD
Department of Graduate Medical Education
5730 S 2nd Street, MEF 35
San Diego, CA 92103
Tel: 619 260-7220 fax: 619 260-7305
E-mail: casey.duncan@scrippshealth.org
Length: 1 Yr ACGME Approved/Offers Positions: 18
Sponsoring Spec: IM, PD
Program ID: 999-05-00-010

San Jose
Santa Clara Valley Medical Center Program
Sponsor: Santa Clara Valley Medical Center
Pgm Director: Jena N Harrishuma, MD
Department of Medicine, 4th Fl
711 S Bascom Avenue
San Jose, CA 95128
Tel: 408 855-6305 Fax: 408 855-6324
Length: 1 Yr ACGME Approved/Offers Positions: 16
Sponsoring Spec: IM, PD
Program ID: 999-05-00-018

Stockton
San Joaquin General Hospital Program
Sponsor: San Joaquin General Hospital
Pgm Director: Jena N Harrishuma, MD
Department of Medicine, 4th Fl
302 W Yosemite Avenue
Stockton, CA 95204
Tel: 209 468-6012 Fax: 209 468-6240
Length: 1 Yr ACGME Approved/Offers Positions: 4
Sponsoring Spec: IM, FP
Program ID: 999-05-00-248

Torrance
Los Angeles County Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County Harbor-UCLA Medical Center
Pgm Director: Darrell W Harrington, MD
1030 W Carson Street
Torrance, CA 90509
Tel: 310 222-3911 Fax: 310 782-8596
E-mail: issam@earthlink.net
Length: 1 Yr ACGME Approved/Offers Positions: 20
Sponsoring Spec: IM, FM, PD, GS
Program ID: 999-05-00-239

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Pgm Director: Casey E Dunbar, MD
60th Medical Group/GOGO
101 Bodel Circle
Travis AFB, CA 94535
Tel: 707 423-5785 Fax: 707 425-3501
E-mail: casey.dunbar@travis.af.mil
Length: 1 Yr ACGME Approved/Offers Positions: 8
Sponsoring Spec: IM, OB/GYN, PD, GS
Program ID: 999-05-00-068

Colorado
Denver
HealthOne Presbyterian-St Luke's Medical Center Program
Sponsor: HealthOne Presbyterian-St Luke's Medical Center
Pgm Director: Gregory J Gahan, MD
1710 E 16th Avenue SC East
Denver, CO 80214
Tel: 303 899-6741 Fax: 303 860-2162
Length: 1 Yr ACGME Approved/Offers Positions: 12
Sponsoring Spec: IM, EM
Program ID: 999-07-00-017

Connecticut
Bridgeport
St Vincent's Medical Center Program
Sponsor: St Vincent's Medical Center
Pgm Director: Catherine A Apaloni, MD
2610 Main St
Bridgeport, CT 06606
Tel: 203 576-5476 Fax: 203 576-5022
E-mail: mededucation@svhct.org
Length: 1 Yr ACGME Approved/Offers Positions: 6
Sponsoring Spec: IM, OB/GYN
Program ID: 999-08-00-018

Derby
Griffin Hospital Program
Sponsor: Griffin Hospital
St Mary's Hospital
Yale-New Haven Hospital
Pgm Director: Ramin Shams, MD, MPH
Department of Medicine
2800 Chapel Street
New Haven, CT 06520
Tel: 203 732-7255 Fax: 203 732-7135
E-mail: mbiopsg@griffinhealth.org
Length: 1 Yr ACGME Approved/Offers Positions: 7
Sponsoring Spec: IM, OB/GYN, GS
Program ID: 999-08-00-237

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Pgm Director: Ernest D Morris, MD
1450 Chapel St
New Haven, CT 06511
Tel: 203 789-9869 Fax: 203 789-9223
E-mail: spine@wrbhs.org
Length: 1 Yr ACGME Approved/Offers Positions: 9
Sponsoring Spec: IM, GS
Program ID: 999-08-00-020

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Pgm Director: Virginia U Collier, MD
Christiana Hospital
4755 Ogletown-Stanton Road
Wilmington, DE 19971
Tel: 302 733-6344 Fax: 302 733-6386
E-mail: transition.residency@christianacare.org
Length: 1 Yr ACGME Approved/Offers Positions: 9
Sponsoring Spec: IM, FP
Program ID: 999-09-00-021

Florida
Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Pgm Director: Gary M Lee, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 853-0329 Fax: 904 853-0309
E-mail: pgm.jack.fl@mayo.edu
Length: 1 Yr ACGME Approved/Offers Positions: 8
Sponsoring Spec: IM, OB/GYN
Program ID: 999-11-00-328

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Pgm Director: H Kenneth Walker, MD
3030 Decatur Street
Atlanta, GA 30307
Tel: 404 616-3420 Fax: 404 252-3357
Length: 1 Yr ACGME Approved/Offers Positions: 15
Sponsoring Spec: IM, OB/GYN
Program ID: 999-12-00-026

Columbus
The Medical Center Program
Sponsor: The Medical Center Inc
Pgm Director: Gregory A Foster, MD
Department of Medical Education
710 Center Street, Box 100
Columbus, GA 31902
Tel: 706 771-1430 Fax: 706 771-1604
E-mail: greg.foster@cmch.org
Length: 1 Yr ACGME Approved/Offers Positions: 4
Sponsoring Spec: IM, OB/GYN
Program ID: 999-12-00-029

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Pgm Director: Karl K Hansen, MD
Attn: MCHF-OME
Transition Year Program
Fort Gordon, GA 30905
Tel: 706 878-1288 Fax: 706 878-1745
Length: 1 Yr ACGME Approved/Offers Positions: 10
Sponsoring Spec: IM, GS
Program ID: 999-13-00-029

US Armed Services Program
Hawaii
Honolulu
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Prgm Director: Conrad S Belgard, MD
Department of Medicine
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-2474
Fax: 808 433-1559
Length: 1 Yr
ACGME Approved/Offered Positions: 17
Sponsoring Spec: GS, IM, OR, PD
Program ID: 099-14-00-030
US Armed Services Program
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kukui Medical Center
Queen’s Medical Center
University Tower, 7th Floor
1300 Liliuokalani Avenue
Honolulu, HI 96813
Tel: 808 586-7477
Fax: 808 586-7486
E-mail: uhtrams@hawaii.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, GS
Program ID: 099-14-00-031
Illinois
Berwyn
MacNeal Memorial Hospital Program
Sponsor: MacNeal Memorial Hospital
Prgm Director: Katherine M Tuyns, MD
3249 S Oak Park Ave
Berwyn, IL 60402
Tel: 708 783-3040
Fax: 708 788-3341
Length: 1 Yr
ACGME Approved/Offered Positions: 13
Sponsoring Spec: IM, FP
Program ID: 099-16-00-032
Chicago
Louis A Weiss Memorial Hospital/ University of Chicago Program
Sponsor: Louis A Weiss Memorial Hospital
Prgm Director: Sheldon Alt, MD
4645 North Marine Drive
Chicago, IL 60640
Tel: 773 564-3225
Fax: 773 564-3226
Length: 1 Yr
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, GS
Program ID: 099-16-00-035
Resurrection Medical Center Program
Sponsor: Resurrection Medical Center
Loyola University Medical Center
Prgm Director: Michael S Rosenberg, MD
Medical Education Office
7455 W Talcott Ave
Chicago, IL 60635
Tel: 773 922-5000
Fax: 773 920-9925
Length: 1 Yr
ACGME Approved/Offered Positions: 12
Sponsoring Spec: FP, EM
Program ID: 099-16-00-037
St Joseph Hospital Program
Sponsor: St Joseph Hospital
Prgm Director: Stephen Grothmann, MD
2600 N Lake Shore Drive
Chicago, IL 60657
Tel: 773 665-3028
Fax: 773 871-2441
E-mail: dwhitehead@resilenehospital.org
Length: 1 Yr
ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, GS
Program ID: 099-16-00-033
Swedish Covenant Hospital Program
Sponsor: Swedish Covenant Hospital
Prgm Director: Michael J Plunkett, MD
1545 N California Ave
Chicago, IL 60614
Tel: 773 989-3808
Fax: 773 989-1648
Length: 1 Yr
ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, GS
Program ID: 099-16-00-031
Northernwestern University (Evaston) Program
Sponsor: McGaw Medical Center of Northwestern University
Prgm Director: Lisa G Icycan, MD
2600 Ridge Avenue
Evanston, IL 60201
Tel: 847 570-2075
Fax: 847 570-2065
E-mail: licycan@mcn.org
Length: 1 Yr
ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, GS
Program ID: 099-16-00-037
St Francis Hospital of Evanston Program
Sponsor: St Francis Hospital
Program Director: Marko J Jachtorowycz, MD
Department of Medical Education
1465 Ridge Avenue, Room 1021
Evanston, IL 60201
Tel: 847 316-3111
Fax: 847 316-3307
E-mail: marko@j＠at.net
Length: 1 Yr
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, OR, PD
Program ID: 099-18-00-038
Oak Park
West Suburban Medical Center Program
Sponsor: West Suburban Medical Center
Prgm Director: Malcolm A Dean, MD
GMS, Suite L-700
3 Erie Court
Oak Park, IL 60302
Tel: 708 763-6888
Fax: 708 763-6855
E-mail: sherri.sach@wshmc.org
Length: 1 Yr
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, FP
Program ID: 099-18-00-154
Indiana
Indianapolis
Indiana University School of Medicine/ Methodist Hospital Program
Sponsor: Indiana University School of Medicine
Prgm Director: Jack K Reeve, MD
160 W 21st Street
PO Box 1367
Indianapolis, IN 46206
Tel: 317 963-8883
Fax: 317 963-2150
Length: 1 Yr
ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, EM, FP, PD, GS
Program ID: 099-17-00-040
St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Robert L Love, MD
2001 W 86th Street
Indianapolis, IN 46260
Tel: 317 338-2450
Fax: 317 338-6650
Length: 1 Yr
ACGME Approved/Offered Positions: 18
Sponsoring Spec: IM, FP
Program ID: 099-17-00-041
Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Prgm Director: Gerard T Costello, MD
2401 University Ave
Muncie, IN 47303
Tel: 765 741-1686
Length: 1 Yr
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, GS
Program ID: 099-17-00-157
Iowa
Des Moines
Central Iowa Health System (Iowa Methodist Medical Center) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Prgm Director: William J Vest, MD
1415 Woodland Avenue Suite 140
Des Moines, IA 50309
Tel: 515 241-6296
Fax: 515 241-4080
Length: 1 Yr
ACGME Approved/Offered Positions: 5
Sponsoring Spec: IM, PD, GS
Program ID: 099-18-00-220
Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Edwin W Dennard, MD
1042 Tulane Avenue (BE-3)
New Orleans, LA 70112
Tel: 504 998-2184
Fax: 504 998-4701
Length: 1 Yr
ACGME Approved/Offered Positions: 18
Sponsoring Spec: IM, PD
Program ID: 099-21-00-047
Maryland
Andrews AFB
National Capital Consortium Program
Sponsor: National Capital Consortium
Malcolm Grow Medical Center
Prgm Director: Maj Anthony J Beulter, MD
9000DGUX/DOSL
1075 West Perimeter Road, Suite A-61
Andrews AFB, MD 20762
Tel: 240 867-5100
Fax: 240 857-3011
E-mail: anthony.beulter@andrews.af.mil
Length: 1 Yr
ACGME Approved/Offered Positions: 11
Sponsoring Spec: FP, GS
Program ID: 099-23-00-028
US Armed Services Program
Baltimore
Harbor Hospital Center Program
Sponsor: Harbor Hospital Center
Union Memorial Hospital
Prgm Director: Richard W Williams, MD
3001 S Hanover Street
Baltimore, MD 21223
Tel: 410 359-2550
Fax: 410 354-0195
Length: 1 Yr
ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, GS
Program ID: 099-23-00-050
Maryland General Hospital Program
Sponsor: Maryland General Hospital
Program Director: William C Anthony, MD, MBA
207 Linden Avenue
Suite 3B
Baltimore, MD 21201
Tel: 410 225-3790 Fax: 410 225-8910
E-mail: bsanmor@marylandgeneral.org
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, OPH
Program ID: 999-23-00-049

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Program Director: Elizabeth A McGuigan, MD
/ c/o Department of Diagnostic Radiology
6901 Wisconsin Avenue
Bethesda, MD 20898
Tel: 301 319-8540 Fax: 301 295-5779
E-mail: eamcguigan@bethesda.med.navy.mil
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, FD
Program ID: 999-23-00-051
US Armed Services Program

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Mary C Race, MD
Dept of Obstetrics/Gynecology
33211 Giant Hill Lane
Silver Spring, MD 20905
Tel: 301 783-7134 Fax: 301 783-3506
Length: 1 yr ACGME Approved/Offered Positions: 30
Sponsoring Spec: IM, OB/G
Program ID: 999-10-00-024
US Armed Services Program

Massachusetts
Boston
Caritas Carney Hospital Program
Sponsor: Caritas Carney Hospital
Program Director: Michael Barza, MD
2100 Dorchester Ave
Boston, MA 02134
Tel: 617 288-4012 Fax: 617 288-1547
Length: 1 yr ACGME Approved/Offered Positions: 7
Sponsoring Spec: IM, IM
Program ID: 999-24-00-159

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Lahay Clinic
Lemuel Shattuck Hospital
Program Director: Salah Abukawa, MD
170 Morton Street
Jamaica Plain, MA 02130
Tel: 617 971-3535 Fax: 617 971-3852
Length: 1 yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, GS
Program ID: 999-24-00-199

Brockton
Tufts-New England Medical Center/Brockton Hospital Program
Sponsor: Tufts-New England Medical Center
Brockton Hospital
Program Director: Burton J Polansky, MD
680 Centre St
Brockton, MA 02302
Tel: 508 941-7221 Fax: 508 941-6334
Length: 1 yr ACGME Approved/Offered Positions: 9
Sponsoring Spec: IM, GS
Program ID: 999-24-00-158

Cambridge
Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Program Director: Ayse A Tiasoglu, MD, MPH
1493 Cambridge St
Cambridge, MA 02139
Tel: 617 665-1021 Fax: 617 665-1071
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, F, FD
Program ID: 999-24-00-054

Framingham
MetroWest Medical Center/Harvard Medical School Program
Sponsor: MetroWest Medical Center-Framingham Union Hospital
Program Director: Matthias M Nurnberger, MD
Department of Medical Education
115 Lincoln Street
Framingham, MA 01702
Tel: 508 583-1555 Fax: 508 872-4794
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, FD
Program ID: 999-24-00-160

Newton
Newton-Wellesley Hospital Program
Sponsor: Newton-Wellesley Hospital
Program Director: Joseph Rhatigan, MD
Department of Medicine
2014 Washington Street
Newton, MA 02462
Tel: 617 243-6467 Fax: 617 243-5148
Length: 1 yr ACGME Approved/Offered Positions: 9
Sponsoring Spec: IM, GS
Program ID: 999-24-00-246

Michigan
Ann Arbor
St Joseph Mercy Hospital Program
Sponsor: St Joseph Mercy Health System
Program Director: Jack H Carmean, MD
5301 E Huron River Drive, 1HIB-3009
FO Box 995
Ann Arbor, MI 48106
Tel: 734 712-5583 Fax: 734 712-5589
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-25-00-056

Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Program Director: Lyle D Victor, MD, MBA
18101 Oakwood Blvd
Dearborn, MI 48124
Tel: 313 383-0450 Fax: 313 436-2071
E-mail: duncanc@oakwood.org
Length: 1 yr ACGME Approved/Offered Positions: 15
Sponsoring Spec: IM, FP
Program ID: 999-25-00-057

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Bli-County Community Hospital
Program Director: Peter G Cosgan, MD, MEd
5799 W Grand Blvd
Detroit, MI 48202
Tel: 313 916-9146 Fax: 313 916-8843
Length: 1 yr ACGME Approved/Offered Positions: 18
Sponsoring Spec: IM, EM
Program ID: 999-25-00-058

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Antonis N Lorenzoa, MD
Medical Education Building
21614 Mound Road
Detroit, MI 48206
Tel: 313 343-3878 Fax: 313 343-7840
Length: 1 yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, EM
Program ID: 999-25-00-059

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Detroit Medical Center
Sina-Grace Hospital (Grace Campus)
The Michigan Orthopaedic Specialty Hospital
Program Director: Kenneth L Bergsman, MD
6071 West Outer Drive
Detroit, MI 48235
Tel: 313 966-6496 Fax: 313 966-1738
Length: 1 yr ACGME Approved/Offered Positions: 22
Sponsoring Spec: IM, EM, FP
Program ID: 999-25-00-060

Flint
Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Program Director: Ghasan I Bachuwa, MD
Two Hurley Plaza,
Suite 212
Flint, MI 48503
Tel: 810 237-9852 Fax: 810 762-7245
Length: 1 yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, FD
Program ID: 999-25-00-062
Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Butterworth Campus
Program Director: Schall Qude, MD
Transitional Year Residency Program
21 Michigan NE, Suite 525
Grand Rapids, MI 49503
Tel: 616 391-3130 Fax: 616 391-3130
E-mail: Sarah.Stohle@spectrum-health.org
Length: 1 Yr ACGME Approved/Offered Positions: 20
Sponsoring Spec: IM, EM
Program ID: 999-25-00-190

Kalamazoo
Kalamazoo Center for Medical Studies/ Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Program Director: Marilyn R Terranello, MD
Transitional Year Program
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6350 Fax: 269 337-4234
E-mail: terranello@ksms.msu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, FP
Program ID: 999-25-00-065

Pontiac
St Joseph Mercy-Oakland Program
Sponsor: St Joseph Mercy-Oakland
Program Director: Jeffrey F Yanea, MD
4405 Woodward Avenue
Pontiac, MI 48341
Tel: 248 685-6210 Fax: 248 855-3244
Length: 1 Yr ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, GS
Program ID: 999-25-00-067

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Ranzun Chitrial, MD
3664 West Thirteen Mile Rd
Royal Oak, MI 48073
Tel: 248 561-2417 Fax: 248 561-0581
Length: 1 Yr ACGME Approved/Offered Positions: 16
Sponsoring Spec: IM, IM
Program ID: 999-25-00-178

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Bruce L Kaplan, DO
16001 W Nine Mile, PO Box 2043
Southfield, MI 48037
Tel: 248 848-8483 Fax: 248 848-5234
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, GS
Program ID: 999-25-00-068

Minnesota
Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Peter F Weismann, MD
Medical Administration 07 OMD
701 Park Avenue S
Minneapolis, MN 55415
Tel: 612 873-9282 Fax: 612 901-4401
Length: 1 Yr ACGME Approved/Offered Positions: 14
Sponsoring Spec: IM, EM
Program ID: 999-26-00-069

Missouri
St Louis
Forest Park Hospital Program
Sponsor: Forest Park Hospital
Program Director: Michael T Bailey, MD
6100 Oakland Avenue
St Louis, MO 63139
Tel: 314 768-3006 Fax: 314 768-5632
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, FP
Program ID: 999-25-00-179

Saint Louis University School of Medicine Program
Sponsor: Saint Louis University School of Medicine
St Louis University Hospital
Program Director: Dean P Connors, MD, PhD
3635 Vista Avenue at Grand Boulevard
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8780 Fax: 314 288-5102
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: GS, AN
Program ID: 999-25-00-244

St John's Mercy Medical Center Program
Sponsor: St John's Mercy Medical Center
Program Director: Christopher Verenakis, MD
615 S New Ballas Rd
St Louis, MO 63141
Tel: 314 568-6030 Fax: 314 995-4238
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-26-00-071

New Jersey
Florham Park
Atlantic Health System Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Overlook Hospital
Program Director: David Kuo, MD
Overlook Hospital
96 Beausoir Avenue
Summit, NJ 07901
Tel: 908 522-2934 Fax: 908 522-0604
E-mail: keisha.holley-whitaker@ahhs.org
Length: 1 Yr ACGME Approved/Offered Positions: 5
Sponsoring Spec: IM, EM, PD
Program ID: 999-32-00-240

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Program Director: Henry Rosenberg, MD
94 Old Short Hills Rd
Livingston, NJ 07039
Tel: 973 337-5777 Fax: 973 337-8770
E-mail: brenrosenberg@abhs.com
Length: 1 Yr ACGME Approved/Offered Positions: 14
Sponsoring Spec: IM, PD
Program ID: 999-33-00-073

New York
Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Program Director: John Talasas, DO
4802 Pacific Avenue
Brooklyn, NY 11219
Tel: 718 283-8841 Fax: 718 283-8669
E-mail: dpplgmr@maimonidesmed.org
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: GS, AN, IM
Program ID: 999-35-00-204

Cooperstown
Bassett Healthcare Program
Sponsor: Bassett Healthcare
Program Director: Eric J DeLucasio, MD
One Atwell Road
Cooperstown, NY 13326
Tel: 607 547-4522 Fax: 607 547-4612
E-mail: charlotte.hougie@bassett.org
Length: 1 Yr ACGME Approved/Offered Positions: 9
Sponsoring Spec: IM, GS
Program ID: 999-30-00-489

Flushing
Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Program Director: Roberto Canto, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-3138 Fax: 718 670-4440
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, OB, PD
Program ID: 999-30-00-196

New York Hospital Medical Center of Queens/ Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Program Director: Anthony Semoggi, MD
56-45 Main Street
Flushing, NY 11355
Tel: 718 670-1507 Fax: 718 469-2235
E-mail: aasamogy@nyp.org
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-30-00-225
Accredited Programs in Transitional Year

**Johnson City**
United Health Services Hospitals Program
Sponsor: United Health Services Hospitals
Willow Memorial Regional Medical Center (United Health Sv)
Program Director: James DeLaValle, MD*  
Medical Education Dept  
36-57 Harrison Street  
Johnson City, NY 13790  
Tel: 607 763-8141  Fax: 607 763-6484
Length: 1 Yr  
ACGME Approved/Offered Positions: 7
Sponsoring Spec: IM, FP
Program ID: 999-35-00-081

**New Rochelle**
New York Medical College (Sound Shore) Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Program Director: Jeffrey M Breislyer, MD  
15 Guion Place  
New Rochelle, NY 10802  
Tel: 914 637-1381  Fax: 914 637-1171
Length: 1 Yr  
ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, GS
Program ID: 999-35-00-218

**New York**
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Jean T Santamouro, MD  
1275 York Avenue, Box 420  
Robert Building, Room C1284  
New York, NY 10021  
Tel: 212 639-5210  Fax: 646 422-1315
Length: 1 Yr  
ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, GS
Program ID: 999-35-00-241

**New York Medical College at St Vincent’s Hospital and Medical Center of New York Program**
Sponsor: New York Medical College  
St Vincent’s Catholic Medical Centers (Manhattan)
Program Director: Margaret D Smith, MD  
Department of Medicine  
125 West 11th Street  
New York, NY 10011  
Tel: 212 604-2124  Fax: 212 604-2225
Length: 1 Yr  
ACGME Approved/Offered Positions: 20
Sponsoring Spec: IM, OBG, PF, P, GS
Program ID: 999-35-00-083

**Syracuse**
St Joseph’s Hospital Health Center Program
Sponsor: St. Joseph’s Hospital Health Center
Program Director: Robert T Friedman, MD  
301 Prospect Ave  
Syracuse, NY 13203  
Tel: 315 445-5446  
E-mail: barbara.chenault@hosp.org
Length: 1 Yr  
ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, EM
Program ID: 999-35-00-084

**North Dakota**
Fargo
University of North Dakota Program
Sponsor: Univ of North Dakota School of Medicine and Health Sciences
MeritCare Health System
Program Director: David J Thiele, MD  
Medical & Academic Education  
PO Box MG  
Fargo, ND 58122  
Tel: 701 234-6004  Fax: 701 234-7250
Length: 1 Yr  
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, P
Program ID: 999-37-00-086

**Ohio**
Akron
Akron General Medical Center/NEUOCOM Program
Sponsor: Akron General Medical Center
Program Director: Joseph Pinocchio, MD
400 Wabash Avenue  
Akron, OH 44307  
Tel: 330 344-6140  Fax: 330 535-5270
Length: 1 Yr  
ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, EM
Program ID: 999-38-00-088

Summa Health System/NEUOCOM Program
Sponsor: Summa Health System
Program Director: Joseph Myers, MD  
525 K Street
Medical Education/Mary Yanik  
Akron, OH 44304  
Tel: 330 975-3772
Length: 1 Yr  
ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, EM
Program ID: 999-38-00-087

**Canton**
Aultman Hospital/NEUOCOM Program
Sponsor: Aultman Hospital
Program Director: Jennifer L Boyard, MD*  
3600 Sixth St SW  
Canton, OH 44710  
Tel: 330 363-6393  Fax: 330 588-3865
Length: 1 Yr  
ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, PP
Program ID: 999-38-00-191

**Columbus**
Mount Carmel Program
Sponsor: Mount Carmel  
Program Director: James N Parsons, MD  
793 W State St  
Columbus, OH 43222  
Tel: 614 334-2270  Fax: 614 334-2772
Length: 1 Yr  
ACGME Approved/Offered Positions: 5
Sponsoring Spec: IM, US
Program ID: 999-38-00-093

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: Thomas J Baes, MD  
Medical Education Department  
3635 Olentangy River Road  
Columbus, OH 43214  
Tel: 614 666-4462
Length: 1 Yr  
ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, FP
Program ID: 999-38-00-005

**Kettering**
Kettering Medical Center Program
Sponsor: Kettering Medical Center
Program Director: John A Shrader, MD  
3355 Southern Boulevard  
Kettering, OH 45429  
Tel: 937 306-8060  Fax: 937 306-8080
E-mail: john.shrader@ketteringnetwork.org
Length: 1 Yr  
ACGME Approved/Offered Positions: 9
Sponsoring Spec: IM, EM, PF
Program ID: 999-38-00-096

**Toledo**
Mercy Health Partners/St Vincent Mercy Medical Center Program
Sponsor: St Vincent Mercy Medical Center
St Charles Mercy Hospital
Program Director: Imran A Andrabli, MD  
2200 Jefferson Ave  
Toledo, OH 43604  
Tel: 419 251-1856  Fax: 419 244-9900
E-mail: imran_andrabli@mhsnr.org
Length: 1 Yr  
ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, EM, GS
Program ID: 999-38-00-165

**Oregon**
Portland
Legacy Emanuel Hospital and Health Center Program
Sponsor: Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Program Director: Elizabeth Eckstrom, MD, MPH  
2801 N Gantos Avenue  
Room 4100A  
Portland, OR 97227  
Tel: 503 413-4602  Fax: 503 413-3144
E-mail: eckstrom@lhh.org
Length: 1 Yr  
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, GS
Program ID: 999-40-00-101

**Pennsylvania**
Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Program Director: William F Iosb, MD  
Cedar Crest and 1-78  
PO Box 699  
Allentown, PA 18105  
Tel: 610 402-8845  Fax: 610 402-1875
Length: 1 Yr  
ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, GS
Program ID: 999-41-00-108

Bethlehem
St Luke’s Hospital Program
Sponsor: St. Luke’s Hospital
Program Director: Gloria T Pirovani, DO  
Department of Medicine  
901 Ostrum Street  
Bethlehem, PA 18015  
Tel: 610 964-4044  Fax: 610 964-4020
E-mail: imresidency@slhn.org
Length: 1 Yr  
ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, OB/G
Program ID: 999-41-00-104
Graduate Medical Education Directory 2005-2006

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Accredited Programs in Transitional Year
South Carolina

Spartanburg

Spartanburg Regional Healthcare System Program

Sponsor: Spartanburg Regional Healthcare System
Prgm Director: Joseph Walton, MD
101 E Wood Street
Spartanburg, SC 29303
Tel: 864 560-9230 Fax: 864 560-7015
E-mail: btowell@schs.com
Length: 1 Yr ACGME Approved/Offered Positions: 6
Sponsoring Spec: GS, FP
Program ID: 999-45-00-182

South Dakota

Sioux Falls

University of South Dakota Program

Sponsor: University of South Dakota School of Medicine
Avera McKennan Hospital and University Health Center
Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Robert R Bauschow, MD, PhD
Office of the Dean
1401 West 22nd Street
Sioux Falls, SD 57106
Tel: 605 357-1306 Fax: 605 357-1311
E-mail: moster@usd.edu
Length: 1 Yr ACGME Approved/Offered Positions: 6
Sponsoring Spec: IM, FP
Program ID: 999-46-00-230

Tennessee

Chattanooga

University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
 Prgm Director: Mukta Panda, MD
 Medicine Clinic, Erlanger Med Ctr
 975 E Third St
 Chattanooga, TN 37403
 Tel: 423 778-6670 Fax: 423 778-2611
 Length: 1 Yr ACGME Approved/Offered Positions: 8
 Sponsoring Spec: IM, OBG, OPH, PD, GS
 Program ID: 999-47-00-129

Knoxville

University of Tennessee William S. Johnson Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
 Prgm Director: Magnus O Meyer, DO
 1014 Alcoa Highway
 Knoxville, TN 37920
 Tel: 865 544-0840 Fax: 865 544-0840
 Length: 1 Yr ACGME Approved/Offered Positions: 9
 Sponsoring Spec: IM, FP
 Program ID: 999-47-00-130

Memphis

University of Tennessee/Methodist Healthcare-Memphis Hospitals Program

Sponsor: University of Tennessee College of Medicine
 Methodist Healthcare-Memphis Hospitals
 Prgm Director: Christopher W Sands, MD
 1256 Union Avenue
 Memphis, TN 38104
 Tel: 901 776-8258 Fax: 901 776-8254
 Length: 1 Yr ACGME Approved/Offered Positions: 12
 Sponsoring Spec: IM, GS
 Program ID: 999-47-00-131

Texas

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
 Brackenridge Hospital
 Children's Hospital of Austin
 Prgm Director: Patrick R Garcia, MD
 Transitional Residency Program
 501 E 15th Street
 Austin, TX 78701
 Tel: 512 324-9000 Fax: 512 324-9791
 Length: 1 Yr ACGME Approved/Offered Positions: 6
 Sponsoring Spec: IM, FD
 Program ID: 999-48-00-133

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
 R E Thomson General Hospital
 Prgm Director: Manuel Schubiger, MD
 Regional Academic Center at El Paso
 4800 Alta Vista Avenue
 El Paso, TX 79905
 Tel: 915 545-6530 Fax: 915 545-5468
 E-mail: rebecca.aranda@ttuhsc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Sponsoring Spec: IM, EM, OB/GYN, GS
 Program ID: 999-48-00-221

William Beaumont Army Medical Center Program

Sponsor: William Beaumont Army Medical Center
 Prgm Director: Todd C Bennet, DO
 Office of Graduate Medical Education
 El Paso, TX 79903
 Tel: 915 569-9421 Fax: 915 569-2543
 E-mail: todd.bennett@amedd.army.mil
 Length: 1 Yr ACGME Approved/Offered Positions: 14
 Sponsoring Spec: IM, GS
 Program ID: 999-48-00-137
 US Armed Services Program

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Prgm Director: Kenneth R Kemp, MD
 3551 Roger Brooke Drive
 Fort Sam Houston, TX 78234
 Tel: 210 916-0828 Fax: 210 916-5709
 Length: 1 Yr ACGME Approved/Offered Positions: 15
 Sponsoring Spec: IM, GS
 Program ID: 999-48-00-138
 US Armed Services Program

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
 Prgm Director: Donald K Nelms, MD
 1506 South Main Street
 Fort Worth, TX 76104
 Tel: 817 927-1256 Fax: 817 927-1405
 Length: 1 Yr ACGME Approved/Offered Positions: 12
 Sponsoring Spec: FP, OB/GYN, ORS
 Program ID: 999-48-00-168

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 St Luke's Episcopal Hospital
 Prgm Director: Thomas A Vargo, MD
 Office of Graduate Medical Education
 One Baylor Plaza, Room 02D
 Houston, TX 77030
 Tel: 713 798-1156
 E-mail: karr1ena@bcm.tmc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 18
 Sponsoring Spec: IM, DB
 Program ID: 999-48-00-139

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
 Prgm Director: Richard A Naleidson, MD
 1401 St Joseph Parkway, GWS 29
 Houston, TX 77002
 Tel: 713 757-7529 Fax: 713 657-7206
 Length: 1 Yr ACGME Approved/Offered Positions: 12
 Sponsoring Spec: FP, GS
 Program ID: 999-48-00-140

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
 Prgm Director: Michael W Bungo, MD
 Lyndon B Johnson General Hospital
 5656 Kelley Street
 Houston, TX 77030
 Tel: 713 566-4464 Fax: 713 566-4455
 Length: 1 Yr ACGME Approved/Offered Positions: 13
 Sponsoring Spec: IM, OB/GYN, GS
 Program ID: 999-48-00-219

Lackland AFB

San Antonio AFB

Department of Human Services Program

Sponsor: San Antonio AFB
 Prgm Director: Lt Col David W Ririe, MD
 3551 Roger Brooke Drive
 Lackland AFB, TX 78236
 Tel: 210 916-5744
 Length: 1 Yr ACGME Approved/Offered Positions: 9
 Sponsoring Spec: IM, EM, PD
 Program ID: 999-48-00-192
 US Armed Services Program
Utah
Salt Lake City
LDS Hospital Program
Sponsor: LDS Hospital
Pgm. Director: Scott M Stevens, MD
8th Avenue & C Street
Salt Lake City, UT 84143
Tel: 801-498-1977 Fax: 801-498-2361
E-mail: lstmsalle@thc.com
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-60-00-142

Virginia
Falls Church
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Pgm. Director: Madeline Erario, MD
Department of Medicine
3900 Gallows Rd
Falls Church, VA 22042
Tel: 703-776-2986 Fax: 703-776-3209
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, PD
Program ID: 999-51-00-395

Newport News
Riverside Regional Medical Center Program
Sponsor: RiverShore Regional Medical Center
Pgm. Director: Jewell M Barnett, MD
500 J Clyde Morris Boulevard
Newport News, VA 23601
Tel: 757-324-3041 Fax: 757-394-3945
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: PP, OB/G
Program ID: 999-61-00-170

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Pgm. Director: Margaret P Oberman, MD, MPH
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757-953-5109 Fax: 757-953-5116
E-mail: apoberman@navmed.navy.mil
Length: 1 Yr ACGME Approved/Offered Positions: 15
Sponsoring Spec: IM, OB/G
Program ID: 999-51-00-193
US Armed Services Program

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Centers-Roanoke Community Hospital
Carilion Medical Center-Roanoke Memorial Hospital
Pgm. Director: William S Erwin, MD
Carilion Health Systems
PO Box 13067
Roanoke, VA 24039
Tel: 703-981-7776
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-51-00-143

Washington
Seattle
Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Pgm. Director: Larry R Dippey, MD, MA
925 Seneca Street
Bellevue, WA 98004
Tel: 206-583-0670 Fax: 206-583-2397
E-mail: rwahns@vmmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-54-00-144

SPOKE
Deaconess Medical Center Program
Sponsor: Deaconess Medical Center
Pgm. Director: Danny Ly, MD
100 W 5th Ave
PO Box 248
Spokane, WA 99210
Tel: 509-473-7109 Fax: 509-473-7103
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, FP
Program ID: 999-54-00-169

SPOKANE Medical Centers Program
Sponsor: Inland Empire Hospital Services Association
Sacred Heart Medical Center
Pgm. Director: Lawrence G Schrock, MD
101 W 8th Avenue
PO Box 2555
Spokane, WA 99220
Tel: 509-474-3829 Fax: 509-474-3816
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, FP
Program ID: 999-54-00-145

TACOMA
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Pgm. Director: Jennifer E Jorgensen, MD
Graduate Medical Education Office
Attn: MCHU-EDME
Tacoma, WA 98431
Tel: 253-968-1514 Fax: 253-968-5926
E-mail: Jennifer.Jorgensen@nw.amc.mil
Length: 1 Yr ACGME Approved/Offered Positions: 22
Sponsoring Spec: IM, OB/G
Program ID: 999-54-00-146
US Armed Services Program

Wisconsin
La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic
Lutheran Hospital-La Crosse
Pgm. Director: Gregory P Thompson, MD
1016 South Avenue, 301-005
La Crosse, WI 54601
Tel: 608-775-6650 Fax: 608-775-4887
E-mail: gpthompson@glmedical.org
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, GS
Program ID: 999-55-00-147

Marshfield
Marshfield Clinic-St Joseph's Hospital Program
Sponsor: Marshfield Clinic-St Joseph's Hospital
PO Box: 650, Marshfield, WI
Medical Education Dept - 100
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715-348-3038 Fax: 715-387-5163
Length: 1 Yr ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, OB/G
Program ID: 999-56-00-183

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
St Luke's Medical Center
Pgm. Director: Richard J Battista, MD
2000 W Kinnickinnic River Parkway
Physician Office Building, Suite 130
Milwaukee, WI 53215
Tel: 414-248-3323 Fax: 414-248-5158
E-mail: richard.battista@aurora.org
Length: 1 Yr ACGME Approved/Offered Positions: 17
Sponsoring Spec: FP, IM
Program ID: 999-56-00-148

St Joseph Regional Medical Center/Medical College of Wisconsin Program
Sponsor: St Joseph Regional Medical Center
Pgm. Director: Kasavan Kutty, MD
5000 West Chambers Street
Milwaukee, WI 53210
Tel: 414-447-2245
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, DR
Program ID: 999-56-00-184

St Joseph Regional Medical Center/Medical College of Wisconsin Program
Sponsor: St Joseph Regional Medical Center
Pgm. Director: Kasavan Kutty, MD
5000 West Chambers Street
Milwaukee, WI 53210
Tel: 414-447-2245
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, DR
Program ID: 999-56-00-184
Undersea and Hyperbaric Medicine (Emergency Medicine)

Pennsylvania
Philadelphia

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Stephen R Thom, MD, PhD
Room 1, John Morgan Building
3620 Hamilton Walk
Philadelphia, PA 19104
Tel: 215 898-6102  Fax: 215 898-7037
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 119-41-21-001

Undersea and Hyperbaric Medicine (Preventive Medicine)

North Carolina
Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Bryant W Stolp, MD, PhD
DUMC 3925
Durham, NC 27710
Tel: 919 894-6796
E-mail: stolp002@mc.duke.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 590-96-12-001

Urology

Alabama
Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
St Vincent's Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Peter N Kolettis, MD
POT 1105
1530 3rd Avenue South
Birmingham, AL 35234
Tel: 205 934-1461  Fax: 205 934-1470
E-mail: sevans@uab.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 480-01-11-014

Arizona
Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Phoenix Children's Hospital
Program Director: Scott K Swanson, MD
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-8251  Fax: 480 301-8596
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 480-05-12-182

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Program Director: Craig V Comiter, MD
1501 North Campbell Avenue
PO Box 245077
Tucson, AZ 85724
Tel: 520 626-8886  Fax: 520 626-4933
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 480-03-21-015

Arkansas
Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Care Center
University Hospital of Arkansas
Program Director: Alex E Finkbeiner, MD
4301 W Markham Street, Slot 540
Little Rock, AR 72205
Tel: 501 686-5241  Fax: 501 686-5277
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 480-04-21-016
California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Herbert C Buckle, MD
111234 Anderson Street
Room A560
Loma Linda, CA 92534
Tel: 909 558-4196  Fax: 909 558-4806
E-mail: hstrog@hsa.llmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-06-21-019

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Kaiser Foundation Hospital (Bellflower)
Prgm Director: Gary C Bellman, MD
4900 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 783-5851  Fax: 323 783-5723
E-mail: Gary.C.Bellman@kp.org
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-06-12-020

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County Harbor-UCLA Medical Center
Oliva View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Robert B Smith, MD
Room 6-124 CHS
Box 951798
Los Angeles, CA 90095
Tel: 310 396-8177  Fax: 310 206-5384
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-06-21-022

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Children's Hospital Los Angeles
Kenneth Norris Jr Cancer Center and Research Institute
LAC-USC Medical Center
Prgm Director: Ella C Skinner, MD
USC/Norris Cancer Center
1441 Eastlake Avenue, Suite 7416
Los Angeles, CA 90089
Tel: 323 963-9705  Fax: 323 225-9064
E-mail: skinneer@hsr.usc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 480-06-05-21-021

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Kaiser Foundation Hospitals (Irvine)
VA Long Beach Healthcare System
Prgm Director: Regina M Honew, MD
101 The City Drive South
Building 36, Room 81
Orange, CA 92868
Tel: 714 456-7128  Fax: 714 456-7189
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 480-06-21-018

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Roger K Low, MD
4860 Y Street, Suite 3500
Sacramento, CA 95817
Tel: 916 734-2890  Fax: 916 734-8094
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-06-21-017

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
San Francisco General Hospital Medical Center
Prgm Director: Christopher L Ameling, MD
34720 Bob Wilson Drive Ste 200
San Diego, CA 92124
Tel: 619 530-7292  Fax: 619 532-7234
Length: 4 yrs ACGME Approved/Offered Positions: 6
Subspecialties: UP
Program ID: 480-06-11-009
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Robert G Hoffman, MD
290 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5904  Fax: 619 543-6572
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-06-21-024

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Jack W McAninch, MD
1001 Potrero Avenue
Room 3420
San Francisco, CA 94110
Tel: 415 476-3572  Fax: 415 206-5153
E-mail: jmcaninch@rad.ucsf.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-05-21-025

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Larzelle Saltzer Packard Children’s Hospital at Stanford
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Linda D Shortridge, MD
Department of Urology, S-287 MC:5118
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 498-0246  Fax: 650 724-4055
E-mail: urology@med.stanford.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 480-05-01-026

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Denver Health Medical Center
Exempla Saint Joseph Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Randall B Meacham, MD
4200 East Ninth Avenue
Box C-318
Denver, CO 80262
Tel: 303 315-5610  Fax: 303 315-7611
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-07-21-027

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children’s Medical Center
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Peter C Albertson, MD
283 Farmington Avenue
MC 3955
Farmington, CT 06030
Tel: 860 678-3467  Fax: 860 678-3318
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 480-06-21-028

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Waterbury Hospital Health Center
Prgm Director: Robert M Weiss, MD
PO Box 206041
800 Howard Avenue
New Haven, CT 06502
Tel: 203 785-2815  Fax: 203 785-4043
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 480-06-11-029

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (UHS)
Inova Fairfax Hospital
Prgm Director: Michael J Manyak, MD
3100 Pennsylvania Avenue, NW
4-147
Washington, DC 20037
Tel: 202 741-3100  Fax: 202 741-3113
E-mail: spines@fma.gwu.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 480-10-21-031
Tampa  
University of South Florida Program  
Sponsor: University of South Florida College of Medicine  
E. Lee Moffitt Cancer Center  
James A Haley Veterans Hospital  
Navarro Children's Clinic  
Tampa General Hospital  
Prgm Director: Jorge L Lockhart, MD  
4 Columbia Drive  
Tampa, FL 33606  
Tel: 813 258-0668  
Fax: 813 258-0668  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 490-11-21-169

Georgia  
Atlanta  
Emory University Program  
Sponsor: Emory University School of Medicine  
Emory University Hospital  
Grady Health System  
Veterans Affairs Medical Center (Atlanta)  
Prgm Director: Chad W Bilemoun, MD  
1255 Clifton Road NE  
Atlanta, GA 30322  
Tel: 404 778-4615  
Fax: 404 778-4231  
Email: Jenny._All@emoryhealthcare.org  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: UP  
Program ID: 490-12-21-039

Augusta  
Medical College of Georgia Program  
Sponsor: Medical College of Georgia  
Veterans Affairs Medical Center (Augusta)  
Prgm Director: Martha K Terris, MD  
Section of Urology  
Room B4408  
Augusta, GA 30912  
Tel: 706 721-3510  
Fax: 706 721-3548  
Email: eterti@mgcmca.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 490-12-21-040

Hawaii  
Honolulu  
Tripler Army Medical Center Program  
Sponsor: Tripler Army Medical Center  
Kaiser Foundation Hospital (Monalisa)  
Prgm Director: Ronald S Sutherland, MD  
Urology Service (MCHE-DSII)  
1 Jarrett White Road  
Honolulu, HI 96859  
Tel: 808 433-2372  
Fax: 808 433-7194  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 490-14-32-005  
US Armed Services Program

Illinois  
Chicago  
McGaw Medical Center of Northwestern University Program  
Sponsor: McGaw Medical Center of Northwestern University  
Children's Memorial Hospital  
Northwestern Memorial Hospital  
Veterans Affairs Chicago Health Care System  
Prgm Director: John W Lynch, MD  
Department of Urology  
5841 South Maryland Avenue, Chicago, IL 60619  
Tel: 312 696-6114  
Fax: 312 696-7020  
Email: f.paranborg@northwestern.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: UP  
Program ID: 490-18-21-045

Rush University Medical Center Program  
Sponsor: Rush University Medical Center  
Prgm Director: Robert C Flanagan, MD  
3160 South First Avenue  
Chicago, IL 60616  
Tel: 773 784-8726  
Fax: 773 784-0219  
Email: c.winn@rush.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 490-16-21-174

University of Chicago Program  
Sponsor: University of Chicago Hospitals  
Louis A Weiss Memorial Hospital  
Prgm Director: Charles B Brendler, MD  
5841 South Maryland Avenue, Chicago, IL 60637  
Tel: 773 784-8447  
Fax: 773 784-4066  
Email: talbertl@surgery.bsd.uchicago.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Subspecialties: UP  
Program ID: 490-16-21-047

University of Illinois College of Medicine at Chicago Program  
Sponsor: University of Illinois College of Medicine at Chicago  
Advocate Christ Medical Center  
University of Illinois Hospital and Clinics  
Veterans Affairs West Side Medical Center  
Prgm Director: Craig Niederberger, MD  
540 S Wood Street  
MC855  
Chicago, IL 60612  
Tel: 312 996-6350  
Fax: 312 413-0416  
Email: cayn66@uwchicago.edu  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 490-16-21-174

Maywood  
Loyola University Program  
Sponsor: Loyola University Medical Center  
Edward Hines Jr Veterans Affairs Hospital  
Prgm Director: Robert C Fryman, MD  
2160 South First Avenue  
A933100  
Maywood, IL 60153  
Tel: 708 216-0100  
Fax: 708 216-8472  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 490-16-21-106

Springfield  
Southern Illinois University Program  
Sponsor: Southern Illinois University School of Medicine  
Memorial Medical Center  
St John's Hospital  
Prgm Director: Patrick M McMullan, MD  
301 North 8th Street - Room 615A  
PO Box 158460  
Springfield, IL 62794  
Tel: 217 549-6680  
Fax: 217 549-7365  
Length: 4 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 490-16-21-060
Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Indiana University Hospital
Clarion Methodist Hospital of Indiana
Clarion Riley Hospital for Children
Richard T. Reschies Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Pgm Director: Michael O. Koch, MD
Department of Urology
536 North Barnhill Drive, Suite 429
Indianapolis, IN 46202
Tel: 317 274-7388 Fax: 317 274-0174
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480·17-21-051

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Pgm Director: Bernard Fallon, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-2905 Fax: 319 353-6564
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480·16-21-053

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Pgm Director: James B. Thrasher, MD
3911 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6146 Fax: 913 588-7625
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480·19-21-053

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Central Baptist Hospital
St Joseph Hospital
Veterans Affairs Medical Center (Lexington)
Pgm Director: Randall G Rowland, MD, PhD
800 Rose Street MS-283
Lexington, KY 40536
Tel: 859 232-6877 Fax: 859 232-1044
E-mail: sgeast@uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·20-21-054

Louisiana
New Orleans
Ochsner Clinic Foundation/Louisiana State University Program
Sponsor: Ochsner Clinic Foundation
Children's Hospital
Medical Center of Louisiana at New Orleans
Pgm Director: Harold A. Pasculli, MD
1514 Jefferson Highway
AT 4W
New Orleans, LA 70121
Tel: 504 845-2583 Fax: 504 845-2009
E-mail: dgpxtre@ochsner.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·21-21-176

Tulane University Program
Sponsor: Tulane University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Baji Thomas, MD
1450 Tulane Avenue
Bldg SL-42
New Orleans, LA 70112
Tel: 504 884-2874 Fax: 504 884-5168
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·21-21-008

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
Christian Schampert Health System
Overton Brooks Veterans Affairs Medical Center
Pgm Director: Dennis O. Venable, MD
1501 Kings Highway
PO Box 35922
Shreveport, LA 71139
Tel: 318 675-5360 Fax: 318 675-5665
E-mail: dvenablemd@aol.com
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·21-21-008

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Patrick C Walsh, MD
Johns Hopkins Hospital
600 N Wolfe St Maryland Bldg Rm 134
Baltimore, MD 21287
Tel: 410 614-6877 Fax: 410 955-9893
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: UP
Program ID: 480·28-21-060

University of Maryland Program
Sponsor: University of Maryland School System
Johns Hopkins Hospital
Sinai Hospital of Baltimore
Veterans Affairs Medical Center (Baltimore)
Pgm Director: Geoffrey N. Sildar, MD
Department of Surgery, Rm S8D18
22 S Greene Street
Baltimore, MD 21201
Tel: 410 588-5544 Fax: 410 588-0506
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·23-21-062

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Pgm Director: Col David G McLeod, MD, JD
Department of Surgery
Washington, DC 20017
Tel: 302 782-4118 Fax: 302 782-4118
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·10-21-004
US Armed Services Program

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Children's Hospital
Veterans Affairs Medical Center (Boston)
Pgm Director: Robert O. Oates, MD
720 Harrison Avenue, Suite 606
Boston, MA 02115
Tel: 617 353-5785 Fax: 617 353-4008
E-mail: Robert.Oates@bmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·24-21-004

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brookline-West Roxbury)
Children's Hospital
Pgm Director: Jerome P. Richlo, MD
45 Francis Street, ASH23
Boston, MA 02115
Tel: 617 732-6327 Fax: 617 732-3475
E-mail: surgeryeducation@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·24-21-004

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Children's Hospital
Pgm Director: W. Scott McDougal, MD
55 Fruit Street
GBS 1102
Boston, MA 02114
Tel: 617 736-3010 Fax: 617 736-6619
E-mail: cmurphy@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·24-11-101

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Carlos St Elizabeth's Medical Center of Boston
Pgm Director: George T. Klauber, MD
750 Washington Street
Box 142
Boston, MA 02111
Tel: 617 353-5785 Fax: 617 353-4008
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480·24-21-162
<table>
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<th>Accredited Programs in Urology</th>
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</thead>
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### Burlington

**Lahey Clinic Program**

- **Sponsor:** Lahey Clinic
- **Children’s Hospital**
- **Maine Medical Center**
- **Pgm Director:** John A Libertino, MD
- **41 Mall Road**
- **Burlington, MA 01805**
- **Tel:** 781 744-2511  Fax: 781 744-6835
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 12  
  **Program ID:** 480-24-23-065

### Royal Oak

**William Beaumont Hospital Program**

- **Sponsor:** William Beaumont Hospital
- **Pgm Director:** Anastasios G Daskoos, MD
- **3901 W 13 Mile Road**
- **Royal Oak, MI 48072**
- **Tel:** 248 551-6013  Fax: 248 551-6197
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 8  
  **Program ID:** 486-25-12-071

### Missouri

**Columbia**

- **University of Missouri-Columbia Program**
- **Sponsor:** University of Missouri-Columbia School of Medicine
- **Harry S Truman Memorial Veterans Hospital**
- **University Hospitals and Clinics**
- **Pgm Director:** Darwood E Neal, MD
- **Division of Urology - M562-DC008.00**
- **One Hospital Drive**
- **Columbia, MO 65212**
- **Tel:** 537 565-1151  Fax: 537 884-7463
- **Email:** HookinD@health.missouri.edu
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 6  
  **Program ID:** 480-28-21-076

### Worcester

**University of Massachusetts Program**

- **Sponsor:** University of Massachusetts Medical School Department of Veterans Affairs
- **St Vincent Hospital**
- **UMass Memorial Health Care (Memorial Campus)**
- **UMass Memorial Health Care (University Campus)**
- **Pgm Director:** Pamela T Ellisworth, MD
- **56 Lake Avenue North**
- **Worcester, MA 01605**
- **Tel:** 508 569-6802  Fax: 508 856-3127
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 8  
  **Program ID:** 480-24-21-167

### Michigan

**Ann Arbor**

- **University of Michigan Program**
- **Sponsor:** University of Michigan Hospitals and Health Centers Veterans Affairs Medical Center (Ann Arbor)
- **Pgm Director:** Gary J Faerber, MD
- **1535 East Medical Center Drive**
- **TC 3875 Box 0330**
- **Ann Arbor, MI 48109**
- **Tel:** 734 936-5861  Fax: 734 936-9127
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 12  
  **Program ID:** 480-25-21-066

### Rochester

**Mayo School of Graduate Medical Education (Rochester) Program**

- **Sponsor:** Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
- **Rochester Methodist Hospital**
- **St Mary’s Hospital of Rochester**
- **Pgm Director:** Michael L Blute, MD
- **Gonda 7**
- **330 First Street SW**
- **Rochester, MN 55905**
- **Tel:** 507 284-1330  Fax: 507 284-4851
- **Email:** wagnerjean@mayo.edu
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 20  
  **Subspecialties:** U  
  **Program ID:** 486-26-21-073

### Wayne State University/Detroit Medical Center Program

- **Sponsor:** Wayne State University/Detroit Medical Center
- **Children’s Hospital of Michigan**
- **Detroit Receiving Hospital and University Health Center Harper-Heart Hospital**
- **Veterans Affairs Medical Center (Detroit)**
- **Pgm Director:** Isaac J Powell, MD*
- **Harper Professional Office Building**
- **4160 John B, Suite: 1017**
- **Detroit, MI 48201**
- **Tel:** 313 745-7382  Fax: 313 745-0464
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 8  
  **Subspecialties:** UP  
  **Program ID:** 480-25-31-099

### Jackson

**University of Mississippi Medical Center Program**

- **Sponsor:** University of Mississippi School of Medicine University Hospitals and Clinics Veterans Affairs Medical Center (Jackson)
- **Pgm Director:** John S Wiener, MD
- **3500 N State Street**
- **Jackson, MS 39216**
- **Tel:** 601 984-5185  Fax: 601 984-5190
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 8  
  **Program ID:** 480-27-21-075

### Nebraska

**Omaha**

- **University of Nebraska Medical Center College of Medicine Program**
- **Sponsor:** University of Nebraska Medical Center College of Medicine Nebraska Methodist Hospital The Nebraska Medical Center Veterans Affairs Medical Center (Omaha)
- **Pgm Director:** Gooethe P Hemstreet, MD, PhD
- **Department of Surgery, Section of Urologic Surgery**
- **90090 Nebraska Medical Center Omaha, NE 68191**
- **Tel:** 402 559-4287  Fax: 402 559-6539
- **Email:** cabbood@umcn.edu
- **Length:** 4 Yrs  ACGME Approved/Offered Positions: 8  
  **Program ID:** 480-30-21-081
New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital Veterans Affairs Medical Center (White River Junction)
Program Director: E Ann Gormley, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 659-0833 Fax: 603 650-4985
E-mail: Ann.Gormley@Hitchcock.org
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 480-32-31-082

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Barry A Kopan, MD
South Clinical Campus Division of Urology
23 Hackett Boulevard, Mail Code 205
Albany, NY 12208
Tel: 518 263-3365 Fax: 518 263-6050
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-36-31-085

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Bennett and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Arnold Melman, MD
111 E 210th Street
Bronx, NY 10467
Tel: 718 925-5402 Fax: 718 547-3902
E-mail: amelman@montefiore.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-089

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Hong Kim, MD
Linden Blvd and Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5253 Fax: 718 249-6606
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-36-31-091

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Program Director: Gilbert J Wise, MD
4902 4th Avenue
Brooklyn, NY 11219
Tel: 718 283-7741 Fax: 718 637-7093
Length: 4 yrs ACGME Approved/Offered Positions: 4
Program ID: 480-35-21-099

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Vanderbilt Urology Division (Brooklyn)
Program Director: Michael J Drollet, MD
Department of Poliklinic, Room 92
456 Long Road
Brooklyn, NY 11203
Tel: 718 270-2554 Fax: 718 270-3948
E-mail: gds@downstate.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-107

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Program Director: Gerald Safrin, MD
100 High Street
Suite A 115
Buffalo, NY 14203
Tel: 716 859-2312 Fax: 716 859-1888
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-087

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
West Hempstead University Hospital
Program Director: Gerald B Rinaldi, MD
270 05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7918 Fax: 718 543-6254
E-mail: guido@lijj.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Subspecialties: UP
Program ID: 480-35-21-088

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Michael M Nagler, MD
Phillips Ambulatory Care Center
10 Union Square East, Suite 3A
New York, NY 10003
Tel: 212 844-8920 Fax: 212 844-8921
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-35-11-090

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital Memorial Sloan-Kettering Cancer Center
Program Director: John A Fracchia, MD
100 East 77th Street
New York, NY 10021
Tel: 212 343-2100 Fax: 212 343-3456
Length: 4 yrs ACGME Approved/Offered Positions: 4
Program ID: 480-35-11-096

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Program Director: Michael J Drollet, MD
One Gustave L Levy Place
Box 1072
New York, NY 10029
Tel: 212 341-8711 Fax: 212 876-3246
E-mail: emma.charles@mountsinai.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-102
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
St Luke’s-Roosevelt Hospital Center
Prgm Director: Steven A Kaplan, BS, MD
Department of Urology, JHF 11
161 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-0140 Fax: 212 305-0113
E-mail: sk@colubus.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 490-35-21-99

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
North Shore University Hospital
Prgm Director: Peter Schlegel, MD
525 East 68th Street, Box 94
New York, NY 10021
Tel: 212 746-8125 Fax: 212 746-8425
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 490-35-21-99

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Victor W Nitti, MD
Department of Urology
150 East 29th Street
New York, NY 10016
Tel: 646 925-6343 Fax: 646 925-6397
E-mail: kerry.apicella@nyumc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 490-35-21-104

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
Rochester General Hospital
Prgm Director: William C Hubert, MD
601 Elmwood Avenue, Box 656
Rochester, NY 14642
Tel: 585 275-1311 Fax: 585 278-1068
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-35-21-108

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Wayne C Walter, MD
HSC-70-040
Stony Brook, NY 11794
Tel: 631 444-1016 Fax: 631 444-7603
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 490-35-21-175

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Gabriel P Fasal, MD
Department of Urology
750 East Adams
Syracuse, NY 13210
Tel: 315 464-6106 Fax: 315 464-8117
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-35-21-109

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Prgm Director: Muhammad S Choudhury, MD
Munger Pavilion, Room 460
Valhalla, NY 10595
Tel: 914 584-6390 Fax: 914 584-6394
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-35-21-103

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Carolina Medical Center
Wake Medical Center
Prgm Director: Colleen Carson, MD
5140 Bioinformatics Blvd CB 2235
Chapel Hill, NC 27599
Tel: 919 966-5774 Fax: 919 966-0008
E-mail: iwmsc@med.unc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-36-31-211

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veteran Affairs Medical Center (Asheville)
Veteran Affairs Medical Center (Durham)
Prgm Director: Glenn M Preminger, MD
PO Box 3167
Durham, NC 27710
Tel: 919 681-5555 Fax: 919 681-5507
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 490-35-21-112

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Michael C Hall, MD
Bowman Gray Campus
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 334-7092 Fax: 336 716-5711
E-mail: slucas@wfubmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-36-31-113

Ohio Akron Northeastern Ohio Universities College of Medicine Program
Sponsor: Akron General Medical Center
Akron City Hospital (Summa Health System)
Children’s Hospital Medical Center of Akron
Northeastern Ohio Universities College of Medicine
Prgm Director: Phillip P Naarallah, MD
300 Locust Street Suite 260
Akron, OH 44302
Tel: 330 543-8312 Fax: 330 543-8621
E-mail: mdague@chmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-39-21-184

Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Cincinnati Children’s Hospital Medical Center
TriHealth-Good Samaritan Hospital
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Thomas E Bell, MD
231 Albert Shabin Way
Mail Location 0309
Cincinnati, OH 45207
Tel: 513 558-0983 Fax: 513 558-3575
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: VP
Program ID: 490-35-21-117

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Martin I Romnick, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-2211 Fax: 216 844-1900
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 490-38-31-118

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Douglas K Montague, MD
9500 Euclid Avenue, A100
Cleveland, OH 44195
Tel: 216 444-0569 Fax: 216 445-2367
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 490-38-22-119

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Robert B Bahnson, MD
4800 USC
455 West 11th Avenue
Columbus, OH 43210
Tel: 614 293-4988 Fax: 614 390-5863
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-38-21-130

Toledo Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital (Lima)
21 Vincent Mercy Medical Center
Prgm Director: Steven H Selman, MD
3905 Arlington Avenue
Toledo, OH 43604
Tel: 419 383-3650 Fax: 419 381-3785
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-38-21-122
Accredited Programs in Urology

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Daniel J Cullin, MD
920 Stanton L Young Blvd, WP3150
PO Box 26001
Oklahoma City, OK 73190
Tel: 405 271-6900 Fax: 405 271-2118
Email: beverly.shipman@ouhsc.edu
Length: 4 yrs ACME Approved/Offered Positions: 13 Program ID: 490-39-21-123

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Michael J Costin, MD
3181 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 694-4870 Fax: 503 494-8871
Email: taylorrne@ohsu.edu
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-40-21-124

Pennsylvania

Danville

Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Joseph J Mowad, MD
150 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6376 Fax: 570 271-6856
Length: 4 yrs ACME Approved/Offered Positions: 4 Program ID: 490-41-11-125

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
 Lancaster General Hospital
Lehigh Valley Hospital
Program Director: Ross M Deeter, MD
Division of Urology - MCH055
500 University Drive
Hershey, PA 17033
Tel: 717 531-8848 Fax: 717 531-4475
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-41-21-127

Philadelphia

Temple University Hospital Program
Sponsor: Temple University Hospital
Abaconth Memorial Hospital
Fox Chase Cancer Center
St Christopher's Hospital for Children (Children's Health System)
Program Director: Jack M Mydlo, MD
3401 North Broad Street
Suite 350 Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215 707-2335 Fax: 215 707-4758
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-41-21-132

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I du Pont Hospital for Children
Veterans Affairs Medical Center (Wilmington)
Program Director: Patrick J Shedd, MD
1025 Walnut St, Ste 1112
Philadelphia, PA 19107
Tel: 215 655-0861 Fax: 215 523-1864
Length: 4 yrs ACME Approved/Offered Positions: 8 Subspecialties: UP Program ID: 490-41-21-133

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Program Director: Alan J Wein, MD
3480 Spruce Street
9 Penn Tower
Philadelphia, PA 19104
Tel: 215 662-6755 Fax: 215 662-9955
Length: 4 yrs ACME Approved/Offered Positions: 12 Subspecialties: UP Program ID: 490-41-21-134

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/University
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Joel B Velasco, MD
Kaufmann Building, Suite 700
3471 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 655-9010 Fax: 412 655-9030
Length: 4 yrs ACME Approved/Offered Positions: 8 Subspecialties: UP Program ID: 490-41-21-135

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine Hospital Pavia
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Program Director: Antonio Purna-Razaq, MD
Department of Surgery
Medical Sciences Campus, Box 365087
San Juan, PR 00936
Tel: 787 767-7072
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-41-31-136

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Memorial Hospital of Rhode Island Miriam Hospital Lifespan
Veterans Affairs Medical Center (Providence)
Program Director: Anthony A Caldonazzo, MD
Department of Urology
22 Ryder Street, Suite 174
Providence, RI 02906
Tel: 401 444-6765 Fax: 401 444-6947
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-45-31-139

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: Harry S Clarke, MD, PhD
96 Jonathan Lucas Street, Suite 644 CSB
Charleston, SC 29412
Tel: 843 792-1064 Fax: 942 792-8522
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-45-21-140

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
Methodist Medical Center of Oak Ridge
Program Director: Frederick A Klein, MD
1504 Alona Highway, Box 7-11
Knoxville, TN 37920
Tel: 865 444-9354 Fax: 865 444-9706
Length: 4 yrs ACME Approved/Offered Positions: 4 Program ID: 490-47-11-181

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Methodist Healthcare-Memphis Hospitals University of Tennessee Medical Center
Program Director: Robert W Wake, MD
965 Court Avenue
Room H 220
Memphis, TN 38163
Tel: 901 448-1026 Fax: 901 448-1122
Email: pphelear@utmem.org
Length: 4 yrs ACME Approved/Offered Positions: 8 Program ID: 490-47-21-141

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Baptist Hospital
Metropolitan Nashville General Hospital
Veterans Affairs Medical Center (Nashville)
Program Director: Joseph A Smith, MD
A-1301 Medical Center North
21st & Garland Streets
Nashville, TN 37232
Tel: 615 343-6894 Fax: 615 222-8990
Length: 4 yrs ACME Approved/Offered Positions: 12 Subspecialties: UP Program ID: 490-47-21-142
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Children’s Medical Center of Dallas
Dallas County Hospital District Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Sulaiman University Hospital
Prgm Director: Gary Lemack, MD
5222 Harry Hines Blvd, 38-16
Dallas, TX 75235
Tel: 214 648-2277 Fax: 214 648-4789
Length: 4 Yrs ACGME Approved/Offered Positions: 16 Subspecialties: UP
Program ID: 480-48-21-143

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Michael M Warren, MD
Division of Urology / Route 0540
361 University Boulevard
Galveston, TX 77555
Tel: 409 772-2961 Fax: 409 772-5144
Length: 4 Yrs ACGME Approved/Offered Positions: 4 Program ID: 480-48-11-144

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Michael E Eklund VA Medical Center - Houston
St Luke’s Episcopal Hospital
Texas Children’s Hospital
Prgm Director: Michael Coburn, MD
6560 Fannin, Suite 2100
Houston, TX 77030
Tel: 713 798-3488 Fax: 713 798-5553
E-mail: colleen@bcm.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: UP
Program ID: 480-48-21-145

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Michael L.R. Key, MD
6511 Fannin St, Suite 6018
Houston, TX 77030
Tel: 713 500-7281 Fax: 713 500-0751
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 480-48-21-146

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Steven O Lynch, MD
Department of Urology MCFSU
2200 Bergquist Dr, Ste 1
Lackland AFB, TX 78236
Tel: 210 392-7558 Fax: 210 392-7199
E-mail: Steven.lynch@lackland.af.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Program ID: 480-48-21-170
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
Methodist Healthcare System
University Health System
Prgm Director: San M Thompson, MD
4020 Medical Drive
San Antonio, TX 78229
Tel: 210 567-0646 Fax: 210 567-6688
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 480-48-21-147

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: Scott Scott Coffield, MD
Scott & White Clinic
2403 South 31st Street
Temple, TX 76508
Tel: 254 724-3111 Fax: 254 724-6245
Length: 4 Yrs ACGME Approved/Offered Positions: 4 Program ID: 480-48-21-148

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Primary Children’s Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Patricia C Curwclright, MD
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-4700 Fax: 801 586-3891
E-mail: elizabeth.lignell@hsc.utah.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 480-49-21-149

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Augusta Health Care Inc
Prgm Director: Alan D Jenkins, MD
PO Box 800422
Charlottesville, VA 22908
Tel: 434 244-5767 Fax: 434 244-9614
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 480-51-21-151

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children’s Hospital of the King’s Daughters
Naval Medical Center (Portsmouth)
Sentara Leigh Hospital
Sentara Norfolk General Hospital
Prgm Director: Donna F Lynch, MD
Building 16
Norfolk, VA 23502
Tel: 757 457-0111 Fax: 757 693-9020
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 480-51-21-153

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Harry P Koo, MD
MCV Station, Box 890118
Richmond, VA 23298
Tel: 804 289-5318 Fax: 804 289-2157
E-mail: kgbyrant@vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Program ID: 480-51-21-154

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Virginia Mason Medical Center
Prgm Director: Michael E Mayo, MD
1859 NE Pacific Street, Room BB 1104
Box 350110
Seattle, WA 98105
Tel: 206 643-4686 Fax: 206 643-4272
Length: 4 Yrs ACGME Approved/Offered Positions: 8 Subspecialties: UP
Program ID: 480-54-21-155

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
University of Washington Harborview Medical Centers
Prgm Director: Keith J O’Keefe, MD
Attn: MCMHU SU
Urology Service
Tacoma, WA 98421
Tel: 253 906-2206 Fax: 253 906-2444
Length: 4 Yrs ACGME Approved/Offered Positions: 4 Program ID: 480-54-11-007
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Charleston Area Medical Center/West Virginia University
Louis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals
Prgm Director: Stanley J Kandzari, MD
PO Box 9251
Morgantown, WV 26506
Tel: 304 293-2706 Fax: 304 293-2807
E-mail: jahunt@hsc.wvu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4 Program ID: 480-55-21-157
Vascular and Interventional Radiology (Radiology-Diagnostic)

Alaska

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm. Director: Souheil Saddekni, MD
Room N912
418 South 11th Street
Birmingham, AL 35233
Tel: 205 976-4850 Fax: 205 976-5367
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-01-21-004

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Rino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
Prgm. Director: Stephen H Smyth, MD
1501 North Campbell Avenue
PO Box 245967
Tucson, AZ 85729
Tel: 520 636-6691 Fax: 520 625-4884
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-03-21-974

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm. Director: Timothy C McCowan, MD, BS
Department of Radiology
Slot #656
4601 West Markham Street
Little Rock, AR 72205
Tel: 501 686-6912 Fax: 501 686-6900
E-mail: mccowan@tmc.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-04-21-907

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm. Director: Douglas S Smith, MD
11201 Anderson Street
Loma Linda, CA 92545
Tel: 909 558-3730 Fax: 909 558-0123
E-mail: ds4m@alumni.lumm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-05-21-026

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm. Director: Thomas McNamara, MD*
Room BL-428 CMR 112115
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 625-8817 Fax: 310 826-21701
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-05-21-068

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Prgm. Director: Michael D Katt, MD
1200 N State Street, Room 7410B
Los Angeles, CA 90033
Tel: 213 236-4218 Fax: 213 234-7380
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-05-21-019

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Prgm. Director: Thong H Nguyen, MD
101 The City Drive
Rte 140
Orange, CA 92668
Tel: 714 456-5605 Fax: 714 456-6383
E-mail: tjnpnguyen@uci.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-00-11-099

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Prgm. Director: Daniel P Linn, MD
Lawrence Ellison Blvd
4800 Y Street; STE 3100
Sacramento, CA 95817
Tel: 916 734-2177 Fax: 916 734-6548
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-05-01-082

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm. Director: Anne C Roberts, MD
Department of Radiology, #7756
9300 Campus Point Drive
La Jolla, CA 92037
Tel: 858 555-8650 Fax: 858 555-6890
E-mail: prosaro@ucsd.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-05-21-058
San Francisco
University of California (San Francisco)
Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Joan M Lemberg, MD
Room M-361, Box 9038
566 Parmaas Avenue
San Francisco, CA 94143
Tel: 415 353-1300  Fax: 415 353-8570
E-mail: scox@radiology.ucsf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-05-21-069

Yale-New Haven Medical Center
Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Program Director: Jeffrey S Pollock, MD
30 York Street, SP 2-213
New Haven, CT 06510
Tel: 203 785-7000 Fax: 203 787-1077
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-08-21-032

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Daniel Sturgeon, MD
Department of Radiology
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 344-4880 Fax: 904 344-3382
E-mail: vaintersventionalrad@jmu.junedu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-11-21-086

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Mahmood Razavi, MD
Room H3651
90 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-6200 Fax: 650 725-0533
E-mail: drwalot@cox.net
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-05-21-081

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Irwin Walt, MSA, MD
1000 W Canon Street
Torrance, CA 90409
Tel: 310 222-2608 Fax: 310 222-5688
E-mail: drvwalot@cox.net
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-08-13-103

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Program Director: Stephen F Johnson, MD
Department of Radiology
4200 East 9th Avenue
Denver, CO 80220
Tel: 303 372-6141 Fax: 303 372-6394
E-mail: Joanne.Lenkai@uchsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-07-21-049

Connecticut
New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Program Director: Lee H Greenwood, MD
1450 Chapel Street
New Haven, CT 06511
Tel: 203 789-2130 Fax: 203 789-5161
E-mail: LHGreenwo@uol.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-08-13-101

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Program Director: Mark J Garcia, MD
4755 Ogletown-Stanton Road
PO Box 9601
Newark, DE 19718
Tel: 302 728-5688 Fax: 302 733-5588
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-09-21-096

District of Columbia
Washington
George Washington University Program A
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Program Director: Anthony V Venbrux, MD
900 23rd Street, NW
Washington, DC 20037
Tel: 202 994-5190 Fax: 202 994-5210
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-10-21-070

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Washington Hospital Center
Program Director: Albert M Ammann, MD
3810 Reservoir Road, NW
BR: OCC Building BM C201
Washington, DC 20007
Tel: 202 784-5478 Fax: 202 784-4989
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-10-31-049

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: James C Cardi, MD
Box 100474, JHMHC
Gainesville, FL 32610
Tel: 352 265-0416 Fax: 352 265-0907
E-mail: evasc@radiology.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-11-21-033

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Daniel Sturgeon, MD
Radiology Dept
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 344-4880 Fax: 904 344-3382
E-mail: vaintersventionalrad@jmu.junedu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-11-21-086

Miami
Jackson Memorial Hospital/Jackson Health System (Baptist) Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Baptist Hospital of Miami
Program Director: Jose M Yrau, MD
Department of Radiology - West Wing #279
1611 NW 12 Avenue
Miami, FL 33136
Tel: 305 556-5984 Fax: 305 556-2859
E-mail: jbray@baptisthealth.net
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 427-11-21-025

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Program Director: Bruce T Kudrzyk, MD
MDC Box 17
Tampa, FL 33612
Tel: 813 844-4570 Fax: 813 844-4032
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-11-21-092

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Program Director: Abbas A Chamsuddin, MD
1354 Clifton Rd NE
Atlanta, GA 30322
Tel: 404 712-7023 Fax: 404 712-7970
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 427-12-21-022
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<td>Prgm Director: Robert J. Vogelzang, MD</td>
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<td>Department of Radiology - Feinberg</td>
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<td>Charleston</td>
<td>University of South Carolina Medical Center Program</td>
<td>Sponsor: University of South Carolina Medical Center</td>
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<td>Prgm Director: Philip D. Jackson</td>
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<td>University of South Carolina School of Medicine Program</td>
<td>Sponsor: University of South Carolina School of Medicine</td>
<td>1 Yr</td>
<td>427-19-21-096</td>
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<td>Prgm Director: Richard M. Jordan</td>
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<td>1 Yr</td>
<td>427-21-21-079</td>
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<td>Maryland</td>
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<td>Prgm Director: Syed M Hassan, MD</td>
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<td>Kansas</td>
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<td>1701 N Senate Blvd</td>
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<td>Department of Radiology, Indianapolis, IN 46202</td>
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<td>Department of Radiology, University Hospital/Harvard University Medical Center (New Orleans)</td>
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Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Prgm Director: Chih-Min Fan, MD
55 Fruit Street
Division of Vascular Radiology, GMB 390
Boston, MA 02114
Tel: 617 736-8814 Fax: 617 726-4176
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 427-24-21-041

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Neil J Halin, DO
755 Washington Street, Box 253
Boston, MA 02111
Tel: 617 636-5947 Fax: 617 636-1449
Length: 1 Yr ACGME Approved/Offered Positions:
Program ID: 427-24-21-104

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: David A Phillips, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 334-8114 Fax: 508 856-1860
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-24-31-053

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Kyung J Cho, MD
Department of Radiology, Room UH B1-0630
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-4466 Fax: 734 615-1276
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 427-25-21-083

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Daniel L Croteau, MD
2790 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2814 Fax: 313 916-9475
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-25-21-055

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper-Blitzal Hospital
Prgm Director: Mona L Harvill, MD
Harper University Hospital-Department of Radiology
3990 John R Street
Detroit, MI 48201
Tel: 313 745-8408 Fax: 313 966-2742
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-25-31-083

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Matthias J Kirsch, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 896-6680 Fax: 248 886-2418
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-25-21-080

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: David W Hunter, MD
CVI Radiology, MMC 292
420 Delaware St SE
Minneapolis, MN 55455
Tel: 612 626-5570 Fax: 612-625-5580
E-mail: danhunter@umn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-26-41-048

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Prgm Director: Enrique S Sabater, MD
200 First Street, NW
Rochester, MN 55905
Tel: 507 284-0440 Fax: 507 284-4735
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-26-21-044

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
St Dominic-Jackson Memorial Hospital
University Hospitals and Clinics
Prgm Director: Douglas M Coldwell, PhD, MD*
2500 North State Street
Jackson, MS 39216
Tel: 601 894-3050 Fax: 601 894-2583
E-mail: bedmonds@radiology.unmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-27-21-077

Missouri
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Michael Wolvenson, MD
3936 Vista Avenue
St Louis, MO 63110
Tel: 314 286-5761 Fax: 314 286-5116
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-28-21-071

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children's Hospital
Washington University School of Medicine
Prgm Director: Jennifer E Gould, MD*
510 S Kingshighway Blvd
St Louis, MO 63110
Tel: 314 363-2900 Fax: 314 363-2376
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 427-28-21-001

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical College of Medicine
Prgm Director: Anthony Adelson, MD
981045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-1027 Fax: 402 559-1011
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-30-21-014

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Andrew R Forauer, MD*
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 650-5450 Fax: 603 650-5455
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-32-21-076

New Jersey
New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: John L Nasher, MD
Department of Radiology, MEB 4404
One Robert Wood Johnson Place, PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7721 Fax: 732 235-0889
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-33-21-087

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Carlos Rio, MD*
Department of Radiology
MSC01 5650, 1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-9061 Fax: 505 272-5823
E-mail: momero@salud.unm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-34-21-011

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Graduate Medical Education Directory 2005-2006
New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Gary P Sladik, MD
Department of Radiology, MC-113
45 New Scotland Avenue
Albany, NY 12208
Tel: 518-262-5149  Fax: 518-263-4210
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-35-31-078

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Jacob Cynamon, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718-920-5806  Fax: 718-920-4854
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-35-32-027

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: David S Siegel, MD
270 Old Country Road
New Hyde Park, NY 11042
Tel: 718-470-7175  Fax: 718-843-7463
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-35-31-024

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Joseph N Shams, MD
Department of Radiology
1st Avenue at 16th Street
New York, NY 10003
Tel: 212-875-8580  Fax: 212-875-8484
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-35-31-005

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: Harold A Mittl, MD
One Gustave L Levy Place
New York, NY 10029
Tel: 212-241-7417  Fax: 212-241-4234
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-35-31-048

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Ziv J Haklay, MD, BA
177 Fort Washington Ave, MHB 4-100
Interventional Radiology
New York, NY 10032
Tel: 212-306-8000  Fax: 212-306-6184
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-35-21-021

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: David W Trost, MD
525 East 68th Street
New York, NY 10065
Tel: 212-746-2906  Fax: 212-746-8483
E-mail: cornellR@med.nyu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 427-35-21-009

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Program Director: Robert J Rosen, MD
560 First Avenue
New York, NY 10016
Tel: 212-263-5588  Fax: 212-263-7914
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-35-21-090

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center Roosevelt Division
St Luke’s-Roosevelt Hospital Center-St Luke’s Division
Program Director: James E Silberweig, MD
Department of Radiology, 4th Floor
1000 Tenth Avenue
New York, NY 10019
Tel: 212-523-7000  Fax: 212-523-8019
E-mail: ufhkak@fhi.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-35-21-072

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: David E Lee, MD
601 Elmwood Avenue
Box 648
Rochester, NY 14642
Tel: 585-276-1235  Fax: 585-276-3549
E-mail: Iona_Mackey@urmc.rochester.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-35-21-061

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: John A Ferretti, MD
HSC- Dept of Radiology
Level 4, Room 1215
Stony Brook, NY 11794
Tel: 631-444-2490  Fax: 631-444-7683
E-mail: SBUHR_Radiol@notes.cc.sunysb.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-35-31-094

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: David Feiglin, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315-464-7439  Fax: 315-464-8790
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-35-31-065

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Susan M Weeks, MD
Division of Radiology #CB 7510
Chapel Hill, NC 27599
Tel: 919-966-6456  Fax: 919-843-8740
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-36-21-030

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Paul V Subocki, MD
Box 3898, Room 1502
Durham, NC 27710
Tel: 919-667-7284  Fax: 919-684-7145
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-36-21-048

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: John D Regan, MD, MBA
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-2831  Fax: 336-716-2029
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-36-21-015

Ohio
Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: David Rosenblum, DO
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216-775-8000  Fax: 216-775-4470
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-35-31-093

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: James W Spain, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-3901  Fax: 216-444-3905
E-mail: spain@ahram.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-38-21-012

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Abraham Levitt, MD
Department of Radiology, Desk B166
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216-444-2234  Fax: 216-445-1492
E-mail: abelevitin@aol.com
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-38-21-002
**Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)**

**Columbus**
Ohio State University Hospital Program  
**Sponsor:** Ohio State University Hospital  
**Prgm Director:** Pablo Gamboa, MD  
**Tel:** 614 289-3680  
**Fax:** 614 289-3680  
**E-mail:** gamboa.1@medcenter.osu.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 427-38-21-100

**Oklahoma**

**Oklahoma City**
University of Oklahoma Health Sciences Center Program  
**Sponsor:** University of Oklahoma College of Medicine  
**Prgm Director:** Ferre Madhoud, MD  
**Tel:** 405 271-5125  
**Fax:** 405 271-3375  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 427-38-21-036

**Oregon**

**Portland**
Oregon Health & Science University Program  
**Sponsor:** Oregon Health & Science University Hospital  
**Veterans Affairs Medical Center (Portland)**  
**Prgm Director:** John A Kaufman, MD  
**Tel:** 503 494-7660  
**Fax:** 503 494-7664  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-40-21-097

**Pennsylvania**

**Hershey**
Penn State University/Milton S Hershey Medical Center Program  
**Sponsor:** Milton S Hershey Medical Center  
**Prgm Director:** Bartish Singh, MD  
**Department of Radiology**  
**PO Box 850**  
**Hershey, PA 17033**  
**Tel:** 717 531-4445  
**Fax:** 717 531-4445  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-41-31-004

**Philadelphia**

**Temple University Hospital Program**  
**Sponsor:** Temple University Hospital  
**Prgm Director:** Gary S Cohen, MD  
**Tel:** 215 707-0002  
**Fax:** 215 707-0002  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-41-21-078

**Thomas Jefferson University Program**  
**Sponsor:** Thomas Jefferson University Hospital  
**Prgm Director:** Joseph Borin, MD  
**11 South 11th Street**  
**Suite 4300 Gibson**  
**Philadelphia, PA 19107**  
**Tel:** 215 340-6600  
**Fax:** 215 340-6600  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 427-41-31-040

**University of Pennsylvania Program**  
**Sponsor:** University of Pennsylvania Health System  
**Children's Hospital of Philadelphia**  
**Presbyterian Medical Center (UPHS)**  
**Veterans Affairs Medical Center (Philadelphia)**  
**Prgm Director:** Michael C Soulen, MD*  
**1 Silverstein**  
**3400 Spruce Street**  
**Philadelphia, PA 19104**  
**Tel:** 215 663-8300  
**Fax:** 215 663-3545  
**E-mail:** michael.soulen@uphs.upenn.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 427-41-21-018

**Pittsburgh**

**University of Pittsburgh Medical Center Medical Education Program**  
**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program  
**UPMC Presbyterian/Shadyside**  
**Prgm Director:** Albert B Zajko, MD  
**200 Lothrop Street**  
**Pittsburgh, PA 15213**  
**Tel:** 412 647-3454  
**Fax:** 412 647-4009  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 4  
**Program ID:** 427-41-21-061

**Western Pennsylvania Hospital/Temple University Program**  
**Sponsor:** The Western Pennsylvania Hospital  
**Prgm Director:** Gordon R McLean, MD  
**4600 Friendship Avenue**  
**Pittsburgh, PA 15214**  
**Tel:** 412 578-1876  
**Fax:** 412 578-0604  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-41-31-044

**Rhode Island**

**Providence**

**Brown University Program**  
**Sponsor:** Rhode Island Hospital-Lifespan  
**Prgm Director:** Timothy P Murphy, MD  
**595 Eddy Street**  
**Providence, RI 02903**  
**Tel:** 401 444-5184  
**Fax:** 401 444-5017  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 427-49-21-094

**South Carolina**

**Charleston**

**Medical University of South Carolina Program**  
**Sponsor:** Medical University of South Carolina College of Medicine  
**MUSC Medical Center**  
**Prgm Director:** Ronan Ullacker, MD  
**169 Ashley Avenue**  
**Box 56022**  
**Charleston, SC 29425**  
**Tel:** 843 792-8319  
**Fax:** 843 792-8319  
**E-mail:** raults@musc.edu  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 427-48-21-056

**Tennessee**

**Memphis**

**Baptist Memorial Hospital Program**  
**Sponsor:** Baptist Memorial Hospital  
**Prgm Director:** Barry G Blask, MD  
**Department of Interventional Radiology**  
**6018 Walnut Grove Road**  
**Memphis, TN 38120**  
**Tel:** 901 747-1000  
**Fax:** 901 747-1001  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-47-31-102

**University of Tennessee Program**  
**Sponsor:** University of Tennessee College of Medicine  
**Regional Medical Center at Memphis**  
**Veterans Affairs Medical Center (Memphis)**  
**Prgm Director:** Arshad A Khan, MD  
**Room F150C-Chandler**  
**890 Madison Avenue**  
**Memphis, TN 38113**  
**Tel:** 901 577-7280  
**Fax:** 901 577-7614  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-47-21-019

**Nashville**

**Vanderbilt University Program**  
**Sponsor:** Vanderbilt University Medical Center  
**Prgm Director:** Steven G Meranze, MD  
**31st and Garland Avenue**  
**Nashville, TN 37232**  
**Tel:** 615 322-3780  
**Fax:** 615 322-3764  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-47-21-060

**Texas**

**Dallas**

**Baylor University Medical Center Program**  
**Sponsor:** Baylor University Medical Center  
**Prgm Director:** Gregory A Jones, MD  
**3060 Gaston Avenue**  
**Dallas, TX 75246**  
**Tel:** 214 880-2251  
**Fax:** 214 880-1462  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 2  
**Program ID:** 427-49-21-043

**University of Texas Southwestern Medical School Program**  
**Sponsor:** University of Texas Southwestern Medical School  
**Dallas County Hospital District Parkland Memorial Hospital**  
**Zale Lipshy University Hospital**  
**Prgm Director:** Bart L Dolmatch, MD  
**Dept of Radiology**  
**5323 Harry Hines Blvd**  
**Dallas, TX 75390**  
**Tel:** 214 648-8012  
**Fax:** 214 648-0021  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 427-49-21-003

**Galveston**

**University of Texas Medical Branch Hospitals Program**  
**Sponsor:** University of Texas Medical Branch Hospitals  
**Prgm Director:** Eric Walter, MD  
**301 University Boulevard**  
**Galveston, TX 77550**  
**Tel:** 409 747-3483  
**Fax:** 409 772-1120  
**Length:** 1 Yr  
**ACGME Approved/Offered Positions:** 3  
**Program ID:** 427-48-21-098
Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Prgm. Director: Cliff J Whigheim, DO
Department of Radiology
One Baylor Plaza - BCM 960
Houston, TX 77054
Tel: 713 798-8359  Fax: 713 798-8359
E-mail: cliffjw@bcm.tmc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-48-12-107

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
St Luke's Episcopal Hospital
University of Texas M D Anderson Cancer Center
Prgm. Director: Marshall R Hicks, MD*
1516 Holcombe Boulevard, Unit 326
Houston, TX 77030
Tel: 713 563-5199  Fax: 713 792-4068
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 427-48-21-078

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Willford Hall Medical Center (BAVTC)
University of Texas Health Science Center
Prgm. Director: (Maj) George W Leon, MD*
750 MDTSMTRD
3200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7705  Fax: 210 292-3046
E-mail: gleon@satx.rr.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-49-21-006
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Annie C. Borden Memorial Veterans Hospital (San Antonio)
Prgm. Director: Darren W Postock, MD*
7700 Floyd Curl Drive, Mall Stop 7800
San Antonio, TX 78229
Tel: 512 567-5564  Fax: 512 567-5541
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-48-21-031

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm. Director: James O Carlisle, MD*
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-8158  Fax: 801 581-2414
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-48-21-045

Virginia

Alexandria

George Washington University Program
Sponsor: George Washington University School of Medicine
Alexandria Hospital
Prgm. Director: James M Cooper, MD*
4330 Seminary Road
Alexandria, VA 22304
Tel: 703 504-2369  Fax: 703 504-2387
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-51-21-020

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical School
Prgm. Director: John P Angle, MD
FGO Box 200129
UVA Health Science Center
Charlottesville, VA 22908
Tel: 434 986-1576  Fax: 434 982-1576
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 427-51-21-067

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
VA Puget Sound Health Care System
Prgm. Director: R Turrance Andrews, MD*
Dept of Radiology Box 357115
1959 NE Pacific St, RR215
Seattle, WA 98195
Tel: 206 543-3229  Fax: 206 543-6317
E-mail: angler@u.washington.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-54-21-047

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm. Director: John C McDermott, MD*
ID: 427-51-21-020

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Climent J Zabowski Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm. Director: William S Ringler, MD
9200 West Wisconsin Avenue
Suite 2800
Milwaukee, WI 53226
Tel: 414 955-3125  Fax: 414 767-7903
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-56-31-018
### Vascular Neurology (Neurology)

#### Alabama

**Birmingham**

**University of Alabama Medical Center Program**

- **Sponsor:** University of Alabama Hospital
- **Program Director:** Rodney D Soto, MD
- **Address:** 1813 6th Avenue South, RWUH M226, Birmingham, AL 35249
- **Telephone:** 205-975-8569, **Fax:** 205-975-6765
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-61-25-018

#### California

**Los Angeles**

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **Program Director:** Jeffrey L Saver, MD
- **Address:** 710 Westwood Plaza, Los Angeles, CA 90095
- **Telephone:** 310-794-6779, **Fax:** 310-267-2063
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-65-12-007

#### Stanford

**Stanford University Program**

- **Sponsor:** Stanford University Hospital
- **Program Director:** Gregory W Albers, MD
- **Address:** 701 Welch Road, Suite B325, Palo Alto, CA 94304
- **Telephone:** 650-733-4448, **Fax:** 650-723-4451
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-65-85-006

#### Georgia

**Atlanta**

**Emory University Program**

- **Sponsor:** Emory University School of Medicine
- **Program Director:** Marc I Chimowitz, MB, ChB
- **Department of Neurology:** 1366 Clifton Road, Atlanta, GA 30322
- **Telephone:** 404-727-2623, **Fax:** 404-727-4184
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-12-31-023

#### Massachusetts

**Boston**

**Boston University Medical Center Program**

- **Sponsor:** Boston Medical Center
- **Program Director:** Viken L Babikian, MD
- **Address:** 715 Albany Street, C-399, Boston, MA 02118
- **Telephone:** 617-638-8456, **Fax:** 617-638-5354
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-24-31-010

**Massachusetts General Hospital/Brigham and Women’s Hospital/Harvard Medical School Program**

- **Sponsor:** Massachusetts General Hospital
- **Program Director:** Jonathan Rosand, MD, MS
- **Address:** 15 Parkman Street, ACO-816 Neurology Clinical Trials Unit, Boston, MA 02114
- **Telephone:** 617-724-2588, **Fax:** 617-726-5346
  **E-mail:** mntlab@partners.org
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 6
  **Program ID:** 188-24-21-018

#### New York

**New York**

**Mount Sinai School of Medicine Program**

- **Sponsor:** Mount Sinai School of Medicine
- **Program Director:** Stanley Tuhrim, MD
- **Address:** 1 Gustave L Levy Plaza, Box 1137, New York, NY 10029
- **Telephone:** 212-241-9443, **Fax:** 212-241-4561
  **E-mail:** stanley.tuhrim@msnyuhealth.org
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 1
  **Program ID:** 188-55-31-001

**New York Presbyterian Hospital (Columbia Campus) Program**

- **Sponsor:** New York Presbyterian Hospital
- **Program Director:** J F Mohr, MD, MS
- **Address:** 710 West 168th Street, New York, NY 10032
- **Telephone:** 212-305-8033
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-85-31-012

#### Michigan

**Detroit**

**Wayne State University/Detroit Medical Center Program**

- **Sponsor:** Wayne State University/Detroit Medical Center
- **Program Director:** John Mohr, MD
- **Address:** 4201 St Antoine 8C UHC, Detroit, MI 48201
- **Telephone:** 313-745-1540, **Fax:** 313-677-4541
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-55-31-003

#### Missouri

**St Louis**

**Washington University/B-JH/SLCH Consortium Program**

- **Sponsor:** Washington University/B-JH/SLCH Consortium
- **Program Director:** William J Powers, MD
- **Address:** 600 S Euclid Avenue, Box 8111, St Louis, MO 63110
- **Telephone:** 314-362-5967, **Fax:** 314-362-4521
- **Length:** 1 Yr **ACGME Approved/Offered Positions:** 2
  **Program ID:** 188-24-31-005
Accredited Programs in Vascular Surgery (General Surgery)

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Mark Hulbert, MD
Address: University of Rochester School of Medicine and Dentistry, P.O. Box 607
Rochester, NY 14650
Tel: 585-275-1000 Fax: 585-275-1026
E-mail: mnh9@urmc.rochester.edu
Program Length: 3 years
Program ID: 188-85-12-016

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook University Hospital
Program Director: Harold A. Brem, MD
Address: Department of Neurosurgery, Stony Brook University Hospital, 1 Hospital Plz, Stony Brook, NY 11794
Tel: 631-444-7878 Fax: 631-444-1474
Program Length: 1 year
Program ID: 188-88-21-026

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University of Cincinnati College of Medicine
Program Director: Joseph Broderick, MD
Address: Albert B. Sabin Hall, University of Cincinnati, Cincinnati, OH 45267
Tel: 513-588-6429 Fax: 513-588-4305
Program Length: 1 year
Program ID: 188-88-13-019

Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Anthony J. Petrusa, MD
Address: 9500 Euclid Avenue, Cleveland, OH 44195
Tel: 216-444-5555 Fax: 216-444-0232
Program Length: 1 year
Program ID: 188-88-12-009

Pennsylvania
Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Program Director: Vascular Surgery Program
Address: 200 Lothrop Street, PHL C-400, Pittsburgh, PA 15213
Tel: 412-647-9497 Fax: 412-647-9446
Program Length: 1 year
Program ID: 188-41-11-002

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Program Director: B Hall Uhr, MD
Address: 5323 Harry Hines Boulevard, Dallas, TX 75390
Tel: 214-648-3556 Fax: 214-648-9445
Program Length: 1 year
Program ID: 188-49-31-008

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Program Director: James C. Grotta, MD
Address: Houston, TX 77030
Tel: 713-500-7098 Fax: 713-500-9600
Program Length: 1 year
Program ID: 188-48-31-014

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: B Clarke Haley, MD
Address: Medical Center, PO Box 900094, Charlottesville, VA 22908
Tel: 434-804-8941 Fax: 434-803-1726
Program Length: 1 year
Program ID: 188-51-31-017

Vascular Surgery (General Surgery)

Alabama
Birmingham
University of Alabama Hospital Program
Sponsor: University of Alabama Hospital
Program Director: William D. Jordan, MD
Address: 1022 7th Avenue South, Birmingham, AL 35204
Tel: 205-348-2093 Fax: 205-348-0058
E-mail: wjordan@uab.edu
Program Length: 2 years
Program ID: 450-01-21-106

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Program Director: Joseph L. Mills, MD
Address: 1501 North Campbell, Room 4404
Tel: 520-626-4000 Fax: 520-626-4009
E-mail: dejenegh@email.arizona.edu
Program Length: 2 years
Program ID: 450-08-21-092

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Program Director: John F. Lott, MD
Address: Department of Surgery, 504 520-2
4301 West Markham Street
Little Rock, AR 72205
Tel: 501-688-6116 Fax: 501-688-5326
Program Length: 2 years
Program ID: 450-04-21-056

California
La Jolla
Scripps Clinic/UCSD Program
Sponsor: Scripps Clinic
Program Director: Giacomo A. Delia, MD
Address: 10868 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858-544-8123 Fax: 858-544-2323
Program Length: 2 years
Program ID: 450-05-21-091
Accredited Programs in Vascular Surgery (General Surgery)

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Ahmad N Aboe-Zamaneh, MD*
11175 Campus Drive, OP 21123
Loma Linda, CA 92354
Tel: 909 558 8386 Fax: 909 558 6387
E-mail: aaboezamaneh@ucr.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-06-21-010

Los Angeles
UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Peter F Lawrence, MD*
Gonda (Goldshmid) Vascular Center
205 Medical Plaza, Suite 510-6
Los Angeles, CA 90095
Tel: 310 267 0182 Fax: 310 267 0199
E-mail: pflawrence@mednet.ucla.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-06-21-011

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Prgm Director: Fred A Weaver, MD
1510 San Pablo Street, #614
Los Angeles, CA 90033
Tel: 213 442 5878 Fax: 213 442 5735
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-06-21-094

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Prgm Director: Louis M Messina, MD
Box 0222, A-581
400 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353 4366 Fax: 415 353 4379
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-06-21-003

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: Christopher K Zaritsky, MD
Division of Vascular Surgery
360 Pasteur Drive, Suite H500
Stanford, CA 94305
Tel: 650 723 2169 Fax: 650 498 6044
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-06-21-031

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Rodney A White, MD
1000 West Carson Street, Box 11
Torrance, CA 90409
Tel: 310 222 2704
E-mail: rwhite@ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-06-21-007

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Prgm Director: A David Drummer, MD, PhD
86 Seymour St, Suite 911
Hartford, CT 06106
Tel: 860 523 4168 Fax: 860 524 3600
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-06-21-070

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Banger E Sumpio, MD, PhD
Parnam Memorial Building 137
333 Cedar Street
New Haven, CT 06510
Tel: 203 785 3561 Fax: 203 785 7556
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-06-21-084

District of Columbia
Washington
Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Anton N Sidawy, MD, MPH
110 Irving Street, NW
Washington, DC 20001
Tel: 202 784 8230 Fax: 202 784 8230
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-16-13-099

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: James M Seeger, MD
1600 SW Archer Road, Room 610E
Division of Vascular Surgery, Box 100386
Gainesville, FL 32610
Tel: 352 325 0606 Fax: 352 325 8418
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-11-21-044

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Prgm Director: Murray L Shames, MD*
Harbourside Medical Tower #650
4 Columbia Drive
Tampa, FL 33606
Tel: 813 259 0021 Fax: 813 259 0021
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-11-21-031

Georgia
Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Prgm Director: Eric B Wollens, MD
315 Boulevard NE, Suite 412
Atlanta, GA 30312
Tel: 404 524 0665 Fax: 404 658 9558
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-15-21-079

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Elliot L Charkof, MD, PhD
Vascular Surgery Section
101 Woodcraft Circle, Room 5106
Atlanta, GA 30322
Tel: 404 727 8413 Fax: 404 727 3306
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-13-21-012

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Healthcare System
Prgm Director: William H Pearce, MD
201 East Harrison Street
Suite 10-105
Chicago, IL 60611
Tel: 312 926 7775 Fax: 312 695 4955
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-16-21-001

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Walter J McCarthy, MD
1553 West Congress Parkway
714 Jekle South Center
Chicago, IL 60612
Tel: 312 942 8727 Fax: 312 942 6052
E-mail: walter_mccarthy@rush.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-097

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Bruce L Gewertz, MD
5841 S Mayland Avenue, MC 0068
Room J-555
Chicago, IL 60637
Tel: 773 702 0282
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-11-023

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Fred Littooy, MD
Foster G McGaw Hospital
2160 S First Avenue
Maywood, IL 60153
Tel: 708 257 3588 Fax: 708 257 3492
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-002

1086
Graduate Medical Education Directory 2005-2006
Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St. John's Hospital
Program Director: Kim J. Hodgson, MD
PO Box 19658
800 N Rutledge, Suite D 346
Springfield, IL 62794
Tel: 217-546-8856 Fax: 217-545-5563
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-034

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Program Director: Daniel J. Minson, MD
Veteran Surgery
800 Rose Street, C318
Lexington, KY 40536
Tel: 606-323-6446 Fax: 606-323-6840
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-20-21-062

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Program Director: Michael C. Dasing, MD
1120 South Dr
224 Fisher Hall
Indianapolis, IN 46202
Tel: 317-962-0283 Fax: 317-962-0289
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-17-31-085

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Jamal J. Hoballah, MD, MBA
Department of Surgery
230 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-3305 Fax: 319-384-6306
E-mail: jamal.hoballah@uiowa.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-18-21-048

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: James II Thomas, MD
3901 Rainbow Blvd
6046 Sudler Bldg
Kansas City, KS 66160
Tel: 913-588-0124 Fax: 913-588-6185
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-18-21-060

Kentucky
Lexington
University of Kentucky College of Medicine Program
Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Program Director: David J. Minson, MD
Veteran Surgery
800 Rose Street, C318
Lexington, KY 40536
Tel: 606-323-6446 Fax: 606-323-6840
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-20-21-062

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Frank W. LeGepre, MD
110 Francis Street
Suite 5B
Boston, MA 02215
Tel: 617-633-9956 Fax: 617-633-7356
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-040

Massachusetts General Hospital Program
Sponsor: Brigham and Women’s Hospital
Program Director: Michael Beltin, MD
75 Francis St
Department of Surgery
Boston, MA 02118
Tel: 617-730-9216 Fax: 617-730-9276
E-mail: surgeducation@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-003

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Veterans Affairs Medical Center (Baltimore)
Program Director: William R. Flinn, MD
22 South Greene Street
Room NW60
Baltimore, MD 21201
Tel: 410-328-5840 Fax: 410-328-6717
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-28-21-080

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Richard P. Cambria, MD
15 Parkman St
WAC 458
Boston, MA 02114
Tel: 617-722-5975 Fax: 617-722-5976
E-mail: cambria@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-24-21-004

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: William C. Mackley, MD
NERMC 1010
750 Washington Street
Boston, MA 02111
Tel: 617-636-0067 Fax: 617-636-0067
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-005
Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: James C Stanley, MD
590 E Medical Center Dr
2210 Taubman Center
Ann Arbor, MI 48109
Tel: 734 936-5786 Fax: 734 576-6079
E-mail: jsstanley@umich.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 1 Program ID: 459-32-0185

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Thomas C Bower, MD
300 First Street, SW
Rochester, MN 55905
Tel: 507-255-7069 Fax: 507-255-7378
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 450-26-21-042

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: Walter K Nichols, MD*
N10 University Medical Center
Columbia, MO 65212
Tel: 573 884-1975 Fax: 573 884-4585
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 450-28-21-049

New Jersey

Englewood

Mount Sinai School of Medicine (Englewood) Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Program Director: Herbert Darris, MD
251 Englewood Ave
Englewood, NJ 07631
Tel: 201 584-3141 Fax: 201 541-2865
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 459-35-21-098

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: Alan M Graham, MD
One Robert Wood Johnson Pl MEB-041
New Brunswick, NJ 08893
Tel: 732 295-7816 Fax: 732 295-8538
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 450-33-21-037

Newark

Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Program Director: Bruce J Brener, MD
361 Lyons Avenue
Department of Surgery LS
Newark, NJ 07112
Tel: 973 928-7330 Fax: 973 928-3757
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 450-33-21-087

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
St Michael's Medical Center (Cathedral Health Services Inc)
UMDNJ University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Robert W Hobson, MD*
UMDNJ-New Jersey Medical School
160 Bergen Street, Room E-401
Newark, NJ 07101
Tel: 973 972-5653 Fax: 973 972-5904
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 459-33-21-098

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Paul B Kreinberg, MD
Vascular Institute (MCU57)
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 382-6040 Fax: 518 382-6770
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 450-35-21-061

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Bruce Cutler, MD
15 Lake Avenue North
Department of Surgery
Worcester, MA 01655
Tel: 508 856-2129 Fax: 508 856-8329
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 459-34-21-013

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health Blodgett Campus
Spectrum Health Buttevarn Campus
Program Director: M Ashraf Mansour, MD
231 Michigan NE, Suite 200A
Grand Rapids, MI 49503
Tel: 616 459-8700 Fax: 616 391-8611
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 450-25-31-109
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: William Suggs, MD
Montefiore Medical Center
111 E 210 Street
Bronx, NY 10467
Tel: 718 920-6398 Fax: 718 221-9811
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-015

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Efraim Ascher, MD
360 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7667
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-85-21-076

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Western New York Healthcare System
Program Director: Linda M Harris, MD
3 Gates Circle
Department of Surgery
Buffalo, NY 14214
Tel: 716 837-4807 Fax: 716 838-4220
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-099

Great Neck
North Shore-Long Island Jewish Health System Program
Sponsor: North Shore-Long Island Jewish Health System
North Shore University Hospital
Program Director: Kambhampaty V Krishnasastry, MD* 390 Community Drive
Manhattan, NY 10030
Tel: 516 563-2183 Fax: 516 662-1100
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-85-31-082

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Victoria J Teodorescu, MD
One Gustave L Levy Place, Box 1259
New York, NY 10029
Tel: 212 241-9751 Fax: 212 887-8310
E-mail: leslie.setiamayer@mountsinai.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-030

New York Presbyterian Hospital (Cornell and Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
New York Presbyterian Hospital (Columbia Campus)
Program Director: K Craig Kent, MD
525 East 68th Street
P 172
New York, NY 10021
Tel: 212 746-0192 Fax: 212 746-5812
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-35-21-092

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Program Director: Patrick J Llamparello, MD
530 First Avenue
Suite 4F
New York, NY 10016
Tel: 212 263-7311 Fax: 212 263-7722
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-045

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Karl A Illig, MD*
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 270-0776 Fax: 585 273-1077
E-mail: Karl_Illig@urmc.rochester.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-006

Staten Island
Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Program Director: Thomas Panetta, MD
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 225-8088 Fax: 718 225-8385
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-35-13-107

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook
Program Director: Enrique Orlando, MD
Dept of Surgery, B8C 18-040
Stony Brook, NY 11794
Tel: 631 444-1279 Fax: 631 444-9824
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-061

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Blaine A Scogg, MD
Campus Box 7212
130 Mason Farm Road
Chapel Hill, NC 27514
Tel: 919 966-2881 Fax: 919 966-2881
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-047

Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: Timothy S Rouch, MD*
1001 Blythe Boulevard, Suite 300
PO Box 32881
Charlotte, NC 28292
Tel: 704 355-9231 Fax: 704 355-9231
E-mail: scacry.cmc.connell@carolinashealthcare.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-068

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Richard L McGinn, MD
Box 1096
Durham, NC 27710
Tel: 919 618-2020 Fax: 919 618-2070
E-mail: mcccarr002@mc.duke.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-85-12-097

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Kimberly J Hansen, MD
Wake Forest University School of Medicine
Winston-Salem, NC
Tel: 336 713-6565 Fax: 336 713-9758
E-mail: khibbard@wakehealth.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-35-21-073

Ohio
Cincinnati
TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
Program Director: Richard E Welling, MD
375 Dixmyth Avenue
3rd Floor Tower
Cincinnati, OH 45230
Tel: 513 872-3230 Fax: 513 221-5866
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-81-043

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Amy B Reed, MD
PO Box 670558
521 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-5636 Fax: 513 558-2967
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-35-81-078

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Jerry Goldstone, MD
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3113 Fax: 216 844-7716
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-35-81-071

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Daniel Clair, MD*
Dept of Vascular Surgery
9500 Euclid Ave - Desk 4540
Cleveland, OH 44195
Tel: 216 444-4766 Fax: 216 444-9024
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 450-35-38-948
Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: William L. Snead, MD
410 West Tenth Avenue
Room 708 Dean Hall
Columbus, OH 43210
Tel: 614 593-8902 Fax: 614 293-8902
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-36-21-060

Toledo
Toledo Hospital (Jobst Vascular Center) Program
Sponsor: Toledo Hospital
Prgm Director: Anthony J. Conroy, MD
2100 Hughes Drive, Suite 400
Toledo, OH 43606
Tel: 419 291-2089 Fax: 419 479-0989
E-mail: acgeren@toh.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-36-21-100

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Gregory L. Moneta, MD, MPH
3181 SW Sam Jackson Park Rd
OPII
Portland, OR 97239
Tel: 503 494-7500 Fax: 503 494-4324
E-mail: taylor@ohsu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-40-21-000

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Prgm Director: James R Elmore, MD
Vascular Surgery
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-5010 Fax: 570 271-5140
E-mail: jelmore@geisinger.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-41-21-076

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: David C Han, MD
PO Box 806
500 University Drive
Hershey, PA 17033
Tel: 717 531-8888 Fax: 717 531-4151
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-41-21-065

Philadelphia
Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Keith D Calligaris, MD
800 Spruce Street
Philadelphia, PA 19107
Tel: 215 639-5000 Fax: 215 627-3089
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-41-21-074

Temple University Hospital Program
Sponsor: Temple University Hospital
Prgm Director: John Blebee, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-3622 Fax: 215 707-5961
E-mail: blebeeji@temple.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-41-21-084

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Michael A Golden, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 663-6156 Fax: 215 662-7883
E-mail: nicole.creswieke@uphs.upenn.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-41-21-052

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Michel S Makaroun, MD
A101 FUR
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 802-3037
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-41-21-085

Sayre
Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Prgm Director: Shafi K Guptla, MD
One Guthrie Square
Sayre, PA 18840
Tel: 570 882-3655 Fax: 570 882-3659
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-41-19-101

South Carolina
Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Prgm Director: Eugene M Langam, MD
Academic Department of Surgery
701 Grove Road
Greenville, SC 29605
Tel: 864 455-7866 Fax: 864 455-1300
E-mail: elangam@ghs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-45-12-093

Tennessee
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Michael S Freeman, MD
1934 Alcos Highway, Box U-11
Department of Surgery
Knoxville, TN 37903
Tel: 865 544-9230 Fax: 865 544-8894
E-mail: gmpedms@utk.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-47-21-075

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Veterans Affairs Medical Center (Memphis)
Prgm Director: H. Edward Garrett, MD
Health Science Center
955 Court Avenue, Suite 0228
Memphis, TN 38163
Tel: 901 448-5914 Fax: 901 448-7889
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-47-21-041

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Prgm Director: Thomas C. Nealson, MD
Department of Vascular Surgery
1141 22nd Avenue, South
Nashville, TN 37232
Tel: 615 322-3343 Fax: 615 343-4251
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-47-21-047

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Prgm Director: Gregory J Pearl, MD
Department of Vascular Surgery
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-4543 Fax: 214 820-4538
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-48-21-029

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Prgm Director: G. Patrick Glaugett, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-0516 Fax: 214 648-2790
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-48-21-029
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Prgm Director: Alan B Lumsden, MD
One Baylor Plaza, #404D
Houston, TX 77030
Tel: 713 798-8629 Fx: 713 798-3333
E-mail: almunder@ bcm.tmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 450-48-21-016

University of Texas Health Sciences Center at Houston Medical School Program
Sponsor: University of Texas Medical School at Houston
Cardiothoracic and Vascular Surgery
6431 Fannin, Suite 1.114
Houston, TX 77030
Tel: 713 500-5304
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-48-13-104

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm. Director: Mark M Levy, MD
1200 E Broad St
PO Box 980108
Richmond, VA 23298
Tel: 804 828-3311 Fx: 804 828-3744
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-51-21-039

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Prgm. Director: Alexander W Clowes, MD
BB442 HSB
Box 356410
Seattle, WA 98195
Tel: 206 543-9890 Fx: 206 616-7495
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-54-21-019

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: John R Hoch, MD
600 Highland Avenue, G5/325
Madison, WI 53792
Tel: 608 265-4420 Fx: 608 265-1148
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-46-22-106

Milwaukee
Medical College of Wisconsin Affiliated Hospitals Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Presbyterian Memorial Lutheran Hospital
Prgm Director: Jonathan B Towne, MD
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-6970
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-56-21-020
Accredited Programs in Vascular Surgery (General Surgery)
New and Withdrawn Programs

New Programs

The following programs were accredited by the Accreditation Council for Graduate Medical Education with an effective date between January 1 and December 31, 2004.

Abdominal Radiology (Radiology-Diagnostic)
Brigham and Women's Hospital/Harvard Medical School Program
Boston, MA
Program ID: 421-24-31-010

SUNY at Stony Brook Program
Stony Brook, NY
Program ID: 421-35-21-009

Thomas Jefferson University Program
Philadelphia, PA
Program ID: 421-14-12-011

University of Pennsylvania Program
Philadelphia, PA
Program ID: 421-14-13-008

Addiction Psychiatry (Psychiatry)
Wayne State University/Detroit Medical Center Program
Detroit, MI
Program ID: 401-25-21-038

Creighton University/University of Nebraska Program
Omaha, NE
Program ID: 401-30-31-055

Adult Reconstructive Orthopaedics (Orthopaedic Surgery)
Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 201-51-21-030

Allergy and Immunology
University of Mississippi Medical Center Program
Jackson, MS
Program ID: 020-27-12-124

Anesthesiology
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Camden, NJ
Program ID: 040-33-11-195

Blood Banking/Transfusion Medicine (Pathology)
University of Arkansas for Medical Sciences Program
Little Rock, AR
Program ID: 305-04-12-064

Cardiothoracic Radiology (Radiology-Diagnostic)
University of Pennsylvania Program
Philadelphia, PA
Program ID: 429-41-21-061

Cardiovascular Disease (Internal Medicine)
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 141-11-31-270

Child and Adolescent Psychiatry (Psychiatry)
New York Presbyterian Hospital Program
New York, NY
Program ID: 405-35-21-182

Child Neurology (Neurology)
Mayo School of Graduate Medical Education (Jacksonville) Program
Jacksonville, FL
Program ID: 185-11-31-100

University of Kentucky College of Medicine Program
Lexington, KY
Program ID: 185-20-21-099

Clinical Cardiac Electrophysiology (Internal Medicine)
UCLA Medical Center Program
Los Angeles, CA
Program ID: 154-05-31-103

Ohio State University Hospital Program
Columbus, OH
Program ID: 154-38-31-101

Medical University of South Carolina College of Medicine Program
Charleston, SC
Program ID: 154-45-31-099

Clinical Neurophysiology (Neurology)
University of Southern California/LAC+USC Medical Center Program
Los Angeles, CA
Program ID: 187-05-21-059

George Washington University Program
Washington, DC
Program ID: 187-10-12-113

Dartmouth-Hitchcock Medical Center Program
Lebanon, NH
Program ID: 187-32-31-112

Colon and Rectal Surgery
Western Pennsylvania/Allegheny General Combined Program
Pittsburgh, PA
Program ID: 060-41-21-056
New Programs

University of Pennsylvania Program
Philadelphia, PA
Program ID: 000-41-33-064

Critical Care Medicine (Anesthesiology)
University of Washington Program
Seattle, WA
Program ID: 065-54-22-072

Cytopathology (Pathology)
University of California (Irvine) Program
Orange, CA
Program ID: 307-05-31-099

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 307-38-21-097

Dermatopathology (Dermatology)
University of South Florida Program
Tampa, FL
Program ID: 100-11-12-077

SUNY Health Science Center at Brooklyn Program
Brooklyn, NY
Program ID: 100-35-31-074

Geisinger Health System Program
Danville, PA
Program ID: 100-41-31-076

University of Vermont Program
Burlington, VT
Program ID: 100-50-13-078

Developmental-Behavioral Pediatrics (Pediatrics)
University of Chicago Program
Chicago, IL
Program ID: 336-16-21-026

University of Kansas Medical Center Program
Kansas City, KS
Program ID: 336-19-31-027

University of Washington Program
Seattle, WA
Program ID: 336-54-12-026

Emergency Medicine
UMDNJ-New Jersey Medical School Program
Newark, NJ
Program ID: 110-35-31-177

Endocrinology, Diabetes, and Metabolism (Internal Medicine)
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
New Hyde Park, NY
Program ID: 143-35-31-178

Endovascular Surgical Neuroradiology (Radiology)
Johns Hopkins University Program
Baltimore, MD
Program ID: 422-23-31-006

Family Medicine
University of Illinois College of Medicine (Rockford) Rural Program
Rockford, IL
Program ID: 120-16-11-075

Oakwood Annapolis Hospital Program
Annapolis, MD
Program ID: 120-25-31-078

Forensic Psychiatry (Psychiatry)
University of Iowa Hospitals and Clinics Program
Iowa City, IA
Program ID: 406-18-31-049

University of Louisville Program
Louisville, KY
Program ID: 406-20-13-047

University of Missouri-Columbia Program
Columbia, MO
Program ID: 406-28-21-041

University of Texas Health Science Center at San Antonio Program
San Antonio, TX
Program ID: 406-49-13-050

Gastroenterology (Internal Medicine)
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 144-11-13-228

Louisiana State University (Shreveport) Program
Shreveport, LA
Program ID: 144-21-13-226

Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 144-36-21-227

Geriatric Medicine (Family Medicine)
Sparrow Hospital/Michigan State University Program
Lansing, MI
Program ID: 125-35-12-055

United Health Services Hospitals Program
Johnson City, NY
Program ID: 125-35-31-056

Geriatric Medicine (Internal Medicine)
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 151-11-31-144

Maine Medical Center Program
Portland, ME
Program ID: 151-22-21-146

Geriatric Psychiatry (Psychiatry)
Mayo School of Graduate Medical Education (Rochester) Program
Rochester, MN
Program ID: 407-26-12-067

Hand Surgery (Plastic Surgery)
Yale-New Haven Medical Center Program
New Haven, CT
Program ID: 363-06-31-027

Hematology (Pathology)
University of Massachusetts Program
Worcester, MA
Program ID: 311-24-21-099

Wake Forest University School of Medicine Program
Winston-Salem, NC
Program ID: 311-36-31-100

Hematology and Oncology (Internal Medicine)
Georgetown University Hospital Program
Washington, DC
Program ID: 155-16-12-148

Baylor College of Medicine Program
Houston, TX
Program ID: 155-49-21-146

Infectious Disease (Internal Medicine)
University of Chicago Program
Chicago, IL
Program ID: 146-16-21-202

Internal Medicine
St Mary's Hospital (Waterbury) Program
Waterbury, CT
Program ID: 140-08-13-530

Hospital de la Concepcion Program
San German, PR
Program ID: 140-42-21-488

Interventional Cardiology (Internal Medicine)
University of California (Irvine) Program
Orange, CA
Program ID: 152-05-13-136

 Cedars-Sinai Medical Center Program
Los Angeles, CA
Program ID: 152-45-21-137

Mount Sinai Medical Center of Florida Program
Miami Beach, FL
Program ID: 152-11-12-133

Creighton University Program
Omaha, NE
Program ID: 152-30-31-141

Winthrop University Hospital Program
Mineola, NY
Program ID: 152-33-31-138
Case Western Reserve University/University Hospitals of Cleveland Program
Cleveland, OH
Program ID: 153-38-31-134

Medical Genetics
University of Florida Program
Gainesville, FL
Program ID: 130-11-31-071

Children's Hospital/Ohio State University Program
Columbus, OH
Program ID: 130-38-12-072

Medical Microbiology (Pathology)
University of Utah Program
Salt Lake City, UT
Program ID: 214-49-12-016

Medical Toxicology (Emergency Medicine)
University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 118-41-21-025

Medical Toxicology (Preventive Medicine)
HealthPartners Institute for Medical Education/Regions Hospital Program
Minneapolis, MN
Program ID: 899-26-12-004

Musculoskeletal Radiology (Radiology-Diagnostic)
University of Oklahoma Health Sciences Center Program
Oklahoma City, OK
Program ID: 426-39-12-010

University of Pennsylvania Program
Philadelphia, PA
Program ID: 426-41-13-009

Nephrology (Internal Medicine)
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 148-11-31-181

Texas A&M College of Medicine - Scott & White Program
Temple, TX
Program ID: 148-48-12-180

Neurodevelopmental Disabilities (Neurology)
George Washington University Program
Washington, DC
Program ID: 186-10-12-008

Neurology
University of Florida Health Science Center/Jacksonville Program
Jacksonville, FL
Program ID: 180-11-12-154

Louisiana State University (Shreveport) Program
Shreveport, LA
Program ID: 180-21-31-153

Neuroradiology (Radiology-Diagnostic)
University of Vermont Program
Burlington, VT
Program ID: 423-59-31-101

Neurology (Otolaryngology)
Johns Hopkins University Program
Baltimore, MD
Program ID: 286-23-21-012

Nuclear Radiology (Radiology-Diagnostic)
Baylor University Medical Center Program
Dallas, TX
Program ID: 425-48-22-096

Obstetrics and Gynecology
St Peter's University Hospital Program
New Brunswick, NJ
Program ID: 220-33-12-062

Meharry Medical College Program
Nashville, TN
Program ID: 220-47-23-061

Orthopaedic Sports Medicine (Orthopaedic Surgery)
Hughston Sports Medicine Foundation Program
Columbus, GA
Program ID: 236-21-12-046

Minneapolis Sports Medicine Center Program
Minneapolis, MN
Program ID: 286-26-21-048

Taos Orthopaedic Institute and Research Foundation Program
Taos, NM
Program ID: 286-34-21-095

Pain Medicine (Neurology)
Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 181-38-12-003

Pain Medicine (Physical Medicine and Rehabilitation)
Georgetown University Hospital/National Rehabilitation Hospital Program
Washington, DC
Program ID: 341-10-31-009

Pain Medicine (Psychiatry)
Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 100-38-12-001

Pediatric Anesthesiology (Anesthesiology)
Mayo School of Graduate Medical Education (Rochester) Program
Rochester, MN
Program ID: 142-26-12-054

Pediatric Critical Care Medicine (Pediatrics)
University of Texas at Houston Program
Houston, TX
Program ID: 248-18-12-079

Pediatric Emergency Medicine (Emergency Medicine)
Baystate Medical Center/Tufts University School of Medicine Program
Springfield, MA
Program ID: 114-24-51-013

University of Michigan Program
Ann Arbor, MI
Program ID: 114-25-12-011

SUNY Upstate Medical University Program
Syracuse, NY
Program ID: 114-38-12-012

Drexel University College of Medicine/ Hahmemann University Hospital Program
Philadelphia, PA
Program ID: 114-41-21-003

Pediatric Emergency Medicine (Pediatrics)
Miami Children's Hospital Program
Miami, FL
Program ID: 324-11-31-006

Pediatric Endocrinology (Pediatrics)
University of Louisville Program
Louisville, KY
Program ID: 326-29-21-079

University of Texas Health Science Center at San Antonio Program
San Antonio, TX
Program ID: 326-48-12-082

University of Washington Program
Seattle, WA
Program ID: 326-54-31-001

Medical College of Wisconsin Affiliated Hospitals Program
Milwaukee, WI
Program ID: 326-56-12-080
New Programs

Pediatric Gastroenterology (Pediatrics)
Jackson Memorial Hospital/Jackson Health System Program
Miami, FL
Program ID: 332-11-21-067

Pediatric Hematology/Oncology (Pediatrics)
Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 327-38-31-078

Pediatric Infectious Diseases (Pediatrics)
Children's Hospital/Ohio State University Program
Columbus, OH
Program ID: 335-38-12-071

University of Utah Program
Salt Lake City, UT
Program ID: 335-49-31-070

Pediatric Pathology (Pathology)
University of Tennessee Program
Memphis, TN
Program ID: 310-47-31-003

Pediatric Pulmonology (Pediatrics)
University of Arkansas for Medical Sciences Program
Little Rock, AR
Program ID: 330-04-31-057

Pediatric Radiology (Radiology-Diagnostic)
Louisiana State University Program
New Orleans, LA
Program ID: 424-21-12-066

Children's Hospital/Ohio State University Program
Columbus, OH
Program ID: 424-38-12-053

University of Oklahoma Health Sciences Center Program
Oklahoma City, OK
Program ID: 424-38-31-054

Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)
University of Colorado Program
Denver, CO
Program ID: 346-07-31-001

Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 346-51-31-002

Pediatric Rheumatology (Pediatrics)
UCLA Medical Center Program
Los Angeles, CA
Program ID: 331-05-31-030

Indiana University School of Medicine Program
Indianapolis, IN
Program ID: 331-17-21-029

Pediatric Surgery (General Surgery)
North Shore - Long Island Jewish Health System/Schneider Children's Hospital Program
Great Neck, NY
Program ID: 445-35-12-039

Pediatric Urology (Urology)
Children's Hospital/Ohio State University Hospital Program
Columbus, OH
Program ID: 485-38-12-022

Thomas Jefferson University Program
Philadelphia, PA
Program ID: 485-41-31-023

Children's Medical Center of Dallas/University of Texas Southwestern Medical School Program
Dallas, TX
Program ID: 485-48-31-021

Pediatrics
St Peter's University Hospital Program
New Brunswick, NJ
Program ID: 320-33-31-419

Physical Medicine and Rehabilitation
Jackson Memorial Hospital Program
Miami, FL
Program ID: 346-11-21-107

Plastic Surgery
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 360-11-31-139

Tulane University Program
New Orleans, LA
Program ID: 360-21-31-137

Procedural Dermatology (Dermatology)
Dermatology Associates (Birmingham) Program
Birmingham, AL
Program ID: 081-01-21-011

University of California (San Francisco) Program
San Francisco, CA
Program ID: 081-05-21-007

Scripps Clinic Program
La Jolla, CA
Program ID: 081-05-31-008

St Vincent Hospital Program
Indianapolis, IN
Program ID: 081-17-31-006

Boston University Medical Center Program
Boston, MA
Program ID: 081-24-12-009

Mayo School of Graduate Medical Education (Rochester) Program
Rochester, MN
Program ID: 081-26-21-003

Deaconess Medical Center Program
Billings, MT
Program ID: 081-29-31-010

SUNY Health Science Center at Brooklyn Program
Brooklyn, NY
Program ID: 081-35-12-005

Skin Surgery Center (Winston-Salem) Program
Winston-Salem, NC
Program ID: 081-36-31-014

Geisinger Health System Program
Danville, PA
Program ID: 081-41-31-002

Dermatologic Surgicenter (Philadelphia) Program
Philadelphia, PA
Program ID: 081-41-31-012

Medical University of South Carolina Program
Charleston, SC
Program ID: 081-45-12-001

Psychosomatic Medicine (Psychiatry)
University of California (Davis) Health System Program
Sacramento, CA
Program ID: 409-05-31-008

Institute of Living/Hartford Hospital Program
Hartford, CT
Program ID: 409-08-12-003

Georgetown University Hospital Program
Washington, DC
Program ID: 409-10-31-002

University of Maryland Program
Baltimore, MD
Program ID: 409-23-31-010

Boston University Medical Center Program
Boston, MA
Program ID: 409-24-21-007

Mayo School of Graduate Medical Education (Rochester) Program
Rochester, MN
Program ID: 409-26-21-013
New Programs

Albert Einstein College of Medicine at Beth Israel Medical Center Program
New York, NY
Program ID: 409-35-31-005

The Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 409-38-13-014

Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 409-51-12-009

University of Washington Program
Seattle, WA
Program ID: 409-54-21-011

Pulmonary Disease and Critical Care Medicine (Internal Medicine)
Newark Beth Israel Medical Center Program
Newark, NJ
Program ID: 156-33-21-132

Radiation Oncology
University of California (Davis) Health System Program
Sacramento, CA
Program ID: 430-00-22-132

Rheumatology (Internal Medicine)
University of California (Davis) Health System Program
Sacramento, CA
Program ID: 156-35-31-153

Case Western Reserve University (Metro Health) Program
Cleveland, OH
Program ID: 150-38-31-152

Selective Pathology (Pathology)
Yale-New Haven Medical Center Program
New Haven, CT
Program ID: 801-00-21-037

Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)
Sinai Hospital Program
Baltimore, MD
Program ID: 345-23-12-035

University of Michigan Program
Ann Arbor, MI
Program ID: 345-35-32-023

Sports Medicine (Family Medicine)
University of Arizona Program
Tucson, AZ
Program ID: 127-03-12-083

University of California (Davis) Health System Program
Sacramento, CA
Program ID: 127-06-31-082

Southern Illinois University (Carbondale) Program
Carbondale, IL
Program ID: 127-16-31-085

University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Wichita, KS
Program ID: 127-19-31-086

University of Maryland Program
Baltimore, MD
Program ID: 127-23-21-051

University at Buffalo Program
Buffalo, NY
Program ID: 127-36-31-084

Texas Tech University (Lubbock) Program
Lubbock, TX
Program ID: 127-48-12-081

Surgical Critical Care (General Surgery)
University of South Florida
Tampa, FL
Program ID: 442-11-21-104

Loyola University Program
Maywood, IL
Program ID: 442-16-21-102

Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 442-36-13-105

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 442-41-13-103

Thoracic Surgery
University Hospital/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 460-38-22-119

Transitional Year
Newton-Wellesley Hospital Program
Newton, MA
Program ID: 999-24-00-246

Undersea and Hyperbaric Medicine (Emergency Medicine)
University of Pennsylvania Program
Philadelphia, PA
Program ID: 119-41-21-001

Vascular Neurology (Neurology)
University of Alabama Medical Center Program
Birmingham, AL
Program ID: 188-01-23-015

Emory University Program
Atlanta, GA
Program ID: 188-12-31-023

Johns Hopkins University Program
Baltimore, MD
Program ID: 188-23-12-024

Massachusetts General Hospital/Brigham and Women’s Hospital/Harvard Medical School Program
Boston, MA
Program ID: 188-24-21-018

Washington University/B-JH/SLCH Consortium Program
St Louis, MO
Program ID: 188-28-12-020

SUNY at Stony Brook Program
Stony Brook, NY
Program ID: 188-35-21-026

New York Presbyterian Hospital (Columbia Campus) Program
New York, NY
Program ID: 188-35-31-012

Southern Illinois University (Carbondale) Program
Carbondale, IL
Program ID: 127-16-31-085

University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Wichita, KS
Program ID: 127-19-31-086

University of Maryland Program
Baltimore, MD
Program ID: 127-23-21-051

University at Buffalo Program
Buffalo, NY
Program ID: 127-36-31-084

Texas Tech University (Lubbock) Program
Lubbock, TX
Program ID: 127-48-12-081

Surgical Critical Care (General Surgery)
University of South Florida
Tampa, FL
Program ID: 442-11-21-104

Loyola University Program
Maywood, IL
Program ID: 442-16-21-102

Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 442-36-13-105

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 442-41-13-103

Thoracic Surgery
University Hospital/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 460-38-22-119

Transitional Year
Newton-Wellesley Hospital Program
Newton, MA
Program ID: 999-24-00-246

Undersea and Hyperbaric Medicine (Emergency Medicine)
University of Pennsylvania Program
Philadelphia, PA
Program ID: 119-41-21-001

Vascular Neurology (Neurology)
University of Alabama Medical Center Program
Birmingham, AL
Program ID: 188-01-23-015

Emory University Program
Atlanta, GA
Program ID: 188-12-31-023

University of California (Davis) Health System Program
Sacramento, CA
Program ID: 127-06-31-082

Southern Illinois University (Carbondale) Program
Carbondale, IL
Program ID: 127-16-31-085

University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Wichita, KS
Program ID: 127-19-31-086

University of Maryland Program
Baltimore, MD
Program ID: 127-23-21-051

University at Buffalo Program
Buffalo, NY
Program ID: 127-36-31-084

Texas Tech University (Lubbock) Program
Lubbock, TX
Program ID: 127-48-12-081

Surgical Critical Care (General Surgery)
University of South Florida
Tampa, FL
Program ID: 442-11-21-104

Loyola University Program
Maywood, IL
Program ID: 442-16-21-102

Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 442-36-13-105

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 442-41-13-103

Thoracic Surgery
University Hospital/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 460-38-22-119

Transitional Year
Newton-Wellesley Hospital Program
Newton, MA
Program ID: 999-24-00-246

Undersea and Hyperbaric Medicine (Emergency Medicine)
University of Pennsylvania Program
Philadelphia, PA
Program ID: 119-41-21-001

Vascular Neurology (Neurology)
University of Alabama Medical Center Program
Birmingham, AL
Program ID: 188-01-23-015

Emory University Program
Atlanta, GA
Program ID: 188-12-31-023
Withdrawn Programs

The accreditation of the following programs was withdrawn or voluntarily withdrawn with an effective date between January 1 and December 31, 2004.

Addiction Psychiatry (Psychiatry)
University of Missouri at Kansas City Program
Kansas City, MO
Program ID: 401-28-21-045

Thomas Jefferson University Program
Philadelphia, PA
Program ID: 401-41-12-044

Anesthesiology
Howard University Program
Washington, DC
Program ID: 040-10-11-094

Cardiovascular Disease (Internal Medicine)
Brigham and Women’s Hospital Program A
Boston, MA
Program ID: 141-24-21-008

Graduate Hospital Program
Philadelphia, PA
Program ID: 141-41-11-174

Brown University Program A
Providence, RI
Program ID: 141-43-21-260

Clinical Neurophysiology (Neurology)
New York Medical College at St. Vincent’s Hospital and Medical Center of New York Program
New York, NY
Program ID: 187-35-31-013

Drexel University College of Medicine/Hahnemann University Hospital Program
Philadelphia, PA
Program ID: 187-41-01-089

Critical Care Medicine (Anesthesiology)
University of Michigan Program
Ann Arbor, MI
Program ID: 045-25-21-060

Cytopathology (Pathology)
University of Illinois College of Medicine at Chicago Program
Chicago, IL
Program ID: 307-16-21-050

University of Missouri-Columbia Program
Columbia, MO
Program ID: 307-28-22-094

Summa Health System/NEOUCOM Program
Akron, OH
Program ID: 307-38-21-045

Dermatopathology (Dermatology and Pathology)
St Luke’s-Roosevelt Hospital Center Program
New York, NY
Program ID: 100-35-31-063

Emergency Medicine
Howard University Program
Washington, DC
Program ID: 110-10-12-010

Family Medicine
University of Arkansas for Medical Sciences AHEC (Northeast) Rural Program
Little Rock, AR
Program ID: 120-04-13-669

Montana Family Medicine Residency Rural Program
Billings, MT
Program ID: 120-25-21-161

Dartmouth-Hitchcock Medical Center Program
Lebanon, NH
Program ID: 120-32-21-551

Hamot Medical Center Program
Erie, PA
Program ID: 120-41-11-263

Meadville Medical Center Program
Meadville, PA
Program ID: 120-41-21-485

Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 120-51-21-485

University of Wisconsin (Menomonie) Rural Program
Menomonie, WI
Program ID: 120-56-21-415

University of Wisconsin (Antigo) Rural Program
Antigo, WI
Program ID: 120-56-21-055

Forensic Pathology (Pathology)
Sacramento County Coroner’s Office Program
Sacramento, CA
Program ID: 310-02-12-080

Forensic Psychiatry (Psychiatry)
Rush University Medical Center Program
Chicago, IL
Program ID: 406-16-21-009

University of Missouri at Kansas City Program
Kansas City, MO
Program ID: 406-28-21-030

Wright State University Program
Dayton, OH
Program ID: 406-38-13-034

Gastroenterology (Internal Medicine)
Southern Illinois University Program
Springfield, IL
Program ID: 144-16-21-208

Geriatric Medicine (Family Medicine)
Sparrow Hospital/Michigan State University Program
Lansing, MI
Program ID: 125-25-31-021

Hand Surgery (General Surgery)
Union Memorial Hospital Program
Baltimore, MD
Program ID: 443-23-21-001

Hematology (Internal Medicine)
Georgetown University Hospital Program
Washington, DC
Program ID: 145-10-31-078

Coney Island Hospital Program
Brooklyn, NY
Program ID: 145-35-11-149

Internal Medicine
Caguas Regional Hospital Program
Caguas, PR
Program ID: 149-42-21-303

Medical Genetics
Maimonides Medical Center Program
Brooklyn, NY
Program ID: 130-35-21-016

Medical Toxicology (Emergency Medicine)
Vanderbilt University Program
Nashville, TN
Program ID: 118-47-21-018

Musculoskeletal Radiology (Radiology-Diagnostic)
University of Wisconsin Program
Madison, WI
Program ID: 426-56-21-008
Neurology
VA Greater Los Angeles Healthcare System Program
Los Angeles, CA
Program ID: 180-05-01-013

Neuropathology (Pathology)
University of Rochester Program
Rochester, NY
Program ID: 318-35-11-087

Neuroradiology (Radiology-Diagnostic)
New York Medical College at Westchester Medical Center Program
Valhalla, NY
Program ID: 423-35-21-035

Nuclear Medicine
McGaw Medical Center of Northwestern University Program
Chicago, IL
Program ID: 200-16-31-026

Christ Hospital Program
Cincinnati, OH
Program ID: 200-38-21-112

Nuclear Radiology (Radiology-Diagnostic)
McGaw Medical Center of Northwestern University Program
Chicago, IL
Program ID: 425-16-21-052

Obstetrics and Gynecology
Glendale Adventist Medical Center Program
Glendale, CA
Program ID: 220-05-31-030

Maryland General Hospital Program
Baltimore, MD
Program ID: 220-23-11-415

University of Texas Southwestern Medical School/St Paul Medical Center Program
Dallas, TX
Program ID: 220-18-31-283

Oncology (Internal Medicine)
Georgetown University Hospital Program
Washington, DC
Program ID: 147-19-21-978

Ophthalmology
Georgetown University Hospital Program
Washington, DC
Program ID: 249-10-21-038

Interfaith Medical Center Program
Brooklyn, NY
Program ID: 249-35-11-100

Orthopaedic Surgery of the Spine (Orthopaedic Surgery)
University of Rochester Program
Rochester, NY
Program ID: 267-35-31-025

Pathology-Anatomic and Clinical
University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program
Chicago, IL
Program ID: 309-16-21-009

Pediatric Anesthesiology (Anesthesiology)
UMDNJ-New Jersey Medical School Program
Newark, NJ
Program ID: 042-33-21-046

Pediatric Gastroenterology (Pediatrics)
Children's Hospital-Oakland Program
Oakland, CA
Program ID: 322-05-13-063

Pediatric Hematology/Oncology (Pediatrics)
SUNY Upstate Medical University Program
Syracuse, NY
Program ID: 327-35-21-028

Pediatric Nephrology (Pediatrics)
University of Alabama Medical Center Program
Birmingham, AL
Program ID: 328-01-21-057

University of Colorado Program
Denver, CO
Program ID: 328-07-21-003

Duke University Hospital Program
Durham, NC
Program ID: 328-36-21-044

Pediatric Orthopaedics (Orthopaedic Surgery)
Brown University Program
Providence, RI
Program ID: 265-43-12-042

Pediatric Pathology (Pathology)
Johns Hopkins University Program
Baltimore, MD
Program ID: 316-23-21-025

Pediatric Pulmonology (Pulmonology)
University of Chicago Program
Chicago, IL
Program ID: 330-16-21-048

Pediatric Radiology (Radiology-Diagnostic)
Jackson Memorial Hospital/Jackson Health System Program
Miami, FL
Program ID: 424-11-21-006

Pediatric Urology (Urology)
University of Tennessee Program
Memphis, TN
Program ID: 485-47-21-007

Physical Medicine and Rehabilitation
Medical University of South Carolina Program
Charleston, SC
Program ID: 340-45-21-092

Preventive Medicine
University of Alabama Medical Center Program
Birmingham, AL
Program ID: 380-01-77-064

UCLA Medical Center Program
Los Angeles, CA
Program ID: 380-05-21-010

George Washington University Program
Washington, DC
Program ID: 380-05-77-008

University of Michigan School of Public Health Program
Ann Arbor, MI
Program ID: 380-25-77-077

Medical College of Wisconsin Affiliated Hospitals Program
Milwaukee, WI
Program ID: 380-56-77-005

Psychiatry
Austin State Hospital Program
Austin, TX
Program ID: 400-48-12-009

Pulmonary Disease and Critical Care Medicine (Internal Medicine)
Mount Sinai School of Medicine (Elmhurst Hospital Program
New York, NY
Program ID: 156-35-21-123

Radiology-Diagnostic
Charles R Drew University Program
Los Angeles, CA
Program ID: 429-05-12-022

University of Illinois College of Medicine at Chicago/Michael Reese Hospital Program
Chicago, IL
Program ID: 429-16-12-007

University of Tennessee Program
Memphis, TN
Program ID: 429-47-21-188
Withdrawn Programs

Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)
University of Texas Health Science Center at San Antonio Program
San Antonio, TX
Program ID: 346-48-21-022

Sports Medicine (Family Medicine)
Memorial Hermann Hospital System Program
Houston, TX
Program ID: 127-48-12-000

Surgical Critical Care (General Surgery)
Baylor College of Medicine/Ben Taub General Hospital Program
Houston, TX
Program ID: 442-48-12-078

Thoracic Surgery
Newark Beth Israel Medical Center Program
Newark, NJ
Program ID: 460-48-12-014

San Antonio Uniformed Services Health Education Consortium Program
Fort Sam Houston, TX
Program ID: 460-48-12-004

Transitional Year
Charles R Drew Medical Center Program
Los Angeles, CA
Program ID: 999-05-00-242

Urology
Howard University Program
Washington, DC
Program ID: 480-10-21-032

Vascular and Interventional Radiology (Radiology-Diagnostic)
Howard University Program
Washington, DC
Program ID: 427-10-21-065

Eastern Virginia Medical School Program
Norfolk, VA
Program ID: 427-51-12-106
Section V

Graduate Medical Education Teaching Institutions

Section V lists hospitals and organizations that sponsor graduate medical education (GME) programs or participate in GME. Sponsoring institutions assume final responsibility for a GME program. Most GME programs are sponsored by specific clinical departments within a hospital, another health care institution such as a medical school, or an educational consortium. Major participating institutions include hospitals or other sites recognized by at least one residency review committee as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the Directory.

All institutions that sponsor GME programs or participate in GME are listed in alphabetical order by state and city. Each listing includes the institution name, address, and identification code. Also provided are codes of medical schools affiliated with each institution (where applicable) and abbreviations for the specialty and subspecialty programs affiliated with each institution. (A key for specialty and subspecialty abbreviation codes is provided on the inside back cover of this Directory).

Candidates seeking a residency should refer to the list of programs in Section III. Applications for a residency position should be addressed to the program director rather than to an institution.

Relationships Between Hospitals and Medical Schools (Medical School Affiliation)

Hospitals that sponsor an accredited program are not required to have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as M (major), G (graduate only), or L (limited). The medical school associated with the code number in this listing is identified in Appendix D.

Major affiliation (M) signifies that an institution is an important part of the teaching program of the medical school and is a major unit in the clinical clerkship program. Major teaching institutions provide clerkship experience in two or more of the major specialties: internal medicine, surgery, pediatrics, and obstetrics-gynecology. An institution responsible for most of the teaching in a single specialty, such as psychiatry or pediatrics, may also be considered a major affiliation. In a major teaching institution, medical students serve clinical clerkships regularly on inpatient services, under the direct supervision of medical school faculty. A major teaching institution may or may not be used for medical school residencies.

Graduate affiliation (G) indicates that the institution is affiliated with the medical school only for its graduate programs and that one or more of the following arrangements is in effect:
1. House staff of the GME programs are selected by officials of a medical school department or by a joint committee of the institution teaching staff and medical school faculty.
2. Medical school faculty (other than the institution's attending staff) are regularly scheduled to participate in the teaching programs of the institution. No graduate affiliation is indicated if medical school faculty participation at the institution is limited to an occasional lecture or consultation visit, or if the institution's residents attend medical school teaching conferences only as visitors.
3. A contractual arrangement (with or without financial commitment) specifies the medical school participation in the organization and supervision of the GME program in the institution.
4. There is some degree of exchange of residents between this institution and the principal teaching institution of the medical school.

Limited affiliation (L) signifies that the institution is affiliated with the medical school's teaching program only for brief and/or unique rotations of students or residents.
Alabama

Anniston
Northeast Alabama Regional Medical Center
409 S Tenth St
PO Box 2208
Anniston, AL 36202-2208
Programs sponsored in: FP
Institution ID: 01-0617

Birmingham
American Red Cross Blood Services-Alabama Region
2225 Third Ave, North
Birmingham, AL 35203-0606
Med Sch Affil: G-00102
Major participating institution for programs in: BBK
Institution ID: 01-0404

American Sports Medicine Institute
1311 13th St South
Birmingham, AL 35205
Med Sch Affil: G-00102
Programs sponsored in: OFN, OSM
Institution ID: 01-0609

Baptist Health System Inc
Buchanan Building Suite B-B
800 Montclair Rd
Birmingham, AL 35213
Med Sch Affil: G-00102
Programs sponsored in: DR, GS, IM, PTH, TY
Institution ID: 01-0619

Baptist Medical Center-Montclair
940 Montclair Rd
Birmingham, AL 35213
Med Sch Affil: G-00102
Major participating institution for programs in: DR, GS, IM, PTH, TY
Institution ID: 01-0607

Baptist Medical Center-Princeton
701 Princeton Ave, SW
Birmingham, AL 35241
Med Sch Affil: G-00102
Major participating institution for programs in: DR, GS, IM, PTH, TY
Institution ID: 01-0617

Carraway Methodist Medical Center
Dept of Academic Affairs
1600 Carraway Blvd
Birmingham, AL 35234
Med Sch Affil: M-00102
Programs sponsored in: FP, PSM, GS, IM, TY
Institution ID: 01-0618

Children's Hospital of Alabama
1800 Seventeenth Ave, South
Birmingham, AL 35223-0010
Med Sch Affil: M-00102
Major participating institution for programs in: ADL, AI, AN, APFM, BBK, CCA, CCF, CCS, CD, CHN, CHE, CUF, DRM, DR, EM, END, FP, GE, GS, IM, IT, MPM, HO, HSO, IC, ICE, JD, IM, MG, MGP, MPD, N, NEP, NM, NF, NPM, NS, OB, OPH, ORS, OTO, P, PAN, PCC, PCD, PDI, PDE, PFI, PDS, PFS, PFM, PHP, PG, PHO, PM, PS, PTH, PGF, RHU, RN, RO, SCI, TS, U, VR, VN, VS
Institution ID: 01-0617

Dermatology Associates
2100 16th Ave South, Suite 222
Birmingham, AL 35205
Programs sponsored in: PRD
Institution ID: 01-0615

Eye Foundation Hospital
1720 University Blvd
Birmingham, AL 35233-8605
Med Sch Affil: M-00102
Major participating institution for programs in: OPH
Institution ID: 01-0612

HealthSouth Medical Center
1201 11th Ave South
Birmingham, AL 35205-0605
Major participating institution for programs in: PSM, OPA
Institution ID: 01-0603

Jefferson County Coroner/Medical Examiner's Office
1515 Sixth Ave, S
Birmingham, AL 35233-0995
Med Sch Affil: G-00102
Major participating institution for programs in: PFP
Institution ID: 01-0611

Medical Center East
10 Medical Park Dr
Birmingham, AL 35235-9990
Med Sch Affil: L-00102
Programs sponsored in: FP
Institution ID: 01-0615

St Vincent's Hospital
810 St Vincent's Drive
PO Box 13467
Birmingham, AL 35202-2407
Med Sch Affil: G-00103
Major participating institution for programs in: P
Institution ID: 01-0616

University of Alabama Hospital
610 S 18th St
Birmingham, AL 35249-6505
Med Sch Affil: M-00102
Programs sponsored in: ADL, AI, AN, APFM, BBK, CCA, CCF, CCS, CD, CHN, CHE, CUF, DRM, DR, EM, END, FP, GE, GS, IM, IT, MPM, HO, HSO, IC, ICE, JD, IM, MG, MGP, MPD, N, NEP, NM, NF, NPM, NS, OB, OPH, ORS, OTO, P, PAN, PCC, PCD, PDI, PDE, PFI, PDS, PFS, PFM, PHP, PG, PHO, PM, PS, PTH, PGF, RHU, RN, RO, SCI, TS, U, VR, VN, VS
Institution ID: 01-0617

University of Alabama School of Medicine
306 Medical Education Bldg
1813 Sixth Ave, S
Birmingham, AL 35224-0605
Med Sch Affil: M-00102
Major participating institution for programs in: MG
Institution ID: 01-0627

Veterans Affairs Medical Center (Birmingham)
700 S 19th St
Birmingham, AL 35233-8805
Med Sch Affil: M-00102
Major participating institution for programs in: AI, CD, CN, D, DRM, END, GS, HSO, ICE, IM, IMG, MGP, N, NEP, NM, NF, NS, OPH, ORS, OTO, PCE, FS, PTH, RO, TS, U, VS
Institution ID: 01-0606

Huntsville
Huntsville Hospital
101 Sixley Road
Huntsville, AL 35801-0990
Med Sch Affil: M-00102
Major participating institution for programs in: FP, PSM
Institution ID: 01-0617

Mobile
Mobile Infirmary Medical Center
PO Box 2295
Mobile, AL 36652-2144
Major participating institution for programs in: P
Institution ID: 01-0616

University of South Alabama Hospitals
2461 Pillingham St
Mobile, AL 36617-2203
Med Sch Affil: M-00106
Programs sponsored in: CD, DR, FP, GE, GS, ID, IM, M, PM, N, OB, ORS, P, PTH, PUD
Institution ID: 01-0613

University of South Alabama Medical Center
1700 Center St
Mobile, AL 36604-3391
Med Sch Affil: M-00106
Major participating institution for programs in: FP, GS, ID, ORS, P, PUD
Institution ID: 01-0610

USA Children's and Women's Hospital
1700 Center St
Mobile, AL 36603-3388
Med Sch Affil: M-00106
Major participating institution for programs in: FP, GE, GS, ID, N, ORS, P
Institution ID: 01-0610

USA Knollwood Park Hospital
5600 Giry Road
Mobile, AL 36693-3388
Med Sch Affil: M-00106
Major participating institution for programs in: FP, GE, GS, ID, N, ORS, P
Institution ID: 01-0610

Montgomery
Baptist Medical Center South
2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Med Sch Affil: M-00102
Major participating institution for programs in: FP, IM
Institution ID: 01-0609

Baptist Outreach Services
301 Brown Springs Road
PO Box 344901
Montgomery, AL 36124-0124
Programs sponsored in: FP
Institution ID: 01-0612

Selma
Vaughn Regional Medical Center
P O Box 328
W Dallas Ave
Selma, AL 36701
Major participating institution for programs in: FP
Institution ID: 01-0612
Tuscaloosa

DCH Regional Medical Center
801 University Blvd, E
Tuscaloosa, AL 35480-6690
Med Sch Affi: M-00102
Major participating institution for programs in: FP, GS
Institution ID: 01-0519

Taylor Hardin Secure Medical Facility
Jack Warner Parkway
Tuscaloosa, AL 35404
Major participating institution for programs in: FFP
Institution ID: 01-6014

Tuskegee

Central Alabama Veterans Healthcare System
2400 Hospital Road
Tuskegee, AL 36083-2407
Med Sch Affi: G-01221
Major participating institution for programs in: P
Institution ID: 01-6366

Alaska

Anchorage

Providence Hospital
3200 Providence Dr
PO Box 196664
Anchorage, AK 99519-6604
Med Sch Affi: L-05404
Programs sponsored in: FP
Institution ID: 02-8001

Arizona

Davis-Monthan AFB
US Air Force Hospital
4175 S Alamo Ave
Davis-Monthan AFB, AZ 85707-4405
Major participating institution for programs in: OBG
Institution ID: 03-0503

Phoenix

Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
Med Sch Affi: M-00301
Programs sponsored in: CD, END, ETE, FP, GE, GS, IC, IM, IMG, MDP, OBG, P, PCC, TY
Institution ID: 03-0815

Biltmore Advanced Imaging Center
2141 East Camelback Road
Phoenix, AZ 85016
Major participating institution for programs in: OBG
Institution ID: 04-0802

Carl T Hayden Veterans Affairs Medical Center (Phoenix)
650 East Indian School Rd
Phoenix, AZ 85012
Med Sch Affi: L-00301
Major participating institution for programs in: CD, END, GE, GS, IM, IMG, ORS, PCC
Institution ID: 03-0504

Children’s Rehabilitative Services - St Joseph’s Hospital
124 W Thomas Road
Phoenix, AZ 85013-6604
Major participating institution for programs in: ORS
Institution ID: 03-0485

Marcopola Medical Center
1121 East Roosevelt St
Phoenix, AZ 85008
Med Sch Affi: M-00301, G-02580
Programs sponsored in: CHP, EM, GS, IM, MFP, ORG, ORS, P
Major participating institution for programs in: D, MFP, PD
Institution ID: 03-0253

Mayo Clinic Hospital
5777 E Mayo Boulevard
Phoenix, AZ 85544
Med Sch Affi: M-00301
Major participating institution for programs in: CD, D, FP, GE, GS, IM, NT, U
Institution ID: 03-0429

Phoenix Baptist Hospital and Medical Center/Vanguard Health System
2060 W Bethany Home Road
Phoenix, AZ 85015
Med Sch Affi: L-00301
Programs sponsored in: FP
Institution ID: 03-0617

Phoenix Children’s Hospital
3919 E Thomas Rd
Phoenix, AZ 85016-7710
Med Sch Affi: L-00301
Programs sponsored in: PD, PDE, PEM
Major participating institution for programs in: D, ETE, MDP, NS, U
Institution ID: 03-0815

St Joseph’s Hospital and Medical Center
350 West Thomas Road
Phoenix, AZ 85013-6604
Med Sch Affi: M-00301, G-04815
Programs sponsored in: CHP, CN, DR, FP, PFP, IM, N, NS, PD, PTH, RNR
Major participating institution for programs in: CHP, IC, ORG, ORS
Institution ID: 03-0136

Scottdale

Mayo Clinic (Scottsdale)
13480 E Shea Boulevard
Scottsdale, AZ 85259-2184
Med Sch Affi: M-00301, G-04815
Programs sponsored in: CHP, CN, DR, FP, PFP, IM, N, NS, PD, PTH, RNR
Major participating institution for programs in: APM, CD, D, GE, GS, IM, NT, U
Institution ID: 03-0819

Scottsdale Healthcare
9000 East Shea Boulevard
Scottsdale, AZ 85260-6771
Major participating institution for programs in: PP
Institution ID: 03-0924

Scottsdale Healthcare-Osborn
7500 E Osborn Rd
Scottsdale, AZ 85251-6409
Med Sch Affi: M-00301
Programs sponsored in: FP
Institution ID: 03-0812

Sun City

Walter D Boswell Memorial Hospital
10401 W Thunderbird Blvd
PO Box 1990
Sun City, AZ 85372-6771
Major participating institution for programs in: FFP
Institution ID: 03-8026

Sun City West

Del E Webb Memorial Hospital
14502 W Wrenner Blvd
PO Box 5169
Sun City West, AZ 85375-6771
Major participating institution for programs in: FFP
Institution ID: 03-8027

Tucson

Desert Dialysis Center
2022 E Prince Rd
Tucson, AZ 85719
Major participating institution for programs in: NEP
Institution ID: 03-8094

Kino Community Hospital
PO Box 42165
Tucson, AZ 85722-6604
Med Sch Affi: M-00301
Major participating institution for programs in: GE, OPH, VIR
Institution ID: 03-0246

Northwest Medical Center
5000 North La Cholla Boulevard
Tucson, AZ 85755-3599
Major participating institution for programs in: NS
Institution ID: 03-8035

Southern Arizona VA Health Care Center (Tucson)
3601 South Sixth Ave
Tucson, AZ 85723-6604
Med Sch Affi: M-00301
Major participating institution for programs in: AN, CD, D, DR, GE, GS, ID, IM, IMG, MGP, MN, N, NEP, NS, OPH, P, PCC, PTH, PTN, TY, U, VIR
Institution ID: 03-0811

Tucson Hospitals Medical Education Program Inc
5301 E Grant Road
PO Box 42165
Tucson, AZ 85722-6604
Med Sch Affi: M-00301
Major participating institution for programs in: AN, CD, D, DR, GE, GS, ID, IM, IMG, MGP, MN, N, NEP, NS, OPH, P, PCC, PTH, PTN, TY, U, VIR
Institution ID: 03-0811

University Medical Center
1501 North Campbell Ave
PO Box 240128
Tucson, AZ 85724-4405
Med Sch Affi: M-00301
Major participating institution for programs in: AN, APM, CCA, CD, CHP, D, DR, EM, EMP, EP, FSP, GS, GMP, HMP, HO, IC, ICE, ID, IM, IMG, MGP, MN, N, NEP, NS, ORG, OHI, OBS, ORS, P, PCC, PO, PDE, PDP, PDE, PTN, TY, U, VIR
Institution ID: 03-0811

University of Arizona College of Medicine
1501 North Campbell Ave
PO Box 240358
Tucson, AZ 85724-5858
Programs sponsored in: AN, APM, CCA, CD, CHP, D, DR, EM, EMP, EP, FSP, GS, GMP, HMP, HO, IC, ICE, ID, IM, IMG, MGP, MN, N, NEP, NS, ORG, OHI, OBS, ORS, P, PCC, PO, PDE, PDP, PDE, PTN, TY, U, VIR
Institution ID: 03-0811
Colton
Arrowhead Regional Medical Center
490 North Pepper Ave
Colton, CA 92324-1819
Med Sch Affil: L-00514, L-00512, G-00515
Programs sponsored in: FP, FPG, TY
Major participating institution for programs in: GS, HSO, ORS, OTO, PS, U
Institution ID: 05-0267

Daly City
Seton Medical Center
1800 Sullivan Ave
Daly City, CA 94015-1290
Med Sch Affil: L-00502
Major participating institution for programs in: RO
Institution ID: 05-0494

Davis
Sutter Davis Hospital
Rd 08 at Corell Blvd
PO Box 1617
Davis, CA 95617
Major participating institution for programs in: FP
Institution ID: 05-0728

University of California (Davis) School of Medicine
100 Medical Science 1-C Bldg
Davis, CA 95616-0825
Med Sch Affil: M-00510
Major participating institution for programs in: END, GS
Institution ID: 05-9602

Downey
LAC-Rancho Los Amigos National Rehabilitation Center
761 E Imperial Highway
Downey, CA 90242
Med Sch Affil: M-00506, G-00515, G-01401
Major participating institution for programs in: FPG, GE, ORS, PM, RHU
Institution ID: 05-9604

Duarte
City of Hope National Medical Center
Department of Pathology
1560 E Duarte Ave
Duarte, CA 91010-1486
Med Sch Affil: L-00506, L-01902, L-00518, G-00515
Programs sponsored in: HMP
Major participating institution for programs in: HO, RO
Institution ID: 05-0233

Fontana
Kaiser Foundation Hospital (Fontana)
9611 Sierra Ave
Fontana, CA 92335-1084
Med Sch Affil: L-00512, L-00514
Major participating institution for programs in: FP, FSG, GPM, GS, OBG, PS
Institution ID: 05-0576

Fresno
Community Medical Centers-University Medical Center
446 S Cedar Ave
Fresno, CA 93702
Med Sch Affil: M-00502
Major participating institution for programs in: CCS, EM, FP, GS, IM, OBG, P, PD
Institution ID: 05-0486
Fresno County Health Services
1221 Fulton
Fresno, CA 93725
Major participating institution for programs in: P
Institution ID: 05-8129
Kaiser Permanente Medical Center (Fresno)
7300 N Fresno St
Fresno, CA 93720
Major participating institution for programs in: P
Institution ID: 05-8131
UCSF-Fresno Medical Education Program
2615 East Clinton Ave
Fresno, CA 93710-7925
Programs sponsored in: CBB, EM, FP, GS, IFP, IM, OBG, P, PD
Institution ID: 05-9601
VA Central California Healthcare System
2615 E Clinton Ave
Fresno, CA 93703-1046
Med Sch Affil: M-00502
Major participating institution for programs in: GS, IM, P
Institution ID: 05-6881

Glendora
Kaiser Permanente Medical Center (Glendora)
1500 Wilson Terrace
Glendora Medical - Ms Elaine Allen
Glendora, CA 91740-4907
Med Sch Affil: L-00514, L-00512
Programs sponsored in: FP
Institution ID: 05-6811

Inglewood
Centinela Hospital Medical Center
555 East Hardy St
Inglewood, CA 90301
Major participating institution for programs in: OSM
Institution ID: 05-0792

Irvine
University of California (Irvine) College of Medicine
Irvine Hall Bldg
Irvine, CA 92717
Major participating institution for programs in: GPM
Institution ID: 05-0411

La Jolla
Scripps Clinic
10680 N Torrey Pines Road, Rm 403 C
La Jolla, CA 92037
Med Sch Affil: L-00518
Programs sponsored in: AI, CD, EN, GE, HMP, HO, IC, IN, PRD, RHU, VS
Major participating institution for programs in: OTO
Institution ID: 05-0225
Scripps Clinic/Scripps Green Hospital
10666 N Torrey Pines Road
La Jolla, CA 92037-3138
Major participating institution for programs in: AI, CD, EN, GE, HMP, HO, IC, IM, RHU
Institution ID: 05-8106

Loma Linda
University Medical Center
11234 Anderson St
Loma Linda, CA 92354
Med Sch Affil: M-00512, L-02312, G-00515
Programs sponsored in: AN, APM, CCP, CD, CIB, CN, D, DR, EM, FP, GE, GPM, GS, HSO, IM, MPD, N, NPM, NS, OBG, OPG, OHS, OTO, OTH, P, PAN, PCC, PD, PDR, PS, PM, PRD, PS, PTH, RHU, RNR, RO, TS, U, VHR, VS
Major participating institution for programs in: GE
Institution ID: 05-0238

Miller Children's Hospital
2801 Atlantic Ave
Long Beach, CA 90801
Major participating institution for programs in: FDP
Institution ID: 05-0794

Southern California Center for Sports Medicine
2760 Atlantic Ave
Long Beach, CA 90804-1219
Major participating institution for programs in: OSM
Institution ID: 05-8362

St Mary Medical Center
1550 Linden Ave
Long Beach, CA 90813-1405
Med Sch Affil: L-00514
Programs sponsored in: IM
Major participating institution for programs in: CD, PCC, VS
Institution ID: 05-0267

VA Long Beach Healthcare System
5861 E Seventh St
Long Beach, CA 90822-5201
Med Sch Affil: M-00515
Major participating institution for programs in: AI, CCA, CD, DR, EN, GE, GS, HO, ID, IM, MG, N, NEP, OPH, ORS, OHS, PCC, PM, PTH, RHU, RO, SCI, U
Institution ID: 05-0186

Los Angeles
California Hospital Medical Center
1401 S Grand Ave
Los Angeles, CA 90015
Med Sch Affil: G-00515, G-00516
Programs sponsored in: FP, FPG
Institution ID: 05-0231

Loma Linda University Medical Center
11234 Anderson St
Loma Linda, CA 92354
Med Sch Affil: M-00512, L-02312, G-00515
Programs sponsored in: AN, APM, CCP, CD, CIB, CN, D, DR, EM, FP, GE, GPM, GS, HSO, IM, MPD, N, NPM, NS, OBG, OPG, OHS, OTO, OTH, P, PAN, PCC, PD, PDR, PS, PM, PRD, PS, PTH, RHU, RNR, RO, TS, U, VHR, VS
Major participating institution for programs in: GE
Institution ID: 05-0238

Long Beach
Long Beach Memorial Medical Center
2801 Atlantic Ave, PO Box 1428
Long Beach, CA 90801-1428
Med Sch Affil: M-00515, L-00514
Programs sponsored in: FP, OSM
Major participating institution for programs in: CD, DR, EM, IC, IM, NPM, OBG, OHS, PCC, PD, PDP, PM, PUG, PTH, RO, SCI
Institution ID: 05-0195

Jerry L Pettis Memorial Veterans Hospital
11201 Benton St
Loma Linda, CA 92357-5600
Med Sch Affil: M-00512
Major participating institution for programs in: CD, DR, EM, FP, GE, GPM, GS, IM, MPD, OPH, ORS, OTO, P, POC, PM, PS, PTH, RHU, U
Institution ID: 05-0748

California
Graduate Medical Education Directory 2005-2006
Martinez
Contra Costa Regional Medical Center
2509 Alhambra Ave
Martinez, CA 94553-1405
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0871

Mather
VA Northern California Health Care System
10500 Hospital Way
Mather, CA 95655
Major participating institution for programs in: EX, FP, ID, IMG, OTO, PCC, U
Institution ID: 05-8118

Merced
Mercy Cancer Center (Merced)
3800 G St
Merced, CA 95340
Major participating institution for programs in: RO
Institution ID: 05-8124

Mercy Medical Center Merced
301 East 13th St
Merced, CA 95340
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0710

Mission Viejo
Mission Hospital Regional Medical Center
27700 Medical Center Drive
Mission Viejo, CA 92691
Major participating institution for programs in: ORS
Institution ID: 05-8188

Modesto
Doctors Medical Center
1441 Florida Ave
PO Box 4138
Modesto, CA 95352-4138
Major participating institution for programs in: FP
Institution ID: 05-0999

Stanislaus County Health Services
850 Scenic Drive
Modesto, CA 95350-4138
Programs sponsored in: FP
Institution ID: 05-8102

Moreno Valley
Riverside County Regional Medical Center
26520 Cactus Ave
Moreno Valley, CA 92555-1405
Med Sch Affil: M-00512, L-00514, G-00515
Programs sponsored in: FP
Major participating institution for programs in: D, EM, GS, IM, FPS, OPH, OT, OTO, PS, U
Institution ID: 05-2409

Napa
Napa State Hospital
2100 Napa Valley Highway
Napa, CA 94558-6283
Major participating institution for programs in: FP
Institution ID: 05-9205

Northridge
Northridge Hospital Medical Center
1900 Focus Blvd
Northridge, CA 91325-0231
Med Sch Affil: L-00514
Programs sponsored in: FP
Institution ID: 05-0729

Norwalk
Metropolitan State Hospital
1140 Norwalk Boulevard
Norwalk, CA 90650-5663
Major participating institution for programs in: CHF, FP
Institution ID: 05-0929

Oakland
Alameda County Medical Center
1411 East 12th St
Oakland, CA 94602-2180
Med Sch Affil: L-00502
Programs sponsored in: EM, IM, TY
Major participating institution for programs in: GS, OPH, OTO
Institution ID: 05-0413

Children's Hospital - Oakland
747 62nd St
Oakland, CA 94608-1809
Med Sch Affil: M-00502
Programs sponsored in: PD, PDI, PDP, PFM, PPO
Major participating institution for programs in: CCP, PAN, PDR
Institution ID: 05-0110

Kaiser Permanente Medical Center
Oakland (Oakland)
360 West MacArthur Boulevard
Oakland, CA 94611-5603
Med Sch Affil: L-00502, G-00516
Major participating institution for programs in: IM, OBG, OTO, PD
Institution ID: 05-1296

Kaiser Permanente Medical Group
(Northern California)
1500 Harrison St, 31st Floor
Oakland, CA 94612-2398
Programs sponsored in: IM, OBG, OTO, PD
Institution ID: 05-0999

Orange
Children's Hospital of Orange County
656 E Main St
Academic Affairs Office
Orange, CA 92868
Med Sch Affil: G-00515
Programs sponsored in: PD, PBO
Major participating institution for programs in: CCP, END, NPM, OTO, OTO
Institution ID: 05-0047

University of California (Irvine) Medical Center
300 East Manchester Blvd
Suite 100
Orange, CA 92868-1084
Med Sch Affil: M-00515
Programs sponsored in: AI, AN, APM, CCA, CCS, CS, OBG, CHF, CHP, CN, D, DMP, DR, E, EN, ET, FF, GE, OPM, GS, HO, IC, ID, IM, IMG, MG, N, NEC, NPM, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDP, PM, PMG, PS, PTH, RHU, RO, SCI, U, VHR
Institution ID: 05-0046

Palo Alto
Lucile Salter Packard Children's Hospital at Stanford
700 Welch Road
Palo Alto, CA 94304-1084
Med Sch Affil: M-00511
Major participating institution for programs in: AI, CCP, CCF, CN, HSO, NPM, NS, ORS, OBG, PBS, PAM, PD, PDC, PDE, PDI, PDR, PDG, PHO, PHO, PRK, PST, U
Institution ID: 05-0572

Veterans Affairs Palo Alto Health Care System
3801 Miranda Ave
Palo Alto, CA 94304-1297
Med Sch Affil: M-00511
Major participating institution for programs in: AN, CCM, CD, CHN, D, DR, END, GE, GS, HSO, IM, IMG, N, NEC, NM, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, PVR, RHU, SCI, TH, U
Institution ID: 05-0273

Pasadena
Huntington Memorial Hospital
100 W California Blvd
Pasadena, CA 91105-7013
Med Sch Affil: M-00508
Major participating institution for programs in: GS, IM
Institution ID: 05-0474

Pasadena Rehabilitation Institute
1017 S Fair Oaks Ave
Pasadena, CA 91105-2423
Major participating institution for programs in: APM
Institution ID: 05-8171

Pomona
Pomona Valley Hospital Medical Center
1738 North Garey Ave
Pomona, CA 91767-2288
Programs sponsored in: FP
Institution ID: 05-0894

Redding
Mercy Medical Center
3175 Bonaventure Ave
PO Box 49609
Redding, CA 96068-6909
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0745

Redwood City
Kaiser Permanente Medical Center
(Redwood City)
1150 Veterans Blvd
Redwood City, CA 94063-1994
Med Sch Affil: L-00511
Major participating institution for programs in: OTO
Institution ID: 05-0292

Riverside
Kaiser Foundation Hospital (Riverside)
10800 Magnolia Ave
Riverside, CA 92505-3300
Med Sch Affil: M-00515
Major participating institution for programs in: FP
Institution ID: 05-8066
Sacramento
California Department of Health Services
1501 Capitol Ave Bldg 171
PO Box 942722
Sacramento, CA 94134-7320
Programs sponsored in: GPM
Institution ID: 05-0702
Kaiser Foundation Hospital (Sacramento)
3035 Morse Ave
Sacramento, CA 95825-1084
Programs sponsored in: GPM
Major participating institution for programs in: IM, NS, ORG, U, VIR
Institution ID: 05-0778
Kaiser Foundation Hospital (South Sacramento)
6600 Braceland Road
Sacramento, CA 95823-2246
Programs sponsored in: GPM
Major participating institution for programs in: EM, U
Institution ID: 05-0846
Mercy General Hospital (Mercy Healthcare Sacramento)
4601 J St
Sacramento, CA 95819
Major participating institution for programs in: FP
Institution ID: 05-0489
Methodist Hospital of Sacramento
7600 Hospital Drive
Sacramento, CA 95823-0037
Programs sponsored in: FP
Institution ID: 05-0809
Shriners Hospitals for Children (Sacramento)
3215 Stockton Boulevard
Sacramento, CA 95817-1455
Med Sch Affil: M-00510
Major participating institution for programs in: HSO, ORS
Institution ID: 05-0239
Sutter General Hospital
2901 I St
Sacramento, CA 95816-1455
Med Sch Affil: M-00519
Major participating institution for programs in: FP
Institution ID: 05-0241
Sutter Health
2300 River Plaza Drive
Sacramento, CA 95833
Programs sponsored in: FP
Institution ID: 05-0865
Sutter Memorial Hospital
5151 P St
Sacramento, CA 95819-0037
Major participating institution for programs in: FP
Institution ID: 05-0864
UC Davis Health System
2315 Stockton Blvd
Sacramento, CA 95817
Med Sch Affil: M-00510, G-02312
Major participating institution for programs in: AI, AN, APM, COS, CS, CHF, CN, D, DBP, DR, EM, END, ETV, FP, PFP, FSM, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NERF, NM, NPM, NS, OBG, ORS, OTH, P, PAN, PCG, PGP, PO, PP, PFM, PMS, PTH, PYM, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-0815
University of California (Davis) Medical Center
2315 Stockton Blvd
Sacramento, CA 95817
Med Sch Affil: M-00510, G-02312
Major participating institution for programs in: AI, AN, APM, COS, CS, CHF, CN, D, DBP, DR, EM, END, ETV, FP, PFP, FSM, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NERF, NM, NPM, NS, OBG, ORS, OTH, P, PAN, PCG, PGP, PO, PP, PFM, PMS, PTH, PYM, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-0436
Salinas
Natividad Medical Center
1441 Constitution Boulevard, Building 300
Salinas, CA 93906-4090
Med Sch Affil: M-00502
Programs sponsored in: FP
Institution ID: 05-0160
San Diego
California Poison Control System (CPSC) San Diego
135 Dickinson Street
San Diego, CA 92103-8925
Major participating institution for programs in: PTX
Institution ID: 05-0110
Children's Hospital and Health Center
3030 Children's Way
San Diego, CA 92125-1772
Med Sch Affil: M-00518
Major participating institution for programs in: AI, AN, CCP, CHF, D, MG, NS, ORS, P, PDG, PDE, PBI, PC, PD, PN, PS, TS, U, UP
Institution ID: 05-0633
Graduate School of Public Health
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4162
Med Sch Affil: G-00518
Major participating institution for programs in: GPM
Institution ID: 05-0830
Kaiser Foundation Hospital (San Diego)
4647 Zion Ave
San Diego, CA 92129-6909
Med Sch Affil: G-00518
Major participating institution for programs in: GS, NS, ORG, OTX
Institution ID: 05-0760
Naval Medical Center (San Diego)
49800 Bob Wilson Dr
San Diego, CA 92134-5000
Med Sch Affil: M-00512, M-00518, L-00012
Programs sponsored in: AN, CCP, CD, D, DR, EM, ER, GS, ID, IM, ORG, OPH, ORS, OTX, P, PCC, PD, PE, PTH, TY, U, UP
Institution ID: 05-0861
San Diego County Medical Examiner
5555 Overland Ave
Bldg 14
San Diego, CA 92123-1270
Programs sponsored in: FOP
Institution ID: 05-0861
Scirpps Mercy Hospital
Department of Graduate Medical Education (MDE285)
4077 Fifth Ave
San Diego, CA 92103-2180
Med Sch Affil: M-00518
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, PTX
Institution ID: 05-0397
University of California (San Diego) Medical Center
200 W Arbor Drive
San Diego, CA 92103
Med Sch Affil: M-00518, G-00515
Programs sponsored in: AI, AN, APM, CMS, CS, CHF, CN, D, DR, EM, END, ETV, FP, PFP, FSM, GE, GS, HMP, HO, ID, IM, IMG, N, NERF, NM, NPM, NS, ORS, OTH, P, PAN, PCG, PGP, PO, PP, PFM, PMS, PTH, PYM, RHU, RNR, RO, TS, U, VIR
Major participating institution for programs in: P, PO, PP
Institution ID: 05-0434
Veterans Affairs Medical Center (San Diego)
3570 La Jolla Village Drive
San Diego, CA 92121-1064
Med Sch Affil: M-00518
Major participating institution for programs in: AI, AN, APM, CS, D, DR, END, ORG, GS, HO, ID, IM, IMG, N, NERF, NM, OPH, ORS, OTX, P, PCC, PS, PTH, PYM, RHU, RO, TS, U, VIR
Institution ID: 05-0509
San Francisco
Blood Centers of the Pacific
270 Masonic Ave
San Francisco, CA 94118-4496
Programs sponsored in: BSK
Institution ID: 05-0767
California Pacific Medical Center
PO Box 7060
San Francisco, CA 94120-3190
Med Sch Affil: L-00502
Programs sponsored in: GPM
Major participating institution for programs in: CN
Institution ID: 05-0432
California Pacific Medical Center (Davies Campus)
Custody and Detention Sites
San Francisco, CA 94114
Med Sch Affil: L-00502
Programs sponsored in: HSP
Major participating institution for programs in: PS
Institution ID: 05-0449
Center for Occupational Psychiatry
690 Market St, Suite 706
San Francisco, CA 94104-3128
Major participating institution for programs in: CHP
Institution ID: 05-0109
Edgewood Center for Children & Families
1801 Vicente St
San Francisco, CA 94116
Major participating institution for programs in: CHP
Institution ID: 05-0186
Kaiser Permanente Medical Center (San Francisco)
5425 Geary Boulevard
San Francisco, CA 94115-4238
Med Sch Affil: L-00502
Major participating institution for programs in: GS, IM, ORG, OTX
Institution ID: 05-0204
Mount Zion Medical Center of the University of California
1600 Divisadero St
PO Box 7021
San Francisco, CA 94120-1307
Major participating institution for programs in: AN, APM, DMP, GS, ID, ORG, OTH, PO, PS, RNR, RO, TS
Institution ID: 05-0208
Travis AFB
David Grant Medical Center
80 MDG/SFG
101 Bodin Circle
Travis AFB, CA 95635-1800
Med Sch Affl: M-00518, G-02312
Programs sponsored in: BK, FT, GS, IM, OB/G, PD, TY
Major participating institution for programs in: CN
Institution ID: 05-0499

Vallejo
Kaiser Foundation Hospital (Vallejo)
97 Sacro Drive
Vallejo, CA 94589
Major participating institution for programs in: GS
Institution ID: 05-0185

Van Nuys
Southern California Orthopedic Institute
6815 Noble Ave
Van Nuys, CA 91405-3759
Programs sponsored in: OSM
Major participating institution for programs in: HSF
Institution ID: 05-0470

Ventura
Ventura County Medical Center
1321 Loma Vista Rd
Ventura, CA 93003-5868
Programs sponsored in: FP
Institution ID: 05-05342

Whittier
Presbyterian Intercommunity Hospital
12401 E Washington Blvd
Whittier, CA 90602-1059
Med Sch Affl: L-00514, G-00566
Programs sponsored in: FP
Institution ID: 05-07562

Woodland Hills
Kaiser Foundation Hospital (Woodland Hills)
5601 DeSoto Ave
Woodland Hills, CA 91365-3060
Med Sch Affl: G-08514
Major participating institution for programs in: FP
Institution ID: 05-4068

Colorado

Aspen
Aspen Foundation for Sports Medicine/Ortho Assoc of Aspen
100 East Main St
Suite 202
Aspen, CO 81611-3758
Programs sponsored in: OSM
Institution ID: 07-8013

Colorado Springs
Penrose-St Francis Healthcare System
Dept of Pathology
2315 North Cascade Ave
Colorado Springs, CO 80907
Programs sponsored in: PT
Institution ID: 07-8027

Denver
Bonfils Blood Center
717 Yosemale St
Denver, CO 80203
Med Sch Affl: L-00702
Programs sponsored in: BBK
Institution ID: 07-8025

Children's Hospital (The)
1016 E 11th Ave
Denver, CO 80203-3708
Med Sch Affl: M-00702
Major participating institution for programs in: ADL, AI, APF, BBK, CCF, CRN, CHP, MG, NPM, NS, ORS, OTTO, PAN, PD, PDC, PDE, PDG, PDP, PDR, FSS, FPM, FG, PEO, PP, PS, RNR, RPM, TS, U
Institution ID: 07-0378

Colorado Mental Health Institute at Fort Logan
3920 West Oxford Ave
Denver, CO 80210
Med Sch Affl: L-00702
Major participating institution for programs in: CHP
Institution ID: 07-0449

Denver Health Medical Center
777 Bannock St, MC 2234
Denver, CO 80204-4307
Med Sch Affl: M-00702, L-02512
Programs sponsored in: BM, BTR
Major participating institution for programs in: ADP, AN, CCS, CD, D, DMP, DR, END, FT, GPDM, GS, H, ID, IM, N, NEP, NS, OB/G, OP, ORS, OTTO, P, PD, PM, P8, PRM, RHI, U, VHI
Institution ID: 07-0230

Exempla Saint Joseph Hospital
1635 Franklin St
Denver, CO 80218-3798
Programs sponsored in: FT, GS, IM, OB/G
Major participating institution for programs in: BBK, U
Institution ID: 07-0451

HealthONE Presbyterian-St Luke's Medical Center
1710 East 19th Ave, 5-C-East
Denver, CO 80218-1281
Programs sponsored in: TY
Institution ID: 07-0077

HealthONE Rose Medical Center
407 E Ninth Ave
Denver, CO 80203-3941
Med Sch Affl: G-00702
Major participating institution for programs in: FP, OB/G
Institution ID: 07-0269

Kaiser Permanente Health Care Group
(Denver)
10th Ave and Lafayette St
Denver, CO 80218
Major participating institution for programs in: GPM
Institution ID: 07-8827

National Jewish Medical and Research Center
1400 Jackson St
Denver, CO 80206-1281
Med Sch Affl: M-00702, G-02312
Major participating institution for programs in: AI, CCP, GPM, RHU
Institution ID: 07-0287

St Anthony Hospital Central
4231 West 16th Ave
Denver, CO 80234-4098
Med Sch Affl: G-00702
Programs sponsored in: FP
Institution ID: 07-0351

University of Colorado Hospital
4200 E Ninth Ave
Denver, CO 802202
Major participating institution for programs in: BBK, C2S, CD, CHP, EM, FP, FSSM, GS, GG, IC, IM, ID, IM, IN, NM, NPM, OHI, ORS, OTO, P, PDE, RHU, RO, TS
Institution ID: 07-0022

University of Colorado School of Medicine
4200 E Ninth Ave, Box C-280
Research Board Room 1401
Denver, CO 80220-1281
Med Sch Affl: M-00702, L-02512
Programs sponsored in: ADL, AI, APF, AN, AMS, BBK, CCF, CCS, CD, CHP, DMP, DR, END, FT, FPM, GS, OPDM, GS, H, ID, IM, JG, MG, N, NPM, NS, OB/G, OP, ORS, OTTO, P, PAN, PM, PDC, PEO, PFI, PEE, PDR, FDS, PEM, FPM, FG, FUE, PM, PP, PPS, PTM, PM, RHU, RMK, RO, RPM, TS, U, V
Institution ID: 07-03413

Veterans Affairs Medical Center (Denver)
1055 Clermont St.
Denver, CO 80220-1722
Med Sch Affl: M-00702, L-02512
Major participating institution for programs in: FT
Institution ID: 07-8020

Fort Collins
Poudre Valley Hospital
1024 Lemay Ave
Fort Collins, CO 80524-3798
Programs sponsored in: FP
Institution ID: 07-0785

Grand Junction
St Mary's Hospital and Medical Center
Seventh St and Patterson Rd
PO Box 1628
Grand Junction, CO 81504-3798
Programs sponsored in: FP
Institution ID: 07-0713

Greeley
North Colorado Medical Center
1801 16th St
Greeley, CO 80631-1281
Programs sponsored in: FP
Institution ID: 07-0848

Pueblo
Colorado Mental Health Institute at Pueblo
1600 W 24th St
Pueblo, CO 81003-1409
Major participating institution for programs in: FP
Institution ID: 07-8024

St Mary-Corwin Medical Center
1006 Minnequa Ave
Pueblo, CO 81004-3798
Programs sponsored in: FP
Institution ID: 07-0846
Vail
Steadman Hawkins Clinic
131 West Meadow Dr
Suite 1000
Vail, CO 81657
Programs sponsored in: OSM
Institution ID: 07-0811

Vail Valley Medical Center
131 W Meadow Dr.
Vail, CO 81657-1430
Major participating institution for programs in: OSM
Institution ID: 07-0817

Westminster
St Anthony Hospital North
2581 West 84th Ave
Westminster, CO 80030-1430
Major participating institution for programs in: FP
Institution ID: 07-0823

Wray
Wray Community District Hospital
1017 West 7th St
Wray, CO 80758-1499
Major participating institution for programs in: FP
Institution ID: 07-0816

Connecticut
Bridgeport
Bridgeport Hospital
267 Grant St, Box 6000
Bridgeport, CT 06610-0729
Med Sch Affil: M-00801
Programs sponsored in: CD, DI, GE, IC, IM, MPD, OBG, PUD
Major participating institution for programs in: CCE, EM, GS
Institution ID: 08-0359

St Vincent's Medical Center
2800 Main St
Bridgeport, CT 06606-0729
Med Sch Affil: M-00801, L-00809, G-03501
Programs sponsored in: DI, IM, TY
Major participating institution for programs in: GS, HO, PCC
Institution ID: 08-0341

Danbury
Danbury Hospital
24 Hospital Ave
Danbury, CT 06810-0792
Med Sch Affil: M-00801, M-00809, M-00802
Programs sponsored in: IM, OBG, PTH
Major participating institution for programs in: CHP, GS, NM, P
Institution ID: 08-0363

Derby
Griffin Hospital
130 Division St
Derby, CT 06418-1499
Med Sch Affil: M-00801
Programs sponsored in: GPM, IM, IPM, TY
Institution ID: 08-0172

Farmington
Connecticut Red Cross Blood Services
219 Farmington Ave
Farmington, CT 06032
Med Sch Affil: G-00802
Major participating institution for programs in: BHK
Institution ID: 08-0723

Univ of Connecticut Health Center/John Dempsey Hospital
223 Farmington Ave
Farmington, CT 06030-5947
Med Sch Affil: M-00803
Major participating institution for programs in: AN, CCA, CD, DR, EM, END, GE, GPM, GS, HO, RSO, ID, IM, MG, MP, N, NEP, NM, NPM, OBG, ORS, OSM, OYO, P, PCC, PMG, KUH, U
Institution ID: 08-0691

University of Connecticut School of Medicine
263 Farmington Ave
Farmington, CT 06030-1205
Programs sponsored in: ADP, AN, CCA, CCS, CD, DR, EM, END, ETX, FP, FSE, GE, GPM, GS, HO, RSO, IC, ID, IM, MG, MG, MP, N, NEP, NM, NPM, OBG, ORS, OSM, OYO, P, PCC, PMG, U, VS
Institution ID: 08-0445

Greenwich
Greenwich Hospital
5 Perrygilde Road
Greenwich, CT 06830-2709
Med Sch Affil: M-00801
Programs sponsored in: IM
Institution ID: 08-02577

Hartford
Connecticut Children's Medical Center
262 Washington St
Hartford, CT 06105-3316
Med Sch Affil: M-00803, G-02001
Major participating institution for programs in: CEP, MG, NPM, ORS, OTO, P, PD, PDE, PDG, PE, PMG, U
Institution ID: 08-04407

Hartford Hospital
89 Seymour St
PO Box 6037
Hartford, CT 06103
Med Sch Affil: M-00802, L-02301
Programs sponsored in: BHK, CHF, DR, HMP, MH, P, PCC, PP, PTH, PDM, SP
Major participating institution for programs in: AN, CCA, CCS, CD, EM, END, ETX, GE, GS, HO, HSO, IC, ID, IM, MP, N, NM, OBG, ORS, OTO, P, PE, U, VS
Institution ID: 08-02757

Institute of Living
400 Washington St
Hartford, CT 06105-3302
Med Sch Affil: M-00802
Major participating institution for programs in: ADP, CHP, PCC
Institution ID: 08-02002

St Francis Hospital and Medical Center
114 Woodland St
Hartford, CT 06105-1817
Med Sch Affil: M-00803
Programs sponsored in: CRB, OBG
Major participating institution for programs in: AN, CD, DR, EM, END, FF, FSV, GE, GS, HO, ID, IM, IMG, NM, OBG, OTO, PCC, PMG, U
Institution ID: 08-0490

Middletown
Middlesex Hospital
28 Crescent St
Middleton, CT 06457-1499
Med Sch Affil: L-00802
Programs sponsored in: FP
Institution ID: 08-0135

Riverview Hospital for Children
River Rd
Box 631
Middleton, CT 06457-2742
Major participating institution for programs in: CHP, PFP
Institution ID: 08-0815

New Britain
New Britain General Hospital
100 Grand St
New Britain, CT 06050-0729
Med Sch Affil: M-00802
Major participating institution for programs in: END, GE, GS, ID, IM, ORG, OTO, PCC
Institution ID: 08-0372

New Haven
Connecticut Mental Health Center
94 Pack St
New Haven, CT 06519
Med Sch Affil: M-00801
Major participating institution for programs in: ADP, P, PFP
Institution ID: 08-0719

Hospital of St Raphael
1460 Chapel St
New Haven, CT 06519-3700
Med Sch Affil: M-00801
Programs sponsored in: CD, DR, GS, IM, NEP, TV, VIR
Major participating institution for programs in: GE, ID, OBG, OTO, P, PS, VS
Institution ID: 08-0244

Yale University Health Service
Division of Mental Hygiene
17 Hillhouse Ave
New Haven, CT 06520-8034
Med Sch Affil: M-00801
Major participating institution for programs in: GE, P
Institution ID: 08-0716

Yale University School of Public Health
60 College St
PO Box 20034
New Haven, CT 06530-3434
Programs sponsored in: GPM, IM
Major participating institution for programs in: GPM, IPM
Institution ID: 08-0505

Yale-New Haven Hospital
30 York St
New Haven, CT 06504-8315
Med Sch Affil: M-00801
Programs sponsored in: ADP, AL, AN, APM, BKK, CCA, CCP, CDS, CD, CHP, CN, D, DSB, DMP, DR, EM, END, GE, GPM, GS, HO, HSO, IC, ID, IM, IMG, MG, MFD, N, NEP, NM, NG, NE, OBG, OTO, ORS, OTO, P, PCC, PCG, PCC, PDG, PDE, PFP, PPS, PFS, PEM, PFP, PCG, PFS, PP, PTO, PTH, PTH, RHU, RHU, ROR, RO, SP, TS, V, VIR
Major participating institution for programs in: GE, P, PUD, TY
Institution ID: 08-0433

Graduate Medical Education Directory 2005-2006
New London
Lawrence and Memorial Hospitals
105 Montauk Ave
New London, CT 06320
Major participating institution for programs in: BM
Institution Id: 06-0442

Newington
VA Connecticut-Newington
655 Willard Ave
Newington, CT 06111
Major participating institution for programs in: MG
Institution Id: 06-0493

Norwich
Norwalk Hospital
34 Maple St
Norwich, CT 06360-2742
Major participating institution for programs in: RO
Institution Id: 06-7004

Stamford
Stamford Hospital
120 Southfield Road
Stamford, CT 06904-9317
Major participating institution for programs in: RO
Institution Id: 06-0456

Waterbury
St Mary's Hospital
62 Washington St
Waterbury, CT 06702-5917
Major participating institution for programs in: IM
Institution Id: 06-0458

Waterbury Hospital Health Center
64 Robbins St
Waterbury, CT 06721-1489
Major participating institution for programs in: IM
Institution Id: 06-0451

West Haven
Hebrew Home and Hospital
1 Abramson Boulevard
West Haven, CT 06517
Major participating institution for programs in: IM
Institution Id: 08-0822

Veterans Affairs Medical Center (West Haven)
950 Campbell Ave
West Haven, CT 06516-2700
Major participating institution for programs in: ADP, AN, CD, D, DR, END, GE, GFM, GS, HMP, IM, IMG, N, NDR, NM, NS, OP, OTO, P, PCC, PS, PYG, RRU, RNH, TS, U, VIR
Institution Id: 06-0819

Delaware
New Castle
Delaware Psychiatric Center
1801 N DuPont Highway
New Castle, DE 19720-1655
Programs sponsored in: P
Institution Id: 06-0287

Wilmington
Alfred I duPont Hospital for Children
1965 Rockland Road
PO Box 269
Wilmington, DE 19899-0369
MedSchAffil: M-04102, L-04113, L-04114
Programs sponsored in: OR, PDR
Major participating institution for programs in: AI, CCP, CS, MD, OHS, OTO, PD, PDM, PG, PPM, PPR, S, UP
Institution Id: 06-0404

Christiana Care Health Services Inc
201 N State St
Wilmington, DE 19805-0259
MedSchAffil: M-04113
Programs sponsored in: FP
Institution Id: 06-0424

Veterans Affairs Medical Center (Wilmington)
1201 Kirtwood Highway
Wilmington, DE 19806
MedSchAffil: M-04102
Major participating institution for programs in: D, GS, IM, OPH, U
Institution Id: 06-0462

District of Columbia
Washington
Armed Forces Institute of Pathology
6255 16th St, NW
Washington, DC 20036-6000
MedSchAffil: L-00101, L-00207, L-00433, L-00842, L-02800, L-02801, G-00801, G-00901
Programs sponsored in: DMP, PDR, PDM, PPH, PMP, SP
Major participating institution for programs in: PTH
Institution Id: 10-0392

Children's National Medical Center
111 Michigan Ave, NW
Washington, DC 20010-2970
MedSchAffil: M-00101, L-00201, G-00312, L-00301
Programs sponsored in: ADI, CCP, CHN, CHP, NFM, PD, PDC, PDI, PDR, PDR, PDS, PEM, PHO
Major participating institution for programs in: AN, CN, D, NS, OPH, OTH, P, PSN, PMG, RNH, RNH, TS, U
Institution Id: 10-0441

George Washington University Hospital (UHS)
900 23rd St NW
Washington, DC 20037
MedSchAffil: M-00101, G-00102, G-00312
Major participating institution for programs in: AN, CCA, CCM, CD, CHN, D, DR, END, GE, GM, HO, IC, ICE, ID, IM, IMG, N, NDR, NP, NPM, NS, OBG, OPH, OPS, OTO, P, PPC, PCC, PTH, RNU, RNH, S, U, VIR
Institution Id: 10-0249

Boston University School of Medicine
500 East St, NW
Suite 707
Washington, DC 20017-3099
Programs sponsored in: AN, CCA, CCM, CD, CN, D, DR, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NDN, NRE, NS, OBG, OPH, ORS, OTO, P, PPC, PCC, PTH, RNU, RNH, S, U, VIR
Institution Id: 10-0561

Georgetown University Hospital
3900 Reservoir Road, NW
Washington, DC 20007
MedSchAffil: G-01001, G-01002
Programs sponsored in: AFPM, BBK, CN, D, DR, END, FPG, GE, GS, HO, ID, IM, MDR, N, NMF, NPM, NS, OBG, OHS, OTO, P, PPC, PD, PS, PTH, PYM, RNU, RNH, S, U, VIR
Institution Id: 10-0670

Greater Southeast Community Hospital
1110 Southern Ave, SE
Washington, DC 20022
MedSchAffil: G-01005
Institution Id: 10-0704

Howard University Hospital
2041 Georgia Ave, NW
Washington, DC 20030-6000
MedSchAffil: M-00105, G-01002
Programs sponsored in: CD, D, DR, END, FPG, GE, GS, HMP, IM, IMG, N, OBG, OHS, ORS, P, PTH, FUL, RO
Major participating institution for programs in: PD
Institution Id: 10-0475

National Rehabilitation Hospital
102 Irving St, NW, Room 2159
Washington, DC 20010-5100
MedSchAffil: G-02012
Programs sponsored in: PM, PMP
Institution Id: 10-0720

Providence Hospital
1150 Varnum St, NE
Washington, DC 20017
MedSchAffil: L-00101, G-00103, G-00201
Programs sponsored in: FP, IM
Major participating institution for programs in: FPG, GS, OBG, ORS, P
Institution Id: 10-0412

Sibley Memorial Hospital
555 Loughboro Rd, NW
Washington, DC 20016
MedSchAffil: L-00102, L-00101
Major participating institution for programs in: ORS, U
Institution Id: 10-0479

St Elizabeth's Hospital-DC Department of Mental Health Serv
Barton Hall, 2nd Floor
2700 Martin Luther King Ave, SE
Washington, DC 20032-6000
MedSchAffil: L-00101, L-00103
Programs sponsored in: P
Institution Id: 10-0471
Florida

Veterans Affairs Medical Center
(Washington, DC)
50 Irving St, NW
Washington, DC 20422-0268
Med Sch Affil: M-01004
Major participating institution for programs in: CD, D, END, GE, GS, HO, ICE, ID, IM, IMG, N, NEP, OPH, ORS, P, PCC, FS, PTH, RPH, TS, U, VS
Institution ID: 11-0291

Walter Reed Army Medical Center
6251 16th St, NW
Headquarters Bldg 2, 2nd Fl, Rm 2A
Washington, DC 20017
Med Sch Affil: M-02312, M-01002, L-01001, L-01003
Major participating institution for programs in: AI, ALI, AN, APM, CCA, CCM, CD, CHN, CHF, CN, D, ID, IN, N, OBG, ORS, OTO, P, PCC, PD, PDE, PID, PPP, PS, PM, PTH, PVD, RBC, RO, TS, U, VS
Institution ID: 10-0424

Washington Hospital Center
110 Irving St NW
6A-125A
Washington, DC 20010
Med Sch Affil: M-01101, M-02312, G-01002, G-01003
Programs sponsored in: CCA, CS, D, GE, GS, HO, IC, ICE, ID, IN, MR, ORS, OTO, P, PCC, PS, PM, RPH, TS, U, VS
Institution ID: 10-0472

Washington School of Psychiatry
5629 Wisconsin Ave, NW
Suite 400
Washington, DC 20016
Major participating institution for programs in: P
Institution ID: 11-0715

Florida

Bay Pines
Veterans Affairs Medical Center (Bay Pines)
Bay Pines, FL 33704
Med Sch Affil: M-01104
Major participating institution for programs in: CCA, CD, D, GE, GS, IM, N, NEP, FS
Institution ID: 11-0502

Clearwater
Morton Plant Hospital
325 Jeffords St
Box 219
Clearwater, FL 34617-0210
Med Sch Affil: L-01104
Major participating institution for programs in: FS
Institution ID: 11-8101

Coral Gables
HealthSouth Doctors’ Hospital
5000 University Drive
Coral Gables, FL 33146
Med Sch Affil: L-01102
Programs sponsored in: OSM
Major participating institution for programs in: OSM
Institution ID: 11-7024

UHZ Sports Medicine Institute
1150 Campo Sanu Ave
Coral Gables, FL 33146
Programs sponsored in: OSM
Institution ID: 11-8111

Daytona Beach
Halifax Medical Center
502 N Clyde Morris Blvd
Daytona Beach, FL 32114
Med Sch Affil: L-01104
Programs sponsored in: FP, FSM
Institution ID: 11-0165

Eglin AFB
US Air Force Regional Hospital
96th Medical Operations Group
307 Bostner Rd, Suite 114
Eglin AFB, FL 32542-1382
Med Sch Affil: L-02310
Programs sponsored in: FP
Institution ID: 11-0722

Fort Lauderdale
Broward County Medical Examiner’s Office
5001 SW 31st Ave
Fort Lauderdale, FL 33312
Programs sponsored in: FOP
Institution ID: 11-0524

Gainesville
North Florida/South Georgia Veterans Health System
1601 Archer Road
Gainesville, FL 32603
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CN, D, DR, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, NF, NS, OBG, OPH, ORS, OTO, P, PCC, FS, PTH, PVD, RPH, TS, U, VS
Institution ID: 11-0525

Shands at AGH
801 SW Second Ave
Gainesville, FL 32601
Med Sch Affil: M-01100
Major participating institution for programs in: FS
Institution ID: 11-0523

Shands Hospital at the University of Florida
PO Box 100326
Gainesville, FL 32610-0326
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CCF, CD, CHP, CN, D, ID, IN, N, OBG, ORS, OTO, P, PCC, PCH, PD, PDE, PID, PPP, PS, PM, PTH, FS, PTH, RPH, RNN, RO, TS, U, VS
Institution ID: 11-0461

University of Florida College of Medicine
PO Box 100014
Gainesville, FL 32610
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CCF, CD, CHP, CN, D, ID, IN, N, OBG, ORS, OTO, P, PCC, PCH, PD, PDE, PID, PPP, PS, PM, PTH, RPH, RNN, RO, TS, U, VS
Institution ID: 11-0901

Hollywood
Joe DiMaggio Children’s Hospital
1150 N 56th Ave
Hollywood, FL 33021
Major participating institution for programs in: FS
Institution ID: 11-8108

Memorial Regional Hospital
3601 Johnson St
Hollywood, FL 33021
Med Sch Affil: L-01102
Major participating institution for programs in: GS
Institution ID: 11-0276

Jacksonville
Baptist Medical Center
860 Prudential Dr
Jacksonville, FL 32207
Med Sch Affil: G-02308, G-01103
Major participating institution for programs in: ID, ON, PE
Institution ID: 11-0119

Mayo Clinic (Jacksonville)
4500 San Pablo Rd
Jacksonville, FL 32224
Med Sch Affil: M-02368, G-01103
Major participating institution for programs in: ADP, APM, CCA, CN, D, DR, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, NF, NS, OBG, ORS, OTO, P, PCC, FS, PTH, PVD, RBC, RO, TS, U, VS
Institution ID: 11-0509

Nemours Children’s Clinic
807 Childrens Way
PO Box 5720
Jacksonville, FL 32247-5720
Med Sch Affil: L-01103
Programs sponsored in: OP
Major participating institution for programs in: CHN, CN, FSM, OP, ORS, U
Institution ID: 11-0478

Shands Jacksonville Medical Center
655 West Eighth St
Jacksonville, FL 32209
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CCF, CD, CHP, CN, D, ID, IN, N, OBG, ORS, PCP, PD, PDI, PC, PTH, TS, U, VS
Institution ID: 11-0496

St Luke’s Hospital
4281 Hebert Rd
Jacksonville, FL 32216
Med Sch Affil: M-02305
Major participating institution for programs in: ADP, AN, APM, CCA, CCF, CD, CHP, CN, D, ID, IN, N, OBG, ORS, PCP, PD, PDI, PC, PTH, TS, U, VS
Institution ID: 11-0215

St Vincent’s Medical Center
803 1st St
Jacksonville, FL 32203
Med Sch Affil: L-01104, G-01103
Programs sponsored in: FP
Institution ID: 11-0148

University of Florida College of Medicine at Jacksonville
6501 West 8th St
Jacksonville, FL 32209
Med Sch Affil: L-02312
Programs sponsored in: ADP, AN, APM, CCA, CCF, CD, CHP, CN, D, ID, IN, N, OBG, ORS, OTO, P, PCC, PCH, PD, PDI, PC, PTH, TS, U, VS
Institution ID: 11-0902

Wolfson Children’s Hospital
800 Prudential Drive
Jacksonville, FL 32207
Major participating institution for programs in: PAN, PD, FS
Institution ID: 11-8106
Georgia

Albany
Phoebe Putney Memorial Hospital
417 Third Ave
PO Box 1928
Albany, GA 31701
Med Sch Affi: L-01201, L-01202
Programs sponsored in: FM, FS
Institution ID: 12-0317

Emory University School of Medicine
1440 Clifton Road, NE
Suite 111
Atlanta, GA 30322
Med Sch Affi: M-01201, L-01202
Programs sponsored in: FM, FS
Institution ID: 12-0315

Fulton County Medical Examiner's Office
430 Pryor St, SW
Atlanta, GA 30312
Med Sch Affi: L-01201
Major participating institution for programs in: FM
Institution ID: 12-0303

Georgia Colon & Rectal Surgical Clinic
5555 Peachtree Dunwoody Road, Suite 206
Atlanta, GA 30342
Programs sponsored in: FM
Institution ID: 12-8031

Georgia Dept of Human Resources-Division of Public Health
2 Peachtree St
7th Floor
Atlanta, GA 30303
Med Sch Affi: L-01201
Major participating institution for programs in: FM
Institution ID: 12-8031

Georgia Poison Control Center-Grady Health System
80 Butler St
PO Box 2666
Atlanta, GA 30303-3801
Major participating institution for programs in: FM
Institution ID: 12-8031

Grady Health System
80 Jesse Hill Jr Drive SW
PO Box 2666
Atlanta, GA 30303
Med Sch Affi: M-01201
Major participating institution for programs in: FM
Institution ID: 12-8031

Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30318-1495
Med Sch Affi: M-01201
Programs sponsored in: FM, FS
Institution ID: 12-0317

Northside Hospital
1000 Johnston Ferry Rd, NE
Atlanta, GA 30342-1611
Major participating institution for programs in: FM
Institution ID: 12-0497

Piedmont Hospital
1988 Peachtree Road, NW
Atlanta, GA 30309
Med Sch Affi: M-01205
Major participating institution for programs in: FM
Institution ID: 12-0497

Rollins School of Public Health of Emory University
1515 Clifton Road, NE
Atlanta, GA 30322
Programs sponsored in: FM
Major participating institution for programs in: FM
Institution ID: 12-8034
Georgia

Southwest Community Hospital and Medical Center
501 Fairburn Road, SW
Atlanta, GA 30301
Med Sch Aff: M-01121
Major participating institution for programs in: FP
Institution Id: 12-0600

Wesley Woods Geriatric Hospital
1812 Clifton Road, NE
Atlanta, GA 30309
Med Sch Aff: G-01205
Major participating institution for programs in: IMG, PMF, PYG
Institution Id: 12-7093

Augusta
Medical College of Georgia
1120 Fifteenth St
Augusta, GA 30912-5042
Augusta, GA 30912-5000
Major participating institution for programs in: CHN, CN, NS
Institution Id: 12-0091

University Hospital
1520 Walton Way
Augusta, GA 30901-3239
Med Sch Aff: M-01201
Major participating institution for programs in: N, OBG
Institution Id: 12-0428

Veterans Affairs Medical Center (Augusta)
3 Freedom Way
Augusta, GA 30904-6285
Med Sch Aff: M-01201
Major participating institution for programs in: CD, D, DR, END, GE, GS, HO, ID, IM, N, NCP, NS, OBG, OBG, ORS, OTO, PS, RHI, TH, TS, U, VN
Institution Id: 12-0372

Walton Rehabilitation Hospital
1355 Independence Drive
Augusta, GA 30901
Major participating institution for programs in: PMN
Institution Id: 12-9041

Columbus
Columbia Hugheston Sports Medicine Hospital
100 First Court
PO Box 7188
Columbus, GA 31906-7188
Med Sch Aff: G-02312
Major participating institution for programs in: OSM
Institution Id: 12-0401

Hughston Sports Medicine Foundation
820 Veterans Parkway
PO Box 3617
Columbus, GA 31906-8517
Programs sponsored in: DSM
Institution Id: 12-0023

The Medical Center Inc
710 Center St
PO Box 961
Columbus, GA 31902
Med Sch Aff: L-01212, L-01222, L-01301
Programs sponsored in: FP, PY
Institution Id: 12-0209

Decatur
Dekalb Medical Center
2701 North Decatur Road
Decatur, GA 30032-9665
Med Sch Aff: L-01224, L-01222
Major participating institution for programs in: CRN
Institution Id: 12-0062

Georgina Regional Hospital at Atlanta
3013 Panthersville Rd
Decatur, GA 30034-0407
Med Sch Aff: M-01201
Major participating institution for programs in: P
Institution Id: 12-0417

Veterans Affairs Medical Center (Atlanta)
1670 Clairmont Road
Decatur, GA 30032
Med Sch Aff: M-01205
Major participating institution for programs in: ADP, CD, D, END, GE, GS, IM, IMG, NM, OPH, OTO, PS, PM, RHI, TH, TS, U, VN
Institution Id: 12-0420

East Point
Tenet-South Fulton Medical Center
1182 Cleveland Ave
East Point, GA 30344
Major participating institution for programs in: OBG
Institution Id: 12-0409

Forte Benning
Martin Army Community Hospital
Attn: MCB-FTY
7950 Martin Loop
Fort Benning, GA 31905-6537
Med Sch Aff: L-01212
Programs sponsored in: FP
Institution Id: 12-0357

Fort Gordon
Dwight David Eisenhower Army Medical Center
Building 300
Fort Gordon, GA 30905-6568
Med Sch Aff: M-01212, L-01201
Programs sponsored in: FP, GS, IM, ORS, TY
Institution Id: 12-0492

Lawrenceville
Gwinnett Medical Center
1000 Medical Center Boulevard
Lawrenceville, GA 30046
Major participating institution for programs in: CRN
Institution Id: 12-0402

Macon
Medical Center of Central Georgia
777 Hemlock
PO Box 600
Macon, GA 31208
Med Sch Aff: M-01222
Programs sponsored in: FP, GS, IM, OBG, PD
Institution Id: 12-0206

Rome
Floyd Medical Center
Burner Mc Call Blvd
PO Box 233
Rome, GA 30161
Med Sch Aff: L-01201, L-01222
Programs sponsored in: FP
Institution Id: 12-0402

Savannah
Memorial Health-University Medical Center
PO Box 22200
Savannah, GA 31404-2200
Med Sch Aff: L-01205
Major participating institution for programs in: FP
Institution Id: 12-0462

Waycross
Satilla Regional Medical Center
140 Darlington Ave
PO Box 139
Waycross, GA 31502-0139
Major participating institution for programs in: FP
Institution Id: 12-0407

Hawaii
Ewa Beach
Kahi Mohala Hospital
9-2390 P Keaweke Road
Ewa Beach, HI 96719
Major participating institution for programs in: CHP
Institution Id: 14-0402

Honolulu
Kaiser Foundation Hospital (Moanalua)
3500 Moanalua Rd
Honolulu, HI 96813
Med Sch Aff: M-01401, G-00452
Major participating institution for programs in: GS, IMG, PTH, U
Institution Id: 14-0431

Kapiolani Medical Center for Women and Children
1315 Punahou St
Honolulu, HI 96826
Med Sch Aff: M-01401
Major participating institution for programs in: CHP, CPP, MFP, NPM, OBG, POD, PTH
Institution Id: 14-0497

Kukuiui Medical Center
347 N Kuakini St
Honolulu, HI 96817
Med Sch Aff: M-01401
Major participating institution for programs in: GS, IM, MFP, PD
Institution Id: 14-0425

Queen's Medical Center
1391 Punchbowl St
Honolulu, HI 96813
Med Sch Aff: M-01401
Major participating institution for programs in: ADP, CCS, CHP, PS, GS, IM, OBG, ORS, P, PTH, PYG, TY
Institution Id: 14-0429

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Graduate Medical Education Directory 2005-2006
Idaho

Boise

Family Practice Residency of Idaho
777 N Raymound St
Boise, ID 83704
Med Sch Affil: L-05404
Programs sponsored in: FP, FSM
Institution ID: 15-0714

St Alphonsus Regional Medical Center
505 S Curtis Blvd
Boise, ID 83706
Med Sch Affil: L-05404
Major participating institution for programs in: FP, FSM
Institution ID: 15-0714

St Luke’s Regional Medical Center
180 E Dannock St
Boise, ID 83712
Med Sch Affil: L-05404
Major participating institution for programs in: FP, FSM
Institution ID: 15-0713

Veterans Affairs Medical Center (Boise)
500 W Fort St
Boise, ID 83702
Med Sch Affil: M-05404
Major participating institution for programs in: IM
Institution ID: 15-0712

Caldwell

West Valley Medical Center
1717 Arlington
Caldwell, ID 83605
Major participating institution for programs in: FP
Institution ID: 15-0719

Pocatello

Idaho State University
Kasitka College of Health Professions
Campus Box 8090
Pocatello, ID 83209-8090
Programs sponsored in: FP
Institution ID: 15-0801

Portneuf Regional Medical Center
651 Memorial Drive
Pocatello, ID 83201
Major participating institution for programs in: FP
Institution ID: 15-0802

Illinois

Aurora

Rush-Copley Medical Center
2000 Ogden Ave
Aurora, IL 60504-4206
Med Sch Affil: G-01601
Major participating institution for programs in: FP
Institution ID: 16-7005

Belleville

St Elizabeth’s Hospital
211 S Third St
Belleville, IL 62222
Med Sch Affil: M-02834
Major participating institution for programs in: FP
Institution ID: 16-0787

Burrwyn

MacNeal Memorial Hospital
3245 S Oak Park Ave
Burrwyn, IL 60104
Med Sch Affil: L-01601, L-01642, L-01611
Programs sponsored in: FP, FSM, TS
Major participating institution for programs in: FS, ORS, OB
Institution ID: 16-0453

Carbondale

Memorial Hospital of Carbondale
404 W Main St
Carbondale, IL 62901
Med Sch Affil: M-01645
Major participating institution for programs in: FP, FSM
Institution ID: 16-0508

Chester

Chester Mental Health Center
1315 Lehmen Drive
Chester, IL 62222-0001
Med Sch Affil: G-01645
Major participating institution for programs in: PPP
Institution ID: 16-8039

Chicago

Advocate Illinois Masonic Medical Center
855 West Wellington Ave
Chicago, IL 60657-5101
Med Sch Affil: M-01601, M-01642, M-01611
Programs sponsored in: AN, CD, DR, ICE, IM, OB, FS
Major participating institution for programs in: CCS, FS, FP, GS, P
Institution ID: 16-0411

Advocate Ravenswood Medical Center
4550 North Winchester Ave
Chicago, IL 60640
Med Sch Affil: M-01611
Major participating institution for programs in: ADP
Institution ID: 16-0115

Chicago-Read Mental Health Center
4200 N Oak Park Ave
Chicago, IL 60634
Major participating institution for programs in: P
Institution ID: 16-0789

Children’s Memorial Hospital
2300 Children’s Plaza
Room 105
Chicago, IL 60614
Med Sch Affil: M-01606, M-01643, G-01611
Major participating institution for programs in: AI, AN, CPP, CCS, CHP, CN, CME, END, MG, NDN, NFM, NS, OP, OPH, ORS, P, PAN, PD, PDC, PDR, POU, PD, PDP, RUP, RP, RP, FS, FP, PFE, RFE, RIR, RO, TS, U, UP, VIR
Institution ID: 16-0264

HCA Chicago Lakeshore Hospital
4840 N Marine Dr
Chicago, IL 60640
Med Sch Affil: L-04992
Major participating institution for programs in: CSP
Institution ID: 16-8028
University of Illinois School of Public Health
2121 W Taylor St
Chicago, IL 60612-7360
Major participating institution for programs in: GPM
Institution ID: 16-0769

Veterans Affairs Medical Center (Lakeside)
333 East Huron St
Chicago, IL 60611
Major participating institution for programs in: AN, CD, D, DMP, END, GE, GS, HO, IM, N, NER, OPH, OTO, PCC, RHI, U, VS
Institution ID: 16-0243

Veterans Affairs West Side Medical Center
820 South Damen Ave
PO Box 8196
Chicago, IL 60612
Major participating institution for programs in: ADP, AN, CD, D, DR, END, GE, GS, HO, ID, IM, IMG, MPD, NEP, ORS, P, PCC, PTH, RHI, U, VS
Institution ID: 16-0220

Danville
Veterans Affairs Medical Center (Danville)
1900 N Main St
Danville, IL 61832
Major participating institution for programs in: IM
Institution ID: 16-0706

Decatur
Decatur Memorial Hospital
2300 N Edward St
Decatur, IL 62526
Major participating institution for programs in: FP
Institution ID: 16-0158

Dixon
Katherine Shaw Bethea Hospital
401 East 1st St
Dixon, IL 61021
Major participating institution for programs in: FP
Institution ID: 16-0842

Elgin
Elgin Mental Health Center
760 S State St
Elgin, IL 60123
Major participating institution for programs in: P
Institution ID: 16-7039

Evanston
Evanston Hospital
2650 Ridge Ave
Evanston, IL 60201
Major participating institution for programs in: MM
Institution ID: 16-0145

St Francis Hospital
355 Ridge Ave
Rosanne, IL 60022
MedSchAffil: M-01611, L-01062, G-01643
Programs sponsored in: DR, IM, OBG, TY
Major participating institution for programs in: EM, GS
Institution ID: 16-0168

Glenview
Glenbrook Hospital
2100 Pinegrove Road
Glenview, IL 60025
Major participating institution for programs in: FP
Institution ID: 16-0204

Great Lakes
Great Lakes Naval Hospital
3001A Sixth St
Great Lakes, IL 60088-5230
Major participating institution for programs in: P
Institution ID: 16-0332

Hines
Edward Hines, Jr Veterans Affairs Hospital
3501 Sixty Ave & Roosevelt Road
PO Box 5000
Hines, IL 60141
MedSchAffil: M-01642, L-01642
Major participating institution for programs in: AN, CCS, CD, CN, D, END, GE, GS, HO, ID, IC, IM, IMG, N, NEP, NM, NER, OPH, ORS, OT, P, PCC, PM, PS, PTH, RHI, RO, SCI, TS, U, VS
Institution ID: 16-0159

Hinsdale
Hinsdale Hospital
120 North Oak St
Hinsdale, IL 60921
MedSchAffil: L-01601, L-00612
Programs sponsored in: FP
Major participating institution for programs in: NO
Institution ID: 16-0389

LaGrange
LaGrange Memorial Hospital
5101 South Willow Springs Road
LaGrange, IL 60525
Major participating institution for programs in: NO
Institution ID: 16-0173

Maywood
Loyola University Medical Center
2160 S First Ave
Maywood, IL 60153-5556
MedSchAffil: M-01642
Programs sponsored in: AN, AFM, CCS, CD, CHN, CN, D, DR, END, FP, GS, HS, IMM, HO, IC, ICE, ID, IM, IMG, MPD, N, NER, NM, NPM, NS, OBG, OPH, ORS, OT, P, PCC, PGP, PP, PS, PTH, RHI, RO, SCI, TS, U, VS
Institution ID: 16-0498

Melrose Park
Westlake Community Hospital
1225 Lake St
Melrose Park, IL 60160
MedSchAffil: G-01643
Major participating institution for programs in: IM
Institution ID: 16-7049

North Chicago
Chicago Medical School/Rosalind Franklin Univ of Med & Sci
3333 Green Bay Road
North Chicago, IL 60064
MedSchAffil: M-01642
Programs sponsored in: CCM, END, GS, ID, IM, P, PUD
Institution ID: 16-0748

Veterans Affairs Medical Center (North Chicago)
North Chicago, IL 60064
MedSchAffil: M-01642
Major participating institution for programs in: END, ID, IM, P, PUD
Institution ID: 16-0446

Oak Forest
Oak Forest Hospital of Cook County
15000 S Cicero Ave
Oak Forest, IL 60452
MedSchAffil: G-01601, G-01602
Major participating institution for programs in: PM
Institution ID: 16-0732

Oak Lawn
Advocate Christ Medical Center
4440 W 95th St
Oak Lawn, IL 60455
MedSchAffil: M-01611, M-01642
Programs sponsored in: CCP, CD, FF, FP, PD, PDC
Major participating institution for programs in: CD, END, GS, IC, IC, IM, N, ORS, PS, TS, U
Institution ID: 16-0309

Oak Park
West Suburban Medical Center
3 Erie Court
Oak Park, IL 60302-2599
Programs sponsored in: FP, IM, TP
Institution ID: 16-0454

Park Ridge
Advocate Lutheran General Hospital
1775 W Dempster St
Park Ridge, IL 60068-1174
MedSchAffil: M-01611, M-01642, G-01643
Programs sponsored in: CCP, CD, FF, PSM, GE, IM, IMG, NPM, OBG, P, PD
Major participating institution for programs in: EM, GS, P, PUD
Institution ID: 16-0484

Peoria
Methodist Medical Center of Illinois
221 NE Glen Oak Ave
Peoria, IL 61616
MedSchAffil: M-01611
Major participating institution for programs in: FP, PUD, N, NS
Institution ID: 16-0390

OSF St Francis Medical Center
550 NE Glen Oak Ave
Peoria, IL 61637
MedSchAffil: M-01611
Major participating institution for programs in: DK, EM, GS, IM, MPD, N, NS, OBG, PD, PUD, VIR
Institution ID: 16-0399
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<tr>
<th>Institution Name</th>
<th>Address/Location</th>
<th>City, State, ZIP</th>
<th>Phone Number</th>
<th>Program(s) Offered</th>
<th>Accreditation Code</th>
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<tr>
<td>University of Illinois College of Medicine at Peoria</td>
<td>1501 West Peoria Ave</td>
<td>Peoria, IL 61605</td>
<td>309-674-2121</td>
<td>Medical Education Program</td>
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<tr>
<td>Rockford Swedish American Hospital</td>
<td>1001 1st Ave</td>
<td>Rockford, IL 61001</td>
<td>815-963-1747</td>
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<td>16-01104</td>
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<td>University of Illinois College of Medicine at Rockford</td>
<td>1111 E Main St</td>
<td>Rockford, IL 61014</td>
<td>815-963-1317</td>
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<td>Scott AFB Medical Center</td>
<td>300 W Scott Blvd</td>
<td>Scottsdale, IL 60076</td>
<td>847-964-1700</td>
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<td>1001 Ponce de Leon Dr</td>
<td>Springfield, IL 62704</td>
<td>217-333-1000</td>
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<td>16-01104</td>
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<td>Southern Illinois University School of Medicine</td>
<td>800 N Main Ave</td>
<td>Carbondale, IL 62913</td>
<td>618-444-5775</td>
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<td>16-01104</td>
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<td>St. John's Hospital</td>
<td>1000 N Main Ave</td>
<td>Carbondale, IL 62913</td>
<td>618-444-5775</td>
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<td>16-01104</td>
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<td>Parkview Memorial Hospital</td>
<td>2200 Bardallia Dr</td>
<td>Fort Wayne, IN 46805</td>
<td>219-261-2222</td>
<td>Medical Education Program</td>
<td>16-01104</td>
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<td>St Joseph Hospital</td>
<td>700 Broadway</td>
<td>Fort Wayne, IN 46802</td>
<td>219-261-2222</td>
<td>Medical Education Program</td>
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<td>Gary Methodist Hospitals</td>
<td>500 Grant St</td>
<td>Gary, IN 46540</td>
<td>219-789-8888</td>
<td>Medical Education Program</td>
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<td>Indiana Central Indiana Regional Blood Center</td>
<td>3450 N Meridian St</td>
<td>Indianapolis, IN 46208</td>
<td>317-270-2111</td>
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<td>Clarian Indiana University Hospital</td>
<td>151 E 10th St</td>
<td>Indianapolis, IN 46202</td>
<td>317-270-2111</td>
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<td>Clarian Methodist Hospital of Indiana</td>
<td>1620 E 13th St</td>
<td>Indianapolis, IN 46202</td>
<td>317-270-2111</td>
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<td>1620 E 13th St</td>
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<td>317-270-2111</td>
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<td>Community Hospitals of Indianapolis</td>
<td>1500 N Britton Ave</td>
<td>Indianapolis, IN 46219</td>
<td>317-270-2111</td>
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<td>Indiana Hand Center</td>
<td>801 Maple St</td>
<td>Indianapolis, IN 46202</td>
<td>317-270-2111</td>
<td>Medical Education Program</td>
<td>16-01104</td>
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Indiana University School of Medicine
Peleil Hall, Room 302
1120 South Drive
Indianapolis, IN 46202-5114
Med Sch Affil: M-01720
Programs sponsored in: ADL, ADP, AN, APM, BBK, CD, CPS, CNH, CHP, CN, CPP, D, DMP, DR, EM, EMP, END, ERY, FOP, FP, FSH, GE, GS, HMP, RO, HSV, IC, ICE, ID, IM, IMG, MM, MN, MPP, N, NRP, NM, NP, NPM, NS, ORG, OPH, OES, OSM, OTO, P, PAN, PCC, PCE, PD, PDC, PDE, PDF, PHS, PD, PHS, PH, PHO, PM, PP, PFR, PS, PT, PTH, FPH, PTH, FHU, RNU, RO, RS, TS, U, UP, V, VS, VN, VS
Institution Id: 17-0601

Larue D Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222
Med Sch Affil: M-01720
Major participating institution for programs in: CHP, F
Institution Id: 17-0189

Richard L Roudebush Veterans Affairs Medical Center
1841 W Tenth St
Indianapolis, IN 46202
Med Sch Affil: M-01720
Major participating institution for programs in: ADP, AN, APM, BBK, CD, CPS, CNH, CHP, CN, CPP, D, DMP, DR, END, EM, EMP, END, ERY, FOP, FP, FSH, GE, GS, HMP, RO, HSV, IC, ICE, ID, IM, IMG, MM, MN, MPP, N, NRP, NM, NP, NPM, NS, ORG, OPH, OES, OSM, OTO, P, PAN, PCC, PCE, PD, PDC, PDE, PDF, PHS, PD, PHS, PH, PHO, PM, PP, PFR, PS, PT, PTH, FPH, PTH, FHU, RNU, RO, RS, TS, U, UP, V, VS, VN, VS
Institution Id: 17-0181

St Vincent Hospital and Health Care Center
2001 W 86th St
PO Box 40970
Indianapolis, IN 46260
Med Sch Affil: M-01720
Programs sponsored in: CD, CF, FPH, IC, ICE, ITP, FP, IM, OEH, PHO, TY
Major participating institution for programs in: HSO
Institution Id: 17-0441

William N Wishard Memorial Hospital
Indiana University
1001 W Tenth St
Indianapolis, IN 46202
Med Sch Affil: M-01720
Major participating institution for programs in: ADP, AN, APM, BBK, CD, CPS, CNH, CHP, CN, CPP, D, DMP, DR, END, EM, EMP, END, ERY, FOP, FP, FSH, GE, GS, HMP, RO, HSV, IC, ICE, ID, IM, IMG, MM, MN, MPP, N, NRP, NM, NP, NPM, NS, ORG, OPH, OES, OSM, OTO, P, PAN, PCC, PCE, PD, PDC, PDE, PDF, PHS, PD, PHS, PH, PHO, PM, PP, PFR, PS, PT, PTH, FPH, PTH, FHU, RNU, RO, RS, TS, U, UP, V, VS, VN, VS
Institution Id: 17-0421

Muncie

Ball Memorial Hospital
Cardinal Health System
2401 University Ave
Muncie, IN 47303
Med Sch Affil: L-01720
Programs sponsored in: FP, IM, ISM, PTH, TY
Institution Id: 17-0150

South Bend

Memorial Hospital of South Bend
615 S Michigan St
South Bend, IN 46601
Med Sch Affil: L-01720
Programs sponsored in: FP, FSM
Major participating institution for programs in: FSM
Institution Id: 17-0385

St Joseph's Regional Medical Center (South Bend)
801 E LaSalle St
PO Box 1888
South Bend, IN 46604-1905
Med Sch Affil: L-01720
Programs sponsored in: FP FSM
Major participating institution for programs in: FSM
Institution Id: 17-0419

Terre Haute

Union Hospital, Inc
1515 N 6 1/2 S
Terre Haute, IN 47807
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution Id: 17-0709

Iowa

Cedar Rapids

Cedar Rapids Medical Education Foundation
1025 A Avenue NE
Cedar Rapids, IA 52402
Programs sponsored in: FP
Institution Id: 18-08002

Mercy Medical Center
701 Tenth St, SE
Cedar Rapids, IA 52403
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution Id: 18-0452

St Luke's Methodist Hospital
1025 A Avenue NE
PO Box 3026
Cedar Rapids, IA 52404-3025
Programs sponsored in: IM, FP
Institution Id: 18-0417

Davenport

Genesis Medical Center
1227 E Rusholme
Davenport, IA 52803
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution Id: 18-08001

Genesis Medical Education Foundation
1345 W Central Park
Davenport, IA 52804
Programs sponsored in: FP
Institution Id: 18-09501

Des Moines

Broadlawns Medical Center
1801 Hickman Road
Des Moines, IA 50314-1097
Med Sch Affil: L-01803
Programs sponsored in: FP
Major participating institution for programs in: FP
Institution Id: 18-0240

Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
1410 Woodland Ave, Suite 140
Des Moines, IA 50309-1435
Med Sch Affil: M-01803
Programs sponsored in: FP, GS, IM, PD, TY
Institution Id: 18-0410

Mercy Hospital Center
400 University Ave
Des Moines, IA 50314
Med Sch Affil: G-02808
Major participating institution for programs in: FP
Institution Id: 18-0356

Veterans Affairs Central Iowa Health Care System
3500 30th St
Des Moines, IA 50313-5774
Med Sch Affil: L-01803
Major participating institution for programs in: GS, IM
Institution Id: 18-0226

Iowa City

University of Iowa Hospitals and Clinics
300 Hawkins Drive
Iowa City, IA 52242-1000
Med Sch Affil: M-01803
Programs sponsored in: AI, AN, APM, BBK, CCA, CCP, CD, CHN, CHP, CN, CPP, D, DMP, DR, EM, END, FP, FPG, FP, GE, GS, HMP, RO, HSV, IC, ICE, ID, IM, MP, N, NRP, NM, NS, ORG, OPH, OES, OSM, OTO, P, PAN, PCC, PCE, PD, PDC, PDE, PDF, PHS, PD, PHS, PH, PHO, PM, PP, PFR, PS, PT, PTH, FPH, PTH, FHU, RNU, RO, RS, TS, U, UP, V, VS, VN, VS
Institution Id: 18-0415

Veterans Affairs Medical Center (Iowa City)
Highway 6 West
Iowa City, IA 52240
Med Sch Affil: M-01803
Major participating institution for programs in: AI, AN, APM, BBK, CCA, CCP, CD, CHN, CHP, CN, CPP, D, DMP, DR, EM, END, FP, FPG, FP, GE, GS, HMP, RO, HSV, IC, ICE, ID, IM, MP, N, NRP, NM, NS, ORG, OPH, OES, OSM, OTO, P, PAN, PCC, PCE, PD, PDC, PDE, PDF, PHS, PD, PHS, PH, PHO, PM, PP, PFR, PS, PT, PTH, FPH, PTH, FHU, RNU, RO, RS, TS, U, UP, V, VS, VN, VS
Institution Id: 18-0319

Mason City

Mercy Medical Center North Iowa
1000 4th St, SW
Mason City, IA 50401
Med Sch Affil: L-01803
Programs sponsored in: FP
Institution Id: 18-0705

Oakdale

Iowa Medical and Classification Center
Highway 95B, Box A
Oakdale, IA 52209
Major participating institution for programs in: FP, PP
Institution Id: 18-08004

Pella

Pella Regional Health Center
404 Jefferson St
Pella, IA 50219
Major participating institution for programs in: FP
Institution Id: 18-08003

Sioux City

Mercy Medical Center (Sioux City)
801 Fifth St, Box 3168
Sioux City, IA 51101
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution Id: 18-0029

Siouxland Medical Education Foundation
2501 Pierce St
Sioux City, IA 51104
Programs sponsored in: FP
Institution Id: 18-0728
Iowa

St Luke's Regional Medical Center
2501 Pierce St
Sioux City, IA 51104
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0710

Waterloo
Allen Memorial Hospital
1825 Logan Ave
Waterloo, IA 50703
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0713

Covenant Medical Center
3421 W Ninth St
Waterloo, IA 50702-5489
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0714

Northeast Iowa Medical Education Foundation
2065 Kimball Ave
Waterloo, IA 50702
Programs sponsored in: FP
Institution ID: 19-0715

Kansas

Junction City
Geary Community Hospital
1102 St Mary’s Rd
Box 460
Junction City, KS 66441
Med Sch Affil: G-01902
Major participating institution for programs in: FP
Institution ID: 19-08003

Kansas City
Bethany Medical Center
51 W 12th St
Kansas City, KS 66102
Med Sch Affil: G-01902
Major participating institution for programs in: CHN
Institution ID: 19-0418

University of Kansas Medical Center
39th and Rainbow Blvd
Kansas City, KS 66103
Med Sch Affil: G-01902
Major participating institution for programs in: AI, AN, CD, CHF, D, DBF, DR, DP, GE, GS, ID, IM, IMG, MP, MD, N, NFR, NS, OBG, OFP, ORS, OTO, P, PCC, PFP, PS, PTH, RHI, RO, U, VIB, VS
Institution ID: 19-0688

University of Kansas School of Medicine
3901 Rainbow Blvd
Kansas City, KS 66166-7100
Med Sch Affil: G-01902
Programs sponsored in: ADR, AL, AN, CD, CHF, CN, D, DBF, DR, DP, GE, GS, HJ, ID, IM, IMG, MPD, N, NFR, NS, OBG, OFP, ORS, OTO, P, PCC, PFP, PS, PTH, RHI, RO, U, VIB, VS
Institution ID: 19-0686

Leavenworth
Dwight D Eisenhower Veterans Affairs Medical Center
4401 S Fourth St
Leavenworth, KS 66048
Med Sch Affil: M-01902
Major participating institution for programs in: ADP, GS
Institution ID: 19-0406

Salina
Salina Regional Health Center
400 S Santa Fe Ave
PO Box 5089
Salina, KS 67402-0800
Major participating institution for programs in: FP
Institution ID: 19-0118

Wichita
Sedgwick County Regional Forensic Science Center
1100 N Massachusetts
Wichita, KS 67214-3129
Programs sponsored in: POP
Institution ID: 19-0197

University of Kansas School of Medicine (Wichita)
1010 N Kansas
Wichita, KS 67214-3190
Med Sch Affil: M-01902
Programs sponsored in: AN, DR, FP, FSM, GS, IM, MPD, OBG, ORS, P, FPO, PFG
Institution ID: 19-0111

Veterans Affairs Medical Center (Wichita)
3040 K Kellogg
Wichita, KS 67218-1607
Med Sch Affil: M-01902
Major participating institution for programs in: IM, ORS, P
Institution ID: 19-0196

Via Christi Regional Medical Center - Good Shepherd
8001 E Orme
Wichita, KS 67207
Major participating institution for programs in: P
Institution ID: 19-0001

Via Christi Regional Medical Center-St Francis
929 N St Francis Ave
Wichita, KS 67214-3182
Med Sch Affil: M-01902
Major participating institution for programs in: AN, FP, FSM, GS, IM, ORS, P, PFG
Institution ID: 19-0132

Via Christi Regional Medical Center-St Joseph
3600 E Harry St
Wichita, KS 67218-3713
Med Sch Affil: M-01902
Major participating institution for programs in: AN, FP, FSM, GS, IM, ORS, P
Institution ID: 19-0306

Wesley Medical Center
550 N Hillside
Wichita, KS 67214-9796
Med Sch Affil: M-01902
Major participating institution for programs in: AN, DR, FP, GS, IM, MPD, OBG, ORS, P
Institution ID: 19-0000

Kentucky

Edgewood
St Elizabeth Medical Center
One Medical Village Dr
Edgewood, KY 40111
Med Sch Affil: L-03841, G-02012
Programs sponsored in: FP
Institution ID: 20-0463

Glasgow
TJ Samson Community Hospital
1601 N Race St
Glasgow, KY 42141-3483
Med Sch Affil: G-02002
Major participating institution for programs in: FP
Institution ID: 20-0644

Hazard
ARH Regional Medical Center (Hazard)
160 Medical Center Drive
Hazard, KY 41701
Med Sch Affil: G-02012
Major participating institution for programs in: FP
Institution ID: 20-0745

LaGrange
Kentucky Correctional Psychiatric Center
1612 Dawkins Road
LaGrange, KY 40331
Major participating institution for programs in: FFP
Institution ID: 20-0624

Kentucky State Reformatory
5001 West Highway 146
LaGrange, KY 40332
Major participating institution for programs in: FFP
Institution ID: 20-0823

Lexington
Cardinal Hill Hospital
3060 Versailles Road
Lexington, KY 40504
Med Sch Affil: G-03012
Major participating institution for programs in: PM
Institution ID: 20-0225

Central Baptist Hospital
1740 S Nicholasville Rd
Lexington, KY 40503
Major participating institution for programs in: ORG, U
Institution ID: 20-0248

Ridge Behavioral Health System
3060 Bio Dona Dr
Lexington, KY 40509
Med Sch Affil: G-00012
Major participating institution for programs in: CPP
Institution ID: 20-0806

Samaritan Hospital
310 South Limestone
Lexington, KY 40508
Major participating institution for programs in: PCC
Institution ID: 20-0253

Shriners Hospitals for Children (Lexington)
1800 Richmond Rd
Lexington, KY 40503
Med Sch Affil: G-02012
Major participating institution for programs in: U
Institution ID: 20-0461
University of Kentucky College of Medicine
800 Rose St
MN150 Chandler Medical Center
Lexington, KY 40536
Med Sch Affil: M-02012
Programs sponsored in: AN, APM, CCG, CD, CHN, CHP, CHP, DR, EM, FF, FSM, GE, GPM, GS, HS, IC, ID, IM, N, N, N, NEF, NPM, NS, OB, OP, OR, OSE, OTH, OTO, P, PCC, PPC, PS, PM, PSM, PTH, RO, S, TS, U, VS
Institution ID: 20-0513

University of Louisville
800 Rose St
Lexington, KY 40536-0804
Med Sch Affil: M-02012
Programs sponsored in: MD
Major participating institution for programs in: AN, APM, CCG, CD, CHN, CHP, CHP, DR, EM, FF, FSM, GE, GS, HS, IC, ID, IM, N, N, N, NEF, NPM, NS, OB, OP, OR, OSE, OTH, OTO, P, PCC, PPC, PS, PM, PSM, PTH, RO, S, TS, U, VS
Institution ID: 20-0505

Veterans Affairs Medical Center (Lexington)
1101 Veteran's Drive (Cooper Drive Division)
Lexington, KY 40502
Med Sch Affil: M-02012
Major participating institution for programs in: BBK, PFP
Institution ID: 20-0495

Central State Hospital
1650 LaGrange Road
Louisville, KY 40203
Med Sch Affil: L-02002
Major participating institution for programs in: BBK, PFP
Institution ID: 20-0495

Child Psychiatric Services (Bingham Child Guidance Clinic)
Univ of Louisville Sch of Med
200 E Chestnut St
Louisville, KY 40202
Med Sch Affil: L-02002
Major participating institution for programs in: BBK, PFP
Institution ID: 20-0495

Frazier Rehabilitation Institute
220 Abraham Flexner Way
Louisville, KY 40202-1887
Med Sch Affil: M-02002
Major participating institution for programs in: PM
Institution ID: 20-0515

James Graham Brown Medical Center
539 S Jackson St
Louisville, KY 40202
Med Sch Affil: L-02002
Major participating institution for programs in: HO
Institution ID: 20-0505

Jewish Hospital
217 East Chestnut St
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: BBK, CCG, CD, CHN, CHP, DR, EM, FF, FSM, GE, GS, HS, IC, ICE, ID, IM, MPD, N, NEF, NPM, NS, OB, OP, OSE, OTH, OTO, P, PCC, PPC, PS, PM, PSM, PTH, RO, S, TS
Institution ID: 20-0136

Kleinert Koutz and Associates-Louisville Hand Surgery Center
225 Abraham Flexner Way, Suite 800
Louisville, KY 40202
Med Sch Affil: L-02002
Major participating institution for programs in: HO
Institution ID: 20-8003

Kosair Children's Hospital (Norton Healthcare, Inc)
P O Box 35070
231 East Chestnut St
Louisville, KY 40202-5070
Med Sch Affil: M-02002
Major participating institution for programs in: AN, APM, CCG, CC, CHP, CHP, CR, DR, EM, FF, FSM, GE, GS, HS, IC, ID, IM, MPD, N, NEF, NPM, NS, OP, OSE, OTH, OTO, PD, PDE, PDI, PEM, PG, PTH, PS, PM, PSM, PTH, RO, TS
Institution ID: 20-0345

Norton Healthcare-Norton Hospital
200 East Chestnut St
Louisville, KY 40217
Med Sch Affil: M-02002
Major participating institution for programs in: CRS, END, FPG, GS, N, NEF, NPM, OSE, OTH
Institution ID: 20-0235

Norton Medical Pavilion-Norton Healthcare, Inc
PO Box 35070
215 E Broadway
Louisville, KY 40222
Med Sch Affil: L-02012
Major participating institution for programs in: ORS
Institution ID: 20-0807

Office of Chief Medical Examiner
810 Barret Ave
Louisville, KY 40204
Med Sch Affil: M-02002
Major participating institution for programs in: PFP, FOP, IC, ID, IM, N, NEF, NPM, NS, OB, OP, OSE, OTH, ORS, P, PCC, PPC, PFP, PS, PTH, RO, TS
Institution ID: 20-0507

Seven Counties Services (Louisville)
2165 Crums Lane
Louisville, KY 40216
Med Sch Affil: M-02002
Major participating institution for programs in: ADP
Institution ID: 20-8206

University of Louisville Hospital
530 South Jackson St
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: AN, ADP, BBK, CCG, CD, CR, CDR, CRB, DR, DR, DR, EM, EM, END, FOP, FOP, FPG, GE, GS, HS, HS, IC, ICE, ID, IM, MPD, N, NEF, NPM, NS, OB, OP, OSE, OTH, ORS, P, PCC, PPC, PFP, PS, PTH, RO, TS
Institution ID: 20-0507

University of Louisville School of Medicine
Abell Administration Center, #518
232 S Chestnut St
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: PM
Institution ID: 20-0515

Veterans Affairs Medical Center (Louisville)
800 Zorn Ave
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: AN, APM, CCG, CD, CHN, CHP, DR, EM, END, FPG, GE, GS, HS, IC, ICE, ID, IM, MPD, N, NEF, OPM, OSE, OTH, OTO, P, PCC, PPC, PS, PSM, PTH, RO, S, TS
Institution ID: 20-0136

Madisonville
Regional Medical Center of Hopkins County
900 Hospital Dr
Madisonville, KY 42431
Med Sch Affil: L-02002, L-02002
Major participating institution for programs in: PM
Institution ID: 20-8207

Trover Clinic Foundation
200 Clinic Drive
Madisonville, KY 42431
Programs sponsored in: PM
Institution ID: 20-8207

Morehead
St Claire Medical Center
322 Medical Circle
Morehead, KY 40351-1190
Med Sch Affil: M-02012
Major participating institution for programs in: PM
Institution ID: 20-8207

Louisiana
Alexandria
Rapides Regional Medical Center
111 Fourth St
Alexandria, LA 71306
Med Sch Affil: L-02002
Major participating institution for programs in: PM
Institution ID: 20-8207

Baton Rouge
Baton Rouge General Medical Center
8900 Florida Blvd
PO Box 2611
Baton Rouge, LA 70821
Med Sch Affil: M-02012
Programs sponsored in: PM
Major participating institution for programs in: PM
Institution ID: 21-07065

Earl K Long Medical Center
5805 Airline Highway
Baton Rouge, LA 70805-3488
Med Sch Affil: M-02012
Programs sponsored in: PM
Major participating institution for programs in: PM
Institution ID: 21-07065

Office of Mental Health (Baton Rouge)
1201 Capitol Access Rd
PO Box 4049
Baton Rouge, LA 70821
Med Sch Affil: M-02002
Programs sponsored in: PM
Major participating institution for programs in: PM
Institution ID: 21-07065

Houma
Leonard J Chabert Medical Center
1978 Industrial Blvd
Houma, LA 70363
Med Sch Affil: M-02002
Major participating institution for programs in: PM
Institution ID: 21-07065

Teaching institutions
Kenner

Kenner Regional Medical Center
130 West Esplanade Ave
Kenner, LA 70065
Med Sch Affi: G-02105
Major participating institution for programs in: FP, OBG
Institution ID: 21-8630

Lafayette

University Medical Center (Lafayette)
2390 W Congress, Box 68300
Lafayette, LA 70506-8800
Med Sch Affi: M-02105
Programs sponsored in: FP, IM
Major participating institution for programs in: GS, OBG, OTG
Institution ID: 21-0380

Lake Charles

Lake Charles Memorial Hospital
1700 Oak Park Boulevard
Lake Charles, LA 70601
Med Sch Affi: G-02106
Major participating institution for programs in: FP, OSM
Institution ID: 21-8619

Metairie

East Jefferson General Hospital
4300 Houma Blvd
Metairie, LA 70006
Programs sponsored in: FP
Institution ID: 21-8621

Monroe

E A Conway Medical Center
PO Box 1881
4864 Jackson St
Monroe, LA 71201-1881
Med Sch Affi: G-02106
Programs sponsored in: FP
Major participating institution for programs in: CS, N, OBG
Institution ID: 21-0344

New Orleans

Children’s Hospital
200 Henry Clay Ave
New Orleans, LA 70118
Med Sch Affi: M-02105, L-00106, G-02101
Major participating institution for programs in: AI, BBK, CHN, CHP, CN, MPO, NPM, OTG, PD, PDR, PDR, PD, FDO, PE, OP, PS, TS, U
Institution ID: 21-0731

DePaul/Tulane Behavioral Health Center
1040 Cathou St
New Orleans, LA 70118
Major participating institution for programs in: CPP, P
Institution ID: 21-8631

Louisiana Rehabilitation Institute
L M Building
1522 Tulane Ave
New Orleans, LA 70140
Major participating institution for programs in: PM
Institution ID: 21-0734

Louisiana State University Eye Center
2020 Grevener St
New Orleans, LA 70112
Major participating institution for programs in: OPH
Institution ID: 21-8615

Louisiana State University School of Medicine
3000 Gravier St Suite 102
Campus Mail B1-2
New Orleans, LA 70112
Med Sch Affi: L-00106
Programs sponsored in: AI, BBK, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FOE, FP, GE, GS, HS, IC, ID, IM, IMD, MDM, MPO, N, NFP, NPM, NR, NS, OBG, OPH, OP, OPH, ORS, OSM, OTO, F, PCC, PCP, PD, FDR, FPP, PC, PHO, PM, PP, PST, PTH, PFG, RHU, RNK, TS, VR, VS
Institution ID: 21-9502

Loyola Law Clinic
St Charles Ave
New Orleans, LA 70115
Major participating institution for programs in: PPP
Institution ID: 21-8652

Medical Center of Louisiana at New Orleans
2021 Perdido St
New Orleans, LA 70112-1396
Med Sch Affi: M-02105
Major participating institution for programs in: AI, AN, BBK, CCS, CD, CHN, CN, CPP, D, DMP, DR, EM, END, GE, GS, HMF, HS, IC, ID, IM, IMD, IMG, MD, MP, N, NER, NPM, NR, NS, OBG, OPH, OPH, OSM, OTO, P, PCC, PCD, PDC, PDI, PFF, PFG, PHO, PM, PP, PST, PTH, RHU, RNK, TS, TY, U, VIR, VS
Institution ID: 21-0727

Memorial Medical Center
2700 Napoleon Ave
New Orleans, LA 70115-6806
Med Sch Affi: M-02105
Major participating institution for programs in: GE, HS, NFP, OTG, PCC
Institution ID: 21-0409

New Orleans Adolescent Hospital
210 State St
New Orleans, LA 70118
Major participating institution for programs in: CHP, P
Institution ID: 21-8617

New Orleans Health Care for the Homeless Clinic
914 Union St
New Orleans, LA 70110
Major participating institution for programs in: P
Institution ID: 21-8635

Ochsner Clinic Foundation
1514 Jefferson Highway
New Orleans, LA 70121
Med Sch Affi: M-02105, L-00106, G-02101
Programs sponsored in: AI, AN, CC, CD, DR, END, GE, CPP, GS, HS, HMF, HS, IC, ID, IM, IMD, IMG, MD, MP, NER, NPM, NR, NS, OBG, OPH, OPH, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PFF, PFG, PHO, PM, PP, PST, PTH, RHU, RNK, TS, TY, U, VIR, VS
Institution ID: 21-9502

Parish of Orleans Coroner’s Office
Criminal Court Building
2700 Tulane Ave
New Orleans, LA 70119
Major participating institution for programs in: FOP
Institution ID: 21-8622

Tulane Hospital for Children
1415 Tulane Ave
New Orleans, LA 70112
Major participating institution for programs in: CPF, PDI, PFF, PN
Institution ID: 21-8627

Tulane Univ School of Public Health and Tropical Medicine
1440 Tulane Ave
New Orleans, LA 70112
Major participating institution for programs in: GPM, IPM
Institution ID: 21-0493

Tulane University Hospital and Clinics
Tulane University School of Medicine
1430 Tulane Ave SL-97
New Orleans, LA 70112
Med Sch Affi: M-02101
Programs sponsored in: PS
Major participating institution for programs in: AI, AN, CD, CHN, CHP, CN, CPP, D, DR, END, GE, GS, HMF, HS, IC, ID, IM, IMD, IMG, MD, MP, N, NFP, NPM, NR, NS, OBG, OPH, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PFF, PFP, PHO, PM, PP, PST, PTH, PFG, RHU, RNK, TS, VIR, VS
Institution ID: 21-9502

Tulane University School of Medicine
Office of Graduate Medical Education (SL 97)
1430 Tulane Ave
New Orleans, LA 70112-3669
Med Sch Affi: M-02101, M-02105, L-02312
Programs sponsored in: AI, AN, CCS, CD, CHN, CHP, CN, CPP, D, DR, END, GE, GPM, GS, HMF, HS, IC, ID, IM, IMD, IMG, MD, MP, N, NER, NPM, NR, NS, OBG, OPH, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PFF, PFP, PHO, PM, PP, PST, PTH, PFG, RHU, RNK, TS, TY, U, VIR, VS
Institution ID: 21-9502

Veterans Affairs Medical Center (New Orleans)
1501 Perdido St
New Orleans, LA 70118
Med Sch Affi: M-02105
Major participating institution for programs in: AI, AN, CCS, CD, CHN, CHP, CN, CPP, D, DR, END, GE, GPM, GS, HMF, HS, IC, ID, IM, IMD, IMG, MD, MP, N, NER, NPM, NR, NS, OBG, OPH, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PFF, PFP, PHO, PM, PP, PST, PTH, PFG, RHU, RNK, TS, TY, U, VIR, VS
Institution ID: 21-0234

Pineville

Huey P Long Regional Medical Center
362 Hospital Boulevard
Pineville, LA 71360
Med Sch Affi: M-02105, G-02105
Major participating institution for programs in: GS
Institution ID: 21-0439

Shreveport

Brentwood Behavioral Health Company
1006 Highland Ave
Shreveport, LA 71101
Major participating institution for programs in: P
Institution ID: 21-8024

Christus Schumpert Health System
One Saint Mary Place
Shreveport, LA 71103
Med Sch Affi: L-02106
Major participating institution for programs in: CRS, PP, U
Institution ID: 21-0469

LSU Health Sciences Center-University Hospital
1601 Kings Highway
PO Box 33020
Shreveport, LA 71130-3922
Med Sch Affi: M-02106
Programs sponsored in: AI, AN, APM, COM, CD, CRS, DR, EM, END, FOE, GE, GS, HO, ID, IM, MPO, AN, NER, NPM, NR, NS, OBG, OPH, OPM, OPH, OSM, OTO, P, PCC, PFP, PHO, PM, PP, PST, PTH, RHU, U
Institution ID: 21-0722

1124 Graduate Medical Education Directory 2005-2006
Overton Brooks Veterans Affairs Medical Center
510 E Stone Ave
Shreveport, LA 71101
Med Sch Affl: M-03106
Major participating institution for programs in: AN, CCM, CD, END, GE, GS, ID, IM, NS, OPH, OB/GYN, OTO, P, PCC, RHU, U
Institution ID: 21-0457

Shriners Hospitals for Children (Shreveport)
3100 Samford Ave
Shreveport, LA 71103
Med Sch Affl: L-02100
Major participating institution for programs in: ORS
Institution ID: 21-0419

The Asthma Allergy Clinic (Shreveport)
SSO Olive St
Shreveport, LA 71104
Major participating institution for programs in: AI
Institution ID: 21-8037

Willis-Knighton Medical Center
2600 Greenwood Road
PO Box 32650
Shreveport, LA 71130-2600
Med Sch Affl: L-02016
Major participating institution for programs in: NEP, NS
Institution ID: 21-0459

Vivian
North Caddo Medical Center
1900 South Spruce St
Vivian, LA 71082-2332
Major participating institution for programs in: FP
Institution ID: 21-8034

Maine

Augusta
Department of Veterans Affairs VA Medical Center
1 VA Center
Augusta, ME 04330
Major participating institution for programs in: U
Institution ID: 22-0200

Maine General Medical Center
6 E Chestnut St
Augusta, ME 04330
Major participating institution for programs in: FP
Institution ID: 22-0100

Maine-Dartmouth Family Practice Residency
15 East Chestnut
Augusta, ME 04330
Programs sponsored in: FP, FPG
Institution ID: 22-0114

Bangor
Eastern Maine Medical Center
Family Practice Residency Program
885 Union St - Suite 12
Bangor, ME 04401-3910
Med Sch Affl: M-02401
Programs sponsored in: FP
Institution ID: 22-0181

Lewiston
Central Maine Medical Center
75 High St
Lewiston, ME 04240
Med Sch Affl: L-03405
Programs sponsored in: FP
Institution ID: 22-0116

Portland
Maine Medical Center
22 Bramhall St
Portland, ME 04102
Med Sch Affl: M-03002
Programs sponsored in: AN, CD, CHF, DR, EM, FP, FPM, GS, ID, IM, IHD, M, NEP, OB/GYN, OTO, P, PCC, PCC
Major participating institution for programs in: FS, U
Institution ID: 22-0384

New England Rehabilitation Hospital
395 Brighton Medical
Portland, ME 04102
Major participating institution for programs in: IMG
Institution ID: 22-0402

South Portland
Spring Harbor Hospital
175 Running Hill Rd
South Portland, ME 04106
Major participating institution for programs in: CHP
Institution ID: 22-0401

Maryland

Andrews AFB
Malcolm Grow Medical Center
8th Medical Group/SGA
1050 West Perimeter Rd
Andrews AFB, MD 20762-6600
Med Sch Affl: M-02912
Major participating institution for programs in: FP, FPG, FSR, F, T
Institution ID: 23-0218

Baltimore
Franklin Square Hospital Center
9000 Printers Square Dr
Baltimore, MD 21237
Med Sch Affl: M-02302, L-02307
Programs sponsored in: FP, IM, OBG
Major participating institution for programs in: GS
Institution ID: 23-0123

Good Samaritan Hospital of Maryland
5601 Loch Raven Blvd
Russell Morgan Building, Suite 502
Baltimore, MD 21239-2695
Med Sch Affl: M-02307
Programs sponsored in: IM
Major participating institution for programs in: GS, PM
Institution ID: 23-0322

Institute for Medical Research and Education
510 North Charles St
Baltimore, MD 21201
Med Sch Affl: M-02307, L-02301
Programs sponsored in: FB
Institution ID: 23-0307

Greater Baltimore Medical Center
6701 North Charles St
Baltimore, MD 21218
Med Sch Affl: M-02307, L-02301
Programs sponsored in: OB/GYN, OTO
Institution ID: 23-0307

Harbor Hospital Center
3901 S Hanover St
Baltimore, MD 21225-1250
Med Sch Affl: M-03307, L-03301
Programs sponsored in: IM, T
Institution ID: 23-0459

Johns Hopkins Bayview Medical Center
4940 Eastern Ave
Baltimore, MD 21224
Med Sch Affl: M-02307, L-02301
Major participating institution for programs in: AI, CFS, D, EM, ESN, GE, GS, IHD, IM, IMG, N, NEP, NS, OB/GYN, OTO, P, PCC, PS, PPG, U, VN
Institution ID: 23-0118

Johns Hopkins School of Public Health
615 N Wolfe St
Baltimore, MD 21205
Med Sch Affl: M-02307
Programs sponsored in: CHP
Major participating institution for programs in: CHP
Institution ID: 23-0503

Johns Hopkins Hospital
600 N Wolfe St, Baltimore, MD 21201-1629
Med Sch Affl: M-02307, L-01001, G-02312, G-02301
Major participating institution for programs in: ADL, AI, AN, APFM, BBK, CCA, CCP, CCF, CD, CHN, CHP, CN, D, DMP, DR, EM, ENB, ESN, GE, GH, HEM, HMP, ICIC, ICE, ID, IM, IMG, N, NEP, NM, NO, NP, NFM, NMD, NS, OB/GYN, OPH, OTO, P, PCC, PCCP, PCC, PGC, PGC, PPG, PDI, PDI, PDI, PDS, PEM, PG, PPO, PM, PMG, PN, FS, PTH, PTC, PRU, RNR, RO, BP, TS, U, UP, VHR, VN, VS
Institution ID: 23-0191

Johns Hopkins University School of Medicine
733 North Broadway
Suite 100
Baltimore, MD 21205-2106
Med Sch Affl: M-02307
Programs sponsored in: ADL, AI, AN, APFM, BKB, CCA, CCP, CCF, CD, CHN, CHP, CN, D, DMP, DR, EM, ENB, ESN, GE, GH, HEM, HMP, ICIC, ICE, ID, IM, IMG, N, NEP, NM, NO, NP, NFM, NMD, NS, OB/GYN, OPH, OTO, P, PCC, PCCP, PCC, PGC, PGC, PPG, PDI, PDI, PDI, PDS, PEM, PG, PPO, PM, PMG, PN, FS, PTH, PTC, PRU, RNR, RO, BP, TS, U, UP, VHR, VN, VS
Institution ID: 23-0703

Kennedy Krieger Institute
787 North Broadway
Baltimore, MD 21205
Major participating institution for programs in: MD, SC
Institution ID: 23-0502

Maryland General Hospital
2721 Mason Ave
Baltimore, MD 21201-4691
Med Sch Affl: M-02301
Programs sponsored in: IM, OPH, T
Institution ID: 23-0147

Maryland State Department of Health and Mental Hygiene
501 West Preston St
Room 304
Baltimore, MD 21201
Med Sch Affl: M-02306, G-02301
Programs sponsored in: CHP
Institution ID: 23-0404
Boston Medical Center
One Boston Medical Center Place
Boston, MA 02118-2581
Med Sch Affil: M-02406
Programs sponsored in: AD, AI, AN, ACS, CD, CDM, DH, EM, ENP, PD, PG, GPM, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, OBG, OPH, ORS, OBSM, OTO, P, PCC, PDP, PMF, PFO, PTH, PTV, PVM, RHU, RNB, RS, T, U, VIR, VS
Major participating institution for programs in: DMP, PD, PDI, PFM, RO
Institution ID: 24-0077

Boston University School of Public Health
80 East Concord St
Boston, MA 02118
Major participating institution for programs in: GPM
Institution ID: 24-0449

Brigham and Women's Hospital
B-Building, 4th Floor, Room 8B428
75 Francis St
Boston, MA 02115
Med Sch Affil: M-02401, G-03155
Programs sponsored in: AI, AN, APM, AR, BCA, CCS, CD, CTR, DR, EM, END, GR, GS, HMP, HO, HSO, IC, IC, IM, MGP, MPO, MRP, NF, NM, NPB, P, PFC, PS, PTH, RRU, RNB, RS, T, U, VIR, VS
Major participating institution for programs in: ADP, APM, AR, BCA, CCS, CD, CTR, DR, EM, END, GR, GS, HMP, HO, HSO, IC, IC, IM, MGP, MPO, MRP, NF, NM, NPB, P, PFC, PS, PTH, RRU, RNB, RS, T, U, VIR, VS
Institution ID: 24-0486

Caritas Carney Hospital
210 Dorchester Ave
Boston, MA 02124
Med Sch Affil: M-02407, L-02405
Programs sponsored in: IM, TT
Major participating institution for programs in: P
Institution ID: 24-0285

Caritas St Elizabeth's Medical Center of Boston
735 Cambridge St
Boston, MA 02135
Med Sch Affil: M-02407, M-02416
Programs sponsored in: AN, AP, CD, GS, HO, IM, P, PCC
Major participating institution for programs in: GE, ID, N, NEP, OBG, ORS, RO, TS, U
Institution ID: 24-0211

Children's Hospital
30 Longwood Ave
Boston, MA 02115-5717
Med Sch Affil: M-02401, L-02312, L-02515, L-02416, G-02406, G-02401
Programs sponsored in: ADL, AI, CCP, CCS, CHN, CHP, CM, CTP, CTX, MX, NOD, NPM, NS, OP, PAN, PD, PDC, PDE, PDI, PFP, PKM, POS, PFG, PTV, PMF, SEM, PMF, PDI, PPM, PSM, PUP
Major participating institution for programs in: APM, BCA, CCN, CM, CTX, HSO, MGP, MMD, NM, OMO, OBSM, ORO, ORS, P, PS, SNK, TS, U
Institution ID: 24-0152

Dana-Farber Cancer Institute
44 Binney St
Boston, MA 02115
Med Sch Affil: M-02401
Programs sponsored in: HO, MGP, NM
Institution ID: 24-0726

Dr Solomon Carter Fuller Mental Health Center (DSFCMH)
Boston, MA 02218
Med Sch Affil: G-02406
Major participating institution for programs in: P
Institution ID: 24-0755

Erich Lindemann Mental Health Center
25 Staniford St
Government Center
Boston, MA 02114
Major participating institution for programs in: P
Institution ID: 24-0757

Faulkner Hospital
1153 Centre St
Boston, MA 02130
Med Sch Affil: M-02407, L-02401, G-02405
Major participating institution for programs in: GS, HSO
Institution ID: 24-0472

Harvard School of Public Health
677 Huntington Ave
Boston, MA 02115
Programs sponsored in: GPM
Institution ID: 24-0124

Hebrew Rehabilitation Center for Aged
1200 Centre St
Boston, MA 02131
Major participating institution for programs in: IMO
Institution ID: 24-8100

Massachusetts Eye and Ear Infirmary
240 Charles St
Boston, MA 02114-3066
Med Sch Affil: M-02401, G-02405
Programs sponsored in: NO, OPH, OT, PCC
Institution ID: 24-0155

Massachusetts General Hospital
55 Fruit St
Boston, MA 02114
Med Sch Affil: M-02401, G-02405
Programs sponsored in: ADP, AI, AN, APM, AR, BCA, CCS, CD, CTR, DR, EM, END, GR, GS, HMP, HO, HSO, IC, IC, IM, MGP, MPO, MRP, NF, NM, NPB, P, PFC, PS, PTH, RRU, RNB, RS, T, U, VIR, VS
Major participating institution for programs in: ADP, APM, AR, BCA, CCS, CD, CTR, DR, EM, END, GR, GS, HMP, HO, HSO, IC, IC, IM, MGP, MPO, MRP, NF, NM, NPB, P, PFC, PS, PTH, RRU, RNB, RS, T, U, VIR, VS
Institution ID: 24-0289

Massachusetts Mental Health Center
74 Fenwood Road
Burlington, MA 02150-2581
Med Sch Affil: M-02401
Major participating institution for programs in: P
Institution ID: 24-0255

New England Baptist Hospital
125 Parker Hill Ave
Department of Orthopedics
Boston, MA 02120
Med Sch Affil: L-02407, G-02405, G-02416
Programs sponsored in: OSM
Major participating institution for programs in: HSO
Institution ID: 24-0322

Spaulding Rehabilitation Hospital
125 Nashua St
Boston, MA 02114
Med Sch Affil: L-02401, G-02401
Programs sponsored in: PM, PMP, SCI
Major participating institution for programs in: RHU
Institution ID: 24-9036

Tufts-New England Medical Center
760 Washington St
Boston, MA 02111
Med Sch Affil: M-02407, G-02405
Programs sponsored in: AD, AI, AN, APM, AR, BCA, CCS, CD, CTR, DR, EM, END, GR, GS, HMP, HO, HSO, IC, IC, IM, MGP, MPO, MRP, NF, NM, NPB, P, PFC, PS, PTH, RRU, RNB, RS, T, U, VIR, VS
Major participating institution for programs in: DMP, DP
Institution ID: 24-0378

Veterans Affairs Medical Center (Boston)
Boston, MA 02130
Med Sch Affil: M-02405, L-02407
Major participating institution for programs in: ADP, AI, CO, D, DR, GE, GPM, GS, HO, ID, IM, N, OPH, OBSM, OTO, P, PCC, PMF, PTH, PTV, RBS, RNO, RS, T, U, VIR, VS
Institution ID: 24-0257

Bridgewater
Bridgewater State Hospital
26 Administration Road
Bridgewater, MA 02324
Major participating institution for programs in: PFP
Institution ID: 24-7010

Brockton
Boston VA Healthcare System
Brockton-West Roxbury
940 Belmont St
Brockton, MA 02401-5506
Med Sch Affil: M-02401
Programs sponsored in: P
Major participating institution for programs in: GS, HSO, IC, ICE, IM, IMG, IM, N, ORS, OTO, PCC, SCI, U, VS
Institution ID: 24-0172

Brockton Hospital
600 Centre St
Brockton, MA 02302
Med Sch Affil: M-02405
Major participating institution for programs in: IM, TT
Institution ID: 24-0225

Good Samaritan Medical Center-Cushing Campus
335 N Pearl St
Brockton, MA 02401-1794
Med Sch Affil: L-02407
Major participating institution for programs in: GS
Institution ID: 24-8014

Burlington
Lahey Clinic
41 Mall Road
Burlington, MA 01803
Med Sch Affil: M-02407, L-02401, G-02405
Programs sponsored in: CD, CBS, DR, END, GE, GS, IC, ICE, IM, PCC, PS, U
Major participating institution for programs in: GS, IC, IM, OPH, ORS, OTO, PCC, SCI, U
Institution ID: 24-0183

Cambridge
Cambridge Hospital/Cambridge Health Alliance
1493 Cambridge St
Cambridge, MA 02139
Med Sch Affil: M-02407, M-02401
Programs sponsored in: CHM, IM, P, PYG, PTV, PMF
Major participating institution for programs in: ETX, HSO, IMG
Institution ID: 24-0367
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<th>Address</th>
<th>Phone</th>
<th>Department</th>
<th>Programs</th>
<th>Sponsorship</th>
<th>Affiliation</th>
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<td>Harvard University Health Services</td>
<td>75 Mt Auburn St, Cambridge, MA 02138</td>
<td>617-495-5555</td>
<td>Medical School</td>
<td>Med</td>
<td>Major participating institution</td>
<td>M-02401</td>
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<td>Mount Auburn Hospital</td>
<td>330 Mount Auburn St, Cambridge, MA 02138</td>
<td>617-663-3000</td>
<td>Medicine &amp; Surgery</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Youville Hospital &amp; Rehabilitation Center</td>
<td>1358 Cambridge St, Cambridge, MA 02138</td>
<td>617-354-7000</td>
<td>Medicine</td>
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<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Fitchburg Health Alliance Hospital</td>
<td>275 Nichols Road, Fitchburg, MA 01420</td>
<td>978-339-5600</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: FP, PSIM, U, V</td>
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<td>MetroWest Medical Center-Framingham Union Hospital</td>
<td>115 Lincoln St, Framingham, MA 01702</td>
<td>508-872-0000</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Jamaica Plain</td>
<td>170 Morton St, Jamaica Plain, MA 02130</td>
<td>617-522-0000</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: ID, P, PM</td>
<td>M-02407</td>
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<td>Lawrence Greater Lawrence Family Health Center</td>
<td>34 Harvard St, Lawrence, MA 01841</td>
<td>978-835-3000</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: FP, ID, PM</td>
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<td>Lawrence General Hospital</td>
<td>1020 Center St, Lawrence, MA 01841</td>
<td>978-835-3000</td>
<td>Medicine</td>
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<td>Medford</td>
<td>Hallmark Health System</td>
<td>1100 Governors Ave, Medford, MA 02155</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
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<td>124 Prentice Rd, Medford, MA 02155</td>
<td>781-877-5000</td>
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<td>Newton Newton-Wellesley Hospital</td>
<td>2020 Washington St, Newton, MA 02162</td>
<td>617-969-5000</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
<td>M-02407</td>
<td>24-0448</td>
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<td>Pittsfield Berkshire Medical Center</td>
<td>275 North St, Pittsfield, MA 01201</td>
<td>413-442-3300</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
<td>M-02407</td>
<td>24-0190</td>
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<td>Somerville Somerville Hospital</td>
<td>285 Highland Ave, Somerville, MA 02144</td>
<td>617-479-0100</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Stockbridge</td>
<td>Austen Riggs Center</td>
<td>25 Main St, Stockbridge, MA 01262</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: P</td>
<td>M-02407</td>
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<td>Stockbridge</td>
<td>Stoughton New England Sinai Hospital and Rehabilitation Center</td>
<td>150 York St, Stoughton, MA 02072</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Westboro Westboro State Hospital</td>
<td>293 Lyman St, Westboro, MA 01581</td>
<td>508-364-6666</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Woburn HealthSouth New England Rehabilitation Hospital</td>
<td>157 Woburn St, Woburn, MA 01801</td>
<td>781-935-0000</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
<td>M-02407</td>
<td>24-0879</td>
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<td>Worcester</td>
<td>St Vincent Hospital</td>
<td>20 Worcester Blvd, Worcester, MA 01608</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
<td>M-02407</td>
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<td>Worcester</td>
<td>UMass Memorial Health Care (Hahnemann Campus)</td>
<td>291 Lincoln St, Worcester, MA 01605</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Worcester</td>
<td>UMass Memorial Health Care (Memorial Campus)</td>
<td>118 Belmont St, Worcester, MA 01605</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Worcester</td>
<td>UMass Memorial Health Care (University Campus)</td>
<td>55 Lake Ave North, Worcester, MA 01605</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
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<td>Worcester</td>
<td>University of Massachusetts Medical School</td>
<td>55 Lake Ave North, Worcester, MA 01655</td>
<td>Medicine</td>
<td>MedSckAffil: Major participating institution</td>
<td>Programs sponsored in: IM, TS, U, VS, OBG, ORS</td>
<td>M-02407</td>
<td>24-0501</td>
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Worcester State Hospital
305 Belmont St
Worcester, MA 01604
Med Sch Affil: G-02416
Major participating institution for programs in: PPP
Institution Id: 24-0135

Michigan

Ann Arbor

Center for Forensic Psychiatry
3501 Willow Road
PO Box 2069
Ann Arbor, MI 48106
Programs sponsored in: PPP
Institution Id: 25-8006

St Joseph Mercy Health System
5901 E Huron River Drive
PO Box 895
Ann Arbor, MI 48108-2172
Med Sch Affil: M-02501, L-02500
Programs sponsored in: GS, IM, OB/GYN, TD
Major participating institution for programs in: EM, GE, PS
Institution Id: 25-0487

University of Michigan Hospitals and Health Centers
2500 Green Road
Suite 700
Ann Arbor, MI 48109-0746
Med Sch Affil: M-02501
Programs sponsored in: AD, AI, AN, AP, B, C, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, IEC, ID, IM, OB/GYN, MG, MFD, N, NEP, NM, NQ, NPM, NS, OB/GYN, OPH, ORH, OS, OTO, P, PM, POC, PCH, PD, PDD, PDR, PDI, PDR, PDB, PD, FG, PHO, FM, FN, PP, PS, PT, PYG, RHI, RN
Major participating institution for programs in: HO, OB/GYN, PPP
Institution Id: 25-0256

University of Michigan School of Public Health
109 South Observatory St
Ann Arbor, MI 48109-2629
Programs sponsored in: OPM
Institution Id: 25-0256

Veterans Affairs Medical Center (Ann Arbor)
2215 Fuller Road
Ann Arbor, MI 48105
Med Sch Affil: M-02501, L-02548
Major participating institution for programs in: AD, AI, AN, AP, B, C, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, IEC, ID, IM, OB/GYN, MG, MFD, N, NEP, NM, NQ, NPM, NS, OB/GYN, OPH, ORH, OS, OTO, P, PM, POC, PCH, PD, PDD, PDR, PDI, PDR, PDB, PD, FG, PHO, FM, FN, PP, PS, PT, PYG, RHI, RN
Major participating institution for programs in: HO, OB/GYN, PPP
Institution Id: 25-0256

Chelsea

Chelsea Community Hospital
775 S Main St
Chelsea, MI 48118
Med Sch Affil: L-02501
Major participating institution for programs in: PPP
Institution Id: 25-0555

Dearborn

Oakwood Hospital
13061 Oakwood Blvd
Medical Education
Dearborn, MI 48124
Med Sch Affil: M-02507, L-02500
Programs sponsored in: DR, IM, OB/GYN, MD
Major participating institution for programs in: PP, GS, ICE
Institution Id: 25-0646

Detroit

Children's Hospital of Michigan
Detroit, MI 48201
Med Sch Affil: M-02507
Programs sponsored in: MD
Major participating institution for programs in: AI, CCP, CCS, CHN, CN, D, DR, EM, MG, NPM, NS, OB/GYN, ORH, OT, P, PA, PIC, PD, PDI, PDR, PDS, PIM, PO, PHO, PN, PP, PS, RN, T, U, UP, VN
Institution Id: 25-0650

Detroit Receiving Hospital and University Health Center
Detroit, MI 48201
Med Sch Affil: M-02507
Programs sponsored in: MD
Major participating institution for programs in: AI, CCP, CCS, CHN, CN, D, DR, EM, MG, NPM, NS, OB/GYN, ORH, OT, P, PA, PIC, PD, PDI, PDR, PDS, PIM, PO, PHO, PN, PP, PS, RN, T, U, UP, VN
Institution Id: 25-0651

Henry Ford Hospital
2796 West Grand Blvd
Department of Medical Education, CFP 104
Detroit, MI 48202-2085
Med Sch Affil: M-02507, L-01642
Programs sponsored in: AI, AN, AP, B, C, CCP, CCS, CHN, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, IEC, ID, IM, OB/GYN, MG, MFD, N, NEP, NM, NQ, NPM, NS, OB/GYN, OPH, ORH, OS, OTO, P, PM, POC, PCH, PD, PDD, PDR, PDI, PDR, PDB, PD, FG, PHO, FM, FN, PP, PS, PT, PYG, RHI, RN
Major participating institution for programs in: HO, OB/GYN, PPP
Institution Id: 25-0651

Rehabilitation Institute
251 Mack Boulevard
Detroit, MI 48201
Med Sch Affil: M-02507
Programs sponsored in: AI, AN, AP, B, C, CCP, CCS, CHN, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, IEC, ID, IM, OB/GYN, MG, MFD, N, NEP, NM, NQ, NPM, NS, OB/GYN, OPH, ORH, OS, OTO, P, P, PIC, PDI, PDR, PDS, PIM, PO, PHO, PN, PP, PS, PT, PYG, RHI, RN
Major participating institution for programs in: PM, VN
Institution Id: 25-0610

Sinai-Grace Hospital
6701 West Outer Drive
Detroit, MI 48235
Med Sch Affil: M-02507
Programs sponsored in: DR, EM, OB/GYN, ORH, ORS, PS, RO, T
Institution Id: 25-0610

Sinai-Grace Hospital (Sinai Campus)
6707 West Outer Drive
Detroit, MI 48235
Major participating institution for programs in: OPH, ORS, PM
Institution Id: 25-0114

St John Hospital and Medical Center
22101 Morrows Road
Detroit, MI 48236-2172
Med Sch Affil: M-02507
Programs sponsored in: CD, EM, FF, GS, IC, ID, IM, MFD, NEP, OB/GYN, PD, PT, T
Major participating institution for programs in: ETX
Institution Id: 25-0646

Veterans Affairs Medical Center (Detroit)
Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: AD, CD, D, GE, GS, IM, OB/GYN, ORH, OT, F, RHI, UN
Institution Id: 25-0610

Wayne County Medical Examiner's Office
900 Randolph Ave
Detroit, MI 48207
Programs sponsored in: PPP
Institution Id: 25-0620

Wayne State University/Detroit Medical Center
4301 S Antoine, Suite 2-B, UMC
Detroit, MI 48201-2403
Med Sch Affil: M-02507
Programs sponsored in: AD, AI, AN, AP, B, C, CCP, CCS, CHN, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, ID, IM, OB/GYN, ORH, ORS, OTO, P, PA, PIC, PDI, PDR, PDS, PIM, PO, PHO, PN, PP, PS, PT, PYG, RHI, RN
Major participating institution for programs in: NO
Institution Id: 25-0601

East Lansing

Michigan State University Clinical Center
Hillman Health Programs Suite
132 West Fee Hall
East Lansing, MI 48824
Med Sch Affil: M-02512
Major participating institution for programs in: PPP, N
Institution Id: 25-0632

Ferndale

Kingswood Hospital
10300 W Eight Mile Road
Ferndale, MI 48220
Major participating institution for programs in: PPP
Institution Id: 25-8398

Flint

Hurley Medical Center
One Hurley Plaza
Flint, MI 48503-5903
Med Sch Affil: M-02512, L-02501
Programs sponsored in: IM, OB/GYN, ORH, PD, PT, T
Major participating institution for programs in: DR, EM, ORS, PS
Institution Id: 25-0694

McLaren Regional Medical Center
401 S Saginaw Highway
Flint, MI 48502
Med Sch Affil: M-02512
Programs sponsored in: IM, OB/GYN, ORH, PD, PT, T
Major participating institution for programs in: DR, GS
Institution Id: 25-0542

Michigan State University/Flint Medical Education
One Hurley Plaza
Flint, MI 48503-5902
Med Sch Affil: M-02512
Programs sponsored in: DR
Institution Id: 25-0562
Grand Blanc
Genesys Regional Medical Center
One Genesys Parkway
Grand Blanc, MI 48439-8066
MedSchAff: G-02512
Programs sponsored in: FP
Institution ID: 25-6807

Genesys Regional Medical Center-Health Park
One Genesys Parkway
Grand Blanc, MI 48439
Major participating institution for programs in: DR
Institution ID: 25-8480

Grand Rapids
Grand Rapids Medical Education and Research Center
1000 Monroe, NW
Grand Rapids, MI 49506
MedSchAff: M-02512
Programs sponsored in: CCS, CRS, DR, EM, FP, GS, IM, OBG, ORS, PD, PM, PS, TY, VS
Institution ID: 25-6940

Saint Mary’s Health Care (Grand Rapids)
300 Jefferson Ave, SE
Grand Rapids, MI 49506
MedSchAff: M-02512
Major participating institution for programs in: DR, FP, GS, PD, ORS, P, TY, VS
Institution ID: 25-6973

Spectrum Health-Blodgett Campus
1450 Wealthy St, SE
Grand Rapids, MI 49506
Major participating institution for programs in: CCS, CRS, DR, EM, GS, IM, OBG, ORS, PS, VS
Institution ID: 25-6986

Spectrum Health-Butterworth Campus
100 Michigan St, NE
Grand Rapids, MI 49506
Programs sponsored in: MPO
Major participating institution for programs in: CCS, CRS, DR, EM, GS, IM, OBG, ORS, PD, PHO, PS, TY, VS
Institution ID: 25-6941

Grosse Pointe
Bon Secours Cottage Health System
468 Carleene Road
Grosse Pointe, MI 48230
MedSchAff: M-02507
Programs sponsored in: FP
Institution ID: 25-0103

Kalamazoo
Borgess Medical Center
1531 Gull Road
Kalamazoo, MI 49048
MedSchAff: M-02512
Major participating institution for programs in: EM, FP, PSM, GS, IC, IM, ORS, P, TY
Institution ID: 25-6490

Bronson Methodist Hospital
501 John St
Kalamazoo, MI 49007-5045
MedSchAff: M-02512
Major participating institution for programs in: EM, FP, PSM, GS, IM, MPO, ORS, PD, TY
Institution ID: 25-6458

Michigan State Univ/Kalamazoo Center for Medical Studies
1000 Oakland Drive
Kalamazoo, MI 49008
MedSchAff: M-02512
Programs sponsored in: EM, FP, PSM, GS, IM, MPO, ORS, P, PD, TY
Institution ID: 25-6538

Lansing
Ingham Regional Medical Center
401 W Greenlawn
Lansing, MI 48906
MedSchAff: M-02512
Major participating institution for programs in: EM, GS, IM, P
Institution ID: 25-6181

Michigan State University College of Human Medicine
Suite 640 Sparrow Professional Building
1200 E Michigan Ave
Lansing, MI 48912-1314
MedSchAff: M-02512
Programs sponsored in: CD, GS, HO, IC, IM, NPM, P, PD, PM
Institution ID: 25-6502

Sparrow Hospital
1215 E Michigan Ave
PO Box 30480
Lansing, MI 48909-7980
MedSchAff: M-02512
Programs sponsored in: EM, FP, PFG, FSM, OBG
Major participating institution for programs in: CD, GS, HO, IM, NPM, P, PD
Institution ID: 25-6290

Madison Heights
Michigan Orthopaedic Specialty Hospital, The
30671 Stephenson Highway
Madison Heights, MI 48071
MedSchAff: M-02507
Major participating institution for programs in: MPO, OBG, ORS, OSM, P, PTC
Institution ID: 25-0105

Marquette
Marquette General Hospital
420 W Magnetic St
Marquette, MI 49855-2794
MedSchAff: M-02512
Programs sponsored in: PP
Major participating institution for programs in: P
Institution ID: 25-6549

Midland
MidMichigan Medical Center-Midland
4000 Orchard Drive
Midland, MI 48670
MedSchAff: G-02512
Programs sponsored in: FP
Institution ID: 25-0322

Northville
Hawthorn Center Hospital
18411 Haggerty Rd
Northville, MI 48167
MedSchAff: M-02507
Major participating institution for programs in: CHP
Institution ID: 25-0547

Pontiac
North Oakland Medical Centers
465 W Bureau
Pontiac, MI 48341-1651
MedSchAff: M-02507
Programs sponsored in: FP, OB
Institution ID: 25-6222

St Joseph Mercy-Oakland
4440 Woodward Ave
Pontiac, MI 48341-3951
MedSchAff: M-02507
Programs sponsored in: DR, GS, IM, TY
Institution ID: 25-0478

Royal Oak
William Beaumont Hospital
Medical Administration
3801 West Thirteen Mile Rd
Royal Oak, MI 48073
MedSchAff: M-02507, L-0301
Programs sponsored in: BRK, CD, CRS, DR, EM, FP, GE, GS, HMP, IC, ID, IM, JG, MPO, NM, OBG, ON, OPH, ORS, OSM, P, PFG, PCT, PD, PM, PTH, RNR, RO, TY, U, V, M
Major participating institution for programs in: ETS, OB
Institution ID: 25-0396

Saginaw
Covenant HealthCare System-Cooper Campus
700 Cooper St
Saginaw, MI 48632
Major participating institution for programs in: EM, FP, GS, IM
Institution ID: 25-0314

Covenant HealthCare System-Harrison Campus
1447 N Harrison St
Saginaw, MI 49632
Major participating institution for programs in: GS, IM
Institution ID: 25-0200

St Mary’s Medical Center
800 S Washington Ave
Saginaw, MI 48631
MedSchAff: M-02512
Major participating institution for programs in: EM, GS, IM
Institution ID: 25-0276

Synergy Medical Education Alliance
1000 Houghton Ave
Saginaw, MI 48632
MedSchAff: M-02512
Programs sponsored in: EM, FP, GS, IM, OB
Institution ID: 25-0525

Southfield
Providence Hospital and Medical Centers
16001 West 9 Mile Rd
Fourth Floor Fisher Center
Southfield, MI 48075
MedSchAff: M-02507, G-02501
Programs sponsored in: CD, DR, FP, FSG, GE, GS, HO, IC, IM, NO, OBG, P, PTC
Major participating institution for programs in: GS, OB
Institution ID: 25-0197
Traverse City
Munson Medical Center
1105 Sixth St
Traverse City, MI 49684
Med Sch Affl: G-03512
Programs sponsored in: FP
Institution ID: 28-8551

Troy
William Beaumont Hospital - Troy
4401 Dequindre Rd
Troy, MI 48085-1117
Major participating institution for programs in: EM, FP
Institution ID: 28-8551

Warren
Bi-County Community Hospital
13855 E Ten Mile Road
Warren, MI 48089
Major participating institution for programs in: TT
Institution ID: 28-9011

Wayne
Oakwood Annapolis Hospital
32115 Annapolis Ave
Wayne, MI 48041-3493
Programs sponsored in: FP
Institution ID: 28-8599

Westland
Walter P Reuther Psychiatric Hospital
20015 Palmer Road
Westland, MI 48185
Major participating institution for programs in: PPG
Institution ID: 28-8605

Minnesota
Duluth
St Luke's Hospital
815 East First St
Duluth, MN 55805
Med Sch Affl: M-02067
Programs sponsored in: FP
Institution ID: 28-8099

St Mary's Medical Center
407 E Third St
Duluth, MN 55805
Med Sch Affl: M-02067
Major participating institution for programs in: FP
Institution ID: 28-8546

Eden Prairie
Park Nicollet Clinic-Alexander Center
Suite 300, 11455 Viking Drive
Eden Prairie, MN 55444
Major participating institution for programs in: DBP
Institution ID: 28-8097

The Orthopaedic Center
7900 Golden Triangle Drive
Suite 100
Eden Prairie, MN 55444
Programs sponsored in: OSM
Institution ID: 28-8036

Fergus Falls
Lakeland Mental Health Center
126 East Alcott
Fergus Falls, MN 56537
Med Sch Affl: G-02701
Major participating institution for programs in: P
Institution ID: 28-8523

Mankato
Immanuel-St Joseph's Hospital
1025 Marsh St
PO Box 8673
Mankato, MN 56002-8673
Med Sch Affl: L-02604
Major participating institution for programs in: FP
Institution ID: 28-8630

Minneapolis
Abbott-Northwestern Hospital/Allina
Health System
800 E 28th St 11136
Minneapolis, MN 55407
Med Sch Affl: L-02604
Programs sponsored in: IM
Major participating institution for programs in: CD, CUS, OS, OSM, PEP, PTH
Institution ID: 28-8543

Allina Hospitals & Clinics
710 East 34th St
Minneapolis, MN 55404
Programs sponsored in: FP
Institution ID: 28-8081

Children's Hospitals & Clinics -
Minneapolis
2255 Chicago Ave, S
Minneapolis, MN 55404
Med Sch Affl: L-02604, L-04601
Major participating institution for programs in: MFD, PEM
Institution ID: 28-8740

Fairview-University Medical Center
500 Harvard St SE
Minneapolis, MN 55455
Programs sponsored in: MFD
Major participating institution for programs in: AIH, ADP, AI, AN, BSK, CCA, CCP, CUS, CD, CHN, CN, CUS, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, JC, ICR, ID, IM, IMG, N, NFP, NM, NS, OAR, OBF, OPH, OHS, OTG, P, PCC, PCD, PDC, PDI, PDP, PFM, PM, PH, PHO, PNH, FP, PTH, PTV, RHR, RNR, RO, RS, V, VIM
Institution ID: 28-8024

HealthPartners Institute for Medical
Education
Attention: Carl Patow, MD, MPH
8100 34th Ave South - Mail Stop 21111X
Minneapolis, MN 55440-1300
Programs sponsored in: EM, FP, GFM, PTH
Institution ID: 28-8004

Hennepin County Medical Center
701 Park Ave S
Office of the Medical Director MC #07
Minneapolis, MN 55415-1629
Med Sch Affl: M 02404
Programs sponsored in: CCM, EM, FP, PSM, OS, IM, IMG, P, PCC, PTV
Major participating institution for programs in: AN, CN, D, DMP, DR, END, GE, MFD, N, NFP, NS, OAR, OBF, OHS, OTG, PM, PTH, PTV, RHR, VIR
Institution ID: 28-8042

Hennepin County Medical Examiner
560 Chicago Ave
Minneapolis, MN 55415
Programs sponsored in: FP
Institution ID: 28-0733

Twin Cities Spine Center
913 East 26th St
Suite 600
Minneapolis, MN 55404-4515
Programs sponsored in: OSM
Institution ID: 28-8132

Minnesota Sports Medicine
701 25th Ave S, M-105
Minneapolis, MN 55445
Programs sponsored in: OSM
Institution ID: 28-8924

University of Minnesota Medical School
MMC 258
420 Delaware St, SE
Minneapolis, MN 55455
Med Sch Affl: M-002604
Programs sponsored in: AIH, ADP, AI, AN, BSK, CCA, CCP, CUS, CD, CHN, CN, CUS, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, JC, ICR, ID, IM, IMG, N, NFP, NM, NS, OAR, OBF, OPH, OHS, OTG, P, PCC, PCD, PDC, PDI, PDP, PFM, PM, PH, PHO, PM, FN, FS, PTH, PTV, RHR, RNR, RO, RS, V, VIM
Institution ID: 28-9091

University of Minnesota School of Public
Health
Box 197, Mayo Rigg, Rm A-304
420 Delaware St, SE
Minneapolis, MN 55455-0381
Med Sch Affl: G 02608
Major participating institution for programs in: GPM
Institution ID: 28-0495

Veterans Affairs Medical Center (Minneapolis)
One Veterans Drive
Minneapolis, MN 55417
Med Sch Affl: M-02604
Major participating institution for programs in: ADP, CCA, CCS, CD, CN, CUS, D, DR, END, GE, GS, IC, ICR, ID, IM, MFD, N, NS, OAR, OBF, OPH, OHS, OTG, P, PCC, PCD, PDC, PDI, PDP, PFM, PM, PH, PHO, PM, FN, FS, PTH, PTV, RHR, RNR, RO, RS, V, VIM
Institution ID: 28-0119

Robbinsdale
North Memorial Health Care
3800 Oakdale Ave, N
Robbinsdale, MN 55422-2900
Med Sch Affl: G 02604
Major participating institution for programs in: PT, PS
Institution ID: 28-8048

Rochester
Mayo Clinic (Rochester)
200 First St, SW
Rochester, MN 55905
Major participating institution for programs in: AI, AN, APM, AR, BSK, CCA, CCM, CCS, CD, CHN, CN, CUS, D, DMP, DR, END, FP, GE, GPM, GS, HMP, HO, HSO, ID, IM, IMG, MM, MG, MM, N, NFP, NF, NS, OA, OBF, OPH, OHS, OTG, P, PCC, PCD, PDC, PDI, PDP, PM, PH, PHO, PM, FN, FS, PTH, PTV, PTV, PTV, PTV, PTV, RHR, RNR, RO, RS, V, VIM
Institution ID: 28-0737

Graduate Medical Education Directory 2005-2006 1131
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<th>Programs sponsored in:</th>
<th>Major participating institution for programs in:</th>
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<td>MedSch Affil: M-03834</td>
<td>3635 Vista Ave at Grand Blvd</td>
<td>St Louis, MO 63126-0250</td>
<td>5535</td>
<td>28-0230</td>
<td>AL, APB, BRI, CCA, CCP, CSS, CD, CHN, CHP, CN, DMI, DME, DR, EM, END, ESN, GE, GS, HMP, HO, HSQ, HSP, HTP, ICD, IM, IMG, IN, N, NEP, NM, NS, OSQ, OTO, P, PCC, PCE, PFR, PS, PTH, PY, RNU, RRU, S, TS, TTY, U, VS</td>
<td>St Louis University Hospital</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>3663 Lindell Blvd</td>
<td>St Louis, MO 63104</td>
<td>5535</td>
<td>28-0167</td>
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<td>St Louis University School of Medicine</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>1402 South Grand Boulevard</td>
<td>St Louis, MO 63104</td>
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<td>St Louis University School of Public Health</td>
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<td>MedSch Affil: M-03834</td>
<td>1369 Clayton Road</td>
<td>St Louis, MO 63107</td>
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<td>St Mary's Health Center</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>4455 Duncan Ave</td>
<td>St Louis, MO 63110</td>
<td>5535</td>
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<td>The Rehabilitation Institute of St Louis</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>500 East 10th Street</td>
<td>St Louis, MO 63110</td>
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<td>Veterans Affairs Medical Center (St Louis)</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>600 S Euclid</td>
<td>St Louis, MO 63110</td>
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<td>Washington University School of Medicine</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>566 S Euclid Ave, Campus Box 8033</td>
<td>St Louis, MO 63110-1039</td>
<td>5535</td>
<td>28-0230</td>
<td>AL, AN, APM, BRI, CCA, CCP, CSS, CD, CHN, CHP, CN, D, DR, END, ESN, GE, GS, HMP, HO, HSQ, HSP, HTP, ICD, ID, IM, IMG, IN, N, NEP, NM, NFM, NS, OSQ, OTO, P, PCC, PCE, PFR, PS, PTH, PY, RNU, S, TS, TTY, U, VS</td>
<td>Washington University/B-JH/SLCH Consortium</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>307 N Main</td>
<td>Windsor, MO 65560</td>
<td>5535</td>
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<td>Windsor Hospital</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>2900 Tenth Ave</td>
<td>Billings, MT 59107-7000</td>
<td>5535</td>
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<td>Montana Billings Hospital</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>123 S 27th St</td>
<td>Billings, MT 59101</td>
<td>5535</td>
<td>28-0802</td>
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<td>Montana Family Medicine Residency</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>PO Box 32900</td>
<td>Billings, MT 59105</td>
<td>5535</td>
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<td>St Vincent Hospital and Health Center</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>3020 W Woodley Ave</td>
<td>Grand Island, NE 68803</td>
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<td>AL, AN, APM, BRI, CCA, CCP, CSS, CD, CHN, CHP, CN, D, DR, END, FOP, PP, GE, GPM, GS, HMP, HO, IC, ID, IM, IMG, IMQ, IN, N, NEP, NM, NFM, NS, OBG, OTH, ORS, OTO, P, PCC, PCE, PFR, PS, PTH, PY, RNU, S, TS, TTY, U, VS</td>
<td>Nebraska Grand Island South Med Center</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>660 S Euclid</td>
<td>Kearney, NE 68848</td>
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<td>Kearney Good Samaritan Hospital (Kearney)</td>
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<tr>
<td>MedSch Affil: M-03834</td>
<td>565 North 30th St</td>
<td>Omaha, NE 68131</td>
<td>5535</td>
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<td>Omaha Boys Town National Research Hospital</td>
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</tbody>
</table>
Nevada

Las Vegas

Sunrise Hospital and Medical Center
3186 Maryland Parkway
PO Box 98530
Las Vegas, NV 89101-8530
Med Sch Affil: M-03010
Major participating institution for programs in: PD
Institution ID: 31-0104

University Medical Center of Southern Nevada

1950 West Charleston Boulevard
Las Vegas, NV 89102
Med Sch Affil: M-03010
Major participating institution for programs in: PD
Institution ID: 31-0100

VA Southern Nevada Healthcare System

1700 Vegas Drive
Las Vegas, NV 89106
Major participating institution for programs in: GS, P
Institution ID: 31-0016

Valley View Surgery Center

1300 S Valley View
Las Vegas, NV 89102
Major participating institution for programs in: PS
Institution ID: 31-0017

Renio

Ioannis A Lougaris Veterans Affairs Medical Center

1000 Locust St
Reno, NV 89520
Med Sch Affil: M-03010
Major participating institution for programs in: FP, IM
Institution ID: 31-0110

University of Nevada School of Medicine

1564 N Virginia St, Mail Stop 532
Pennington Building
Reno, NV 89557-0046
Med Sch Affil: G-00515
Programs sponsored in: FP, GS, IM, OB, P, PD, PS, PTH, PYG, U
Institution ID: 31-0111

Washoe Medical Center

77 Pringle Way
Reno, NV 89520
Med Sch Affil: M-03010
Major participating institution for programs in: FP, IM
Institution ID: 31-0004

West Hills Hospital

1240 E Ninth St
Reno, NV 89512
Major participating institution for programs in: P
Institution ID: 31-0013

Sparks

Northern Nevada Adult Mental Health Services

Sparks, NV 89431
Med Sch Affil: G-03101
Major participating institution for programs in: P
Institution ID: 31-0002

New Hampshire

Concord

Concord Hospital

250 Pleasant St
Concord, NH 03301
Med Sch Affil: M-03010
Programs sponsored in: FP
Major participating institution for programs in: GPM
Institution ID: 32-0002

New Hampshire Hospital

30 Clinton St
Concord, NH 03301-2828
Med Sch Affil: G-03010
Programs sponsored in: FP, GPM, P, PYG
Major participating institution for programs in: CHP, GPM, P, PYG
Institution ID: 32-0338

Lebanon

Mary Hitchcock Memorial Hospital

One Medical Center Drive
Lebanon, NH 03756-0001
Programs sponsored in: ADP, AN, APM, CCA, CCM, CD, CHP, CN, DR, GE, GPM, GS, HO, IC, ICE, ID, IM, MP, N, NPM, NS, OB, OB, ORS, PCC, PD, PS, PTH, PYG, RHU, RNR, R, VH, VS
Major participating institution for programs in: OTO
Institution ID: 32-0001

New Jersey

Atlantic City

Atlantic City Medical Center

1525 Pacific Ave
Department of Medical Education
Atlantic City, NJ 08404
Med Sch Affil: G-04115
Programs sponsored in: IM
Major participating institution for programs in: P
Institution ID: 39-0150

Camden

Cooper Hospital-University Medical Center

One Cooper Plaza
Camden, NJ 08103
Med Sch Affil: M-03010, L-04113
Programs sponsored in: AN, CCM, CCP, CO, CD, D, DR, EM, GE, GS, HO, IC, ICE, ID, IM, NEF, OB, OB, ORS, PD, PCC, PD, PE, FRD, PS, ROH, RNR, U
Major participating institution for programs in: OSM, PTH, U
Institution ID: 33-0465

Our Lady of Lourdes Medical Center

1600 Haddon Ave
Camden, NJ 08103
Major participating institution for programs in: P
Institution ID: 33-0166

Teaching Institutions
West Jersey Health System (Camden)
Mt Ephraim and Atlantic Aves
Camden, NJ 08104
Med Sch Affil: M-04102
Major participating institution for programs in: OB/G
Institution ID: 33-0719

East Orange
Veterans Affairs New Jersey Health Care System
385 Tremont Ave
East Orange, NJ 07018-1065
Med Sch Affil: M-03036, M-03035
Major participating institution for programs in: ADP, AI, CD, CHN, D, DR, END, GK, GS, ID, IM, MDP, N, NEP, OPH, OHS, OT, P, PCC, PM, PTH, U, VS
Institution ID: 33-0167

Edison
JKF Johnson Rehabilitation Institute
65 James St
Edison, NJ 08818
Major participating institution for programs in: PM
Institution ID: 33-0017

JKF Medical Center
65 James St
Edison, NJ 08818-3050
Med Sch Affil: G-03306
Programs sponsored in: FP, PM
Major participating institution for programs in: CCM, CN, OHS, N
Institution ID: 33-0714

Elizabeth
Trinitas Hospital-Williamson Street Campus
225 Williamson St
Elizabeth, NJ 07207
Major participating institution for programs in: IM
Institution ID: 33-0417

Englewood
Englewood Hospital and Medical Center
350 Engle St
Englewood, NJ 07631
Med Sch Affil: M-03487, M-04101
Major participating institution for programs in: CCM, IM, MDP, N
Institution ID: 33-0459

Flemington
Hunterdon Medical Center
2100 Wescott Dr
Flemington, NJ 08822
Med Sch Affil: L-03306
Programs sponsored in: FP
Institution ID: 33-0444

Florham Park
Atlantic Health System
225 Columbia Turnpike
Florham Park, NJ 07932
Programs sponsored in: DR, EM, FP, GS, IM, MDP, PD, T
Institution ID: 33-0620

Freehold
CentraState Medical Center
501 West Main St
Freehold, NJ 07728
Major participating institution for programs in: FP
Institution ID: 33-0824

Hackensack
Hackensack University Medical Center
30 Prospect Ave
Hackensack, NJ 07601
Med Sch Affil: M-03935
Programs sponsored in: DR
Major participating institution for programs in: AN, CD, GS, ID, IM, MDP, N, NEP, OHS, OTH, P, PCC, PM, PTH, TS
Institution ID: 33-0219

Skin Laser and Surgery Specialists of New York/New Jersey
20 Prospect Ave, Suite 702
Hackensack, NJ 07601
Programs sponsored in: PRD
Institution ID: 33-0028

Hoboken
St Mary Hospital
308 Willow Ave
Hoboken, NJ 07030-3898
Med Sch Affil: G-03306
Major participating institution for programs in: FP
Institution ID: 33-0028

Jersey City
Jersey City Medical Center
50 Baldwin Ave
Jersey City, NJ 07304
Med Sch Affil: M-03487, G-03305
Major participating institution for programs in: GS, IM, OHS, OPH, PD
Institution ID: 33-0189

Livingston
St Barnabas Medical Center
94 Old Short Hills Rd
Livingston, NJ 07039
Med Sch Affil: M-03487, G-03305
Programs sponsored in: AN, DR, GS, IM, OHS, OPH, PD
Institution ID: 33-0416

Long Branch
Monmouth Medical Center
390 Second Ave
Long Branch, NJ 07740
Med Sch Affil: M-04115, G-04101
Programs sponsored in: DR, GS, IM, OHS, OPH, PD
Institution ID: 33-0335

Lyons
Veterans New Jersey Health Care System (Lyons)
Lyons, NJ 07938
Med Sch Affil: M-03306, G-03305
Major participating institution for programs in: GS, PCC, PFY
Institution ID: 33-0121

Marlton
West Jersey Health System
94 Brick Road, Suite 200
Marlton, NJ 08053
Programs sponsored in: FP
Institution ID: 33-0621

Montclair
Mountainside Hospital
Atlantic Health System
Bay and Highland Ave
Montclair, NJ 07042-4888
Med Sch Affil: L-03306, G-03305
Major participating institution for programs in: FP
Institution ID: 33-0217

Morristown
Morristown Memorial Hospital
Atlantic Health System
300 Madison Ave
Morristown, NJ 07962-1956
Med Sch Affil: M-03305
Major participating institution for programs in: BM, GS, IM, OHS, OPH, PD, TY
Institution ID: 33-0036

Mount Holly
Virtua Memorial Hospital Burlington County
175 Madison Ave
Mount Holly, NJ 08060-2099
Med Sch Affil: G-03306
Major participating institution for programs in: FP, GS, OTO, PD
Institution ID: 33-0171

Neptune
Jersey Shore University Medical Center
1840 Cortely Ave
Neptune, NJ 07753
Med Sch Affil: M-03306
Major participating institution for programs in: GS, IM, OHS, OPH, PD
Institution ID: 33-0220

New Brunswick
Robert Wood Johnson University Hospital
One Robert Wood Johnson Pl
New Brunswick, NJ 08901
Med Sch Affil: M-03306, L-04113, G-03306
Major participating institution for programs in: ADP, AN, AP, CD, CHN, D, DR, END, GK, GS, ID, IM, MDP, N, NEP, OHS, OPH, PD, PCC, PM, PTH, U, VS
Institution ID: 33-0411

St Peter’s University Hospital
254 Easion Ave
New Brunswick, NJ 08903
Med Sch Affil: M-03306
Programs sponsored in: IM, OHS, PD
Major participating institution for programs in: BM, GS, IM, OHS, OPH, PD, U, VS
Institution ID: 33-0107

UMDNJ-Robert Wood Johnson Medical School
125 Paterson St
Clinical Academic Bldg, Ste 1400
New Brunswick, NJ 08901-1977
Med Sch Affil: M-03306
Programs sponsored in: ADP, AN, AP, CD, CHN, CRB, D, DR, END, GF, FP, PCC, PM, PTH, U, VS
Institution ID: 33-0422
Newark
Newark Beth Israel Medical Center
201 Lyons Ave
Newark, NJ 07112
Med Sch Affl: M-03547, L-03306
Programs sponsored in: CD, DK, EM, HO, IM, MPO, NRH, OBG, PCC, PD, VS
Major participating institution for programs in: GS, MPO
Institution ID: 33-0414
Newark Regional Medical Examiner Office
335 Norfolk St
Newark, NJ 07101
Programs sponsored in: POP
Institution ID: 33-8623
St Michael’s Medical Center (Cathedral Health Services, Inc)
255 Dr Martin Luther King Jr Blvd
Newark, NJ 07102
Med Sch Affl: G-03306
Major participating institution for programs in: CCM, CD, GE, HO, ID, IM, VS
Institution ID: 33-0418
UMDNJ-New Jersey Medical School
30 Bergen St ADMC 1107
PO Box 1700
Newark, NJ 07101-1700
Med Sch Affl: M-03306, G-02312
Programs sponsored in: AI, AN, CCS, CD, CHN, CHP, D, DMF, DR, FM, KND, PD, GE, GS, ID, IM, MG, MG, MPH, N, NEP, NS, OBG, OMO, OPE, ORS, OT, P, PCC, PD, PDI, PM, PS, PTH, SCI, TS, U, VS
Major participating institution for programs in: MFH
Institution ID: 33-9602
UMDNJ-University Behavioral Health Care
New Jersey Medical School
100 Bergen St
Newark, NJ 07103
Med Sch Affl: G-03306
Major participating institution for programs in: CHP
Institution ID: 33-0416
UMDNJ-University Hospital
150 Bergen St, D 217
Newark, NJ 07103-2406
Med Sch Affl: M-03306
Major participating institution for programs in: AI, AN, CCS, CD, CHN, CHP, D, DMF, DR, FM, KND, GE, GS, ID, IM, MPO, N, NEP, NS, OBG, OPH, ORS, OT, P, PCC, PD, PM, PS, PTH, SCI, TS, U, VN, VS
Institution ID: 33-0474
Paramus
Bergen Regional Medical Center
235 Earest Ridge Ave
Paramus, NJ 07652-4131
Med Sch Affl: M-03305
Programs sponsored in: P
Major participating institution for programs in: CHP
Institution ID: 33-0108
Paterson
St Joseph’s Regional Medical Center
703 Main St
Paterson, NJ 07503-2001
Med Sch Affl: M-03547, L-03306, G-03306
Major participating institution for programs in: AN, CD, GE, GS, HO, ID, IM, MPO, PCC, PD, PUD
Institution ID: 33-0319
Perth Amboy
Raritan Bay Medical Center-Perth Amboy Division
530 New Brunswick Ave
Perth Amboy, NJ 08861
Programs sponsored in: IM
Institution ID: 33-0114
Phillipsburg
Warren Hospital
185 Roseberry St
Phillipsburg, NJ 08865
Med Sch Affl: L-03306
Programs sponsored in: FP
Institution ID: 33-0198
Piscataway
UMDNJ-University Behavioral Health Care
HealthCare
671 Hon Lane
Piscataway, NJ 08854
Med Sch Affl: M-03306
Major participating institution for programs in: ADP, CHP, F, P, PYG
Institution ID: 33-0717
Plainfield
Muhlenberg Regional Medical Center
Park Ave & Randolph Road
Plainfield, NJ 07061
Med Sch Affl: M-03306
Programs sponsored in: IM
Major participating institution for programs in: CRS
Institution ID: 33-0167
Princeton
University Medical Center at Princeton
233 Witherspoon St
Princeton, NJ 08542
Med Sch Affl: M-03306
Major participating institution for programs in: GS, IM, FP, PYG, U
Institution ID: 33-0452
Somerville
Somerset Medical Center
110 Behill Ave
Somerville, NJ 08876
Med Sch Affl: L-03306
Programs sponsored in: FP
Institution ID: 33-0356
South Orange
Seton Hall University School of Graduate Medical Education
School of Graduate Medical Education, McQuaid Hall
400 South Orange Ave
South Orange, NJ 07079-2689
Programs sponsored in: CCM, CD, CN, GE, GS, HO, IC, ID, IM, M, ORS, PUD
Institution ID: 33-0501
Stratford
Kennedy Memorial Hospitals-University Medical Ctr-Cherry Hill
c/o UMDNJ-School of Osteopathic Medicine
One Medical Center Drive, Office of GME, Suite 214
Stratford, NJ 08084
Major participating institution for programs in: P
Institution ID: 33-9063
Kennedy Memorial Hospitals-University Medical Ctr-Stratford
18 East Laurel Road
Stratford, NJ 08084
Major participating institution for programs in: P
Institution ID: 33-9015
UMDNJ-School of Osteopathic Medicine
42 E Laurel Road
Office of Graduate Medical Education, Suite 3900
Stratford, NJ 08084
Programs sponsored in: P
Institution ID: 33-9004
Summit
Overlook Hospital
Atlantic Health System
69 Beavoir Ave at Sylvan Rd
Summit, NJ 07901
Med Sch Affl: L-03301, G-03306
Major participating institution for programs in: DR, GS, IM, MPO, PD, TF
Institution ID: 33-0210
Trenton
Capital Health System-Fuld Campus
750 Brunswick Ave
Trenton, NJ 08629
Med Sch Affl: G-03306
Major participating institution for programs in: FP
Institution ID: 33-0120
St Francis Medical Center
261 Hamilton Ave
Trenton, NJ 08699
Major participating institution for programs in: GS, IM
Institution ID: 33-0415
State of New Jersey Department of Health and Senior Services
PG Box 365
50 State St
Trenton, NJ 08625-0365
Programs sponsored in: GPM
Institution ID: 33-0520
Union
Union Hospital
1000 Galloping Hill Road
Union, NJ 07083-1462
Major participating institution for programs in: EM
Institution ID: 33-9001
Voorhees
Virtua-West Jersey Hospital Voorhees
191 Carrie Blvd
Voorhees, NJ 08043
Med Sch Affl: L-04113
Major participating institution for programs in: FP
Institution ID: 33-0418
West Orange
Kessler Institute for Rehabilitation
1199 Pleasant Valley Way
West Orange, NJ 07052-1419
Med Sch Affl: M-03306
Major participating institution for programs in: PM, SCI
Institution ID: 33-0726
Woodbury
Underwood-Memorial Hospital
509 N Broad St
Woodbury, NJ 08096
Med Sch Affil: L-04113
Programs sponsored in: FP
Institution ID: 33-7079

New Mexico
Albuquerque
Carrie Tingley Hospital
1127 University Blvd, NE
Albuquerque, NM 87102
Med Sch Affil: G-03401
Major participating institution for programs in: ORS
Institution ID: 34-05000
Lovelace Sandia Health
5400 Gibson Boulevard, SE
Albuquerque, NM 87108
Med Sch Affil: G-03401
Major participating institution for programs in: CD, NS, U
Institution ID: 34-0196
Office of the Medical Investigator
University of New Mexico
School of Medicine
Albuquerque, NM 87131
Med Sch Affil: G-03401
Major participating institution for programs in: FOP
Institution ID: 34-50808
Presbyterian Healthcare Services
601 Harpo Drive, NE
PO Box 26656
Albuquerque, NM 87122-6656
Major participating institution for programs in: FPC
Institution ID: 34-66077
University of New Mexico Hospital
University Hospital
2211 Lomas Blvd, NE
Albuquerque, NM 87106
Med Sch Affil: M-03401
Major participating institution for programs in: AN, APN, BHK, CCM, CD, CHF, CPN, DR, EM, END, FP, GE, GHMP, HEM, ID, IM, IMG, N, NEF, NPM, NS, OBG, OHS, OBS, OTO, OTO, F, PAN, PCC, PD, PDD, PHO, PTH, PTV, RVH, RVR, TS, U, VIR
Institution ID: 34-04058
University of New Mexico School of Medicine
MSC08 4770
1 University of New Mexico
Albuquerque, NM 87131-0001
Med Sch Affil: M-03401
Programs sponsored in: ADP, AN, APM, BHK, CCM, CD, CHF, CN, D, DR, EM, END, FOP, FP, GE, GHMP, HEM, ID, IM, IMG, N, NEF, NPM, NS, OBG, OHS, OBS, OTO, OTO, F, PAN, PCC, PD, PDD, PHO, PTH, PTV, RVH, RVR, TS, U, VIR
Institution ID: 34-04058
Veterans Affairs Medical Center
(Albuquerque)
2100 Binghcrest Drive, SE
Albuquerque, NM 87108
Med Sch Affil: M-03401
Major participating institution for programs in: ADP, CCM, CN, D, DR, EM, END, GE, ED, IM, IMG, N, NEF, NS, OHS, OTO, F, PCC, PTH, RVH, RVR, TS, U, VIR
Institution ID: 34-04050
Las Cruces
Memorial Medical Center
2456 South Telshor Boulevard
Las Cruces, NM 88011
Med Sch Affil: M-03401
Programs sponsored in: FP
Institution ID: 34-50154
Roswell
Eastern New Mexico Medical Center
405 W Country Club Road
Roswell, NM 88201
Med Sch Affil: G-03401
Major participating institution for programs in: FP
Institution ID: 34-60156
Santa Fe
St Vincent Hospital
455 St Michael's Dr
PO Box 2101
Santa Fe, NM 87501
Med Sch Affil: G-03401
Major participating institution for programs in: FP
Institution ID: 34-80156
Taos
Taos Orthopaedic Institute and Research Foundation
1215-E Gusdorf Road
Taos, NM 87571
Programs sponsored in: OSM
Institution ID: 34-8019

New York
Albany
Albany Medical Center
45 New Scotland Ave
Malloose 50
Albany, NY 12208
Med Sch Affil: M-03503
Programs sponsored in: AN, CD, DR, EM, END, FP, GE, GHMP, IC, IM, IMG, N, NPM, NS, OBG, OHS, OBS, OTO, P, PCC, PD, PM, PS, PTH, RVH, TS, U, VIR, VS
Institution ID: 35-0546
Albany Medical Center South Clinical Campus
55 Hackett Blvd
Albany, NY 12208
Med Sch Affil: G-03503
Major participating institution for programs in: OTO, PS
Institution ID: 35-05156
Capital District Psychiatric Center
75 New Scotland Ave
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: P
Institution ID: 35-05156
New York State Department of Health
Cornings Tower, Room 1882
Empire State Plaza
Albany, NY 12207-0721
Programs sponsored in: GPM
Institution ID: 35-04556
St Peter's Hospital
315 S Manning Blvd
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: FP, GS, MDP, OBG, OBS, OTU, PS, U
Institution ID: 35-00156
SUNY at Albany School of Public Health
2 University Place
Albany, NY 12209
Major participating institution for programs in: GPM
Institution ID: 35-00308
Veterans Affairs Medical Center (Albany)
113 Holland Ave
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: CD, DR, GE, GS, IM, IMG, MDP, N, NS, OBG, OBS, OTO, PS, PCC, PM, PS, PTH, TS, U, VIR
Institution ID: 35-01515
Bay Shore
Southside Hospital
301 East Main St
Bay Shore, NY 11706-8458
Med Sch Affil: L-05568
Programs sponsored in: FP
Major participating institution for programs in: PM
Institution ID: 35-00556
Binghamton
Binghamton General Hospital
22-44 Harrison St
Binghamton, NY 13901
Major participating institution for programs in: FP, IM
Institution ID: 35-00568
Binghamton Psychiatric Center
425 Robinson St
Binghamton, NY 13901
Major participating institution for programs in: FYG
Institution ID: 35-02351
Bronx
Albert Einstein College of Medicine of Yeshiva University
1380 Morris Park Ave
Beaver Room 312
Bronx, NY 10461
Med Sch Affil: M-06546
Programs sponsored in: AD, ADP, AI, AN, AP, AB, CCM, CUP, CP, GHMP, IC, IM, IMG, N, NPM, NS, OB, OHS, OBS, OBS, OTO, P, PCC, PCP, PD, PDD, PHO, PTH, RVR, TS, U, VIR, VS
Institution ID: 35-07456
Bronx - Lebanon Hospital Center
1276 Fulton Ave
Bronx, NY 10456
Med Sch Affil: M-06546
Programs sponsored in: AD, ADP, AI, AN, AP, AB, CCM, CUP, CP, GHMP, IC, IM, IMG, N, NPM, NS, OB, OHS, OBS, OBS, OTO, P, PCC, PCP, PD, PDD, PHO, PTH, RVR, TS, U, VIR, VS
Institution ID: 35-07456
Bronx Children's Psychiatric Center
1100 Waters Place
Bronx, NY 10461
Major participating institution for programs in: CHP
Institution ID: 35-00309
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<th>Institution Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Med Sch Affil:</th>
<th>Programs sponsored in:</th>
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<td>Bronx Psychiatric Center</td>
<td>1500 Waters Place</td>
<td>Bronx</td>
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<td>Jakobi Medical Center-North Central Bronx Healthcare Network</td>
<td>Bronx, NY 10461</td>
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<tr>
<td>Lincoln Medical and Mental Health Center</td>
<td>234 Eugenio Maria De Muro Blvd (148th) St</td>
<td>Bronx</td>
<td>NY</td>
<td>10451</td>
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<tr>
<td>Montefiore Medical Center-Henry and Lucy Moses Division</td>
<td>111 East 210th St</td>
<td>Bronx</td>
<td>NY</td>
<td>10467</td>
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<td>Montefiore Medical Center-Weililer Hospital</td>
<td>1822 Eastchester Road</td>
<td>Bronx</td>
<td>NY</td>
<td>10461</td>
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<td>North Central Bronx Hospital</td>
<td>3424 Konigs Ave</td>
<td>Bronx</td>
<td>NY</td>
<td>10467</td>
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<td>Our Lady of Mercy Medical Center</td>
<td>600 E 23rd St</td>
<td>Bronx</td>
<td>NY</td>
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<td>St Barnabas Hospital</td>
<td>1 E 87th Ave</td>
<td>Bronx</td>
<td>NY</td>
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<td>Veterans Affairs Medical Center (Brooklyn)</td>
<td>130 W 118th Pl</td>
<td>Bronx</td>
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<td>Brooklyn</td>
<td>Brookdale University Hospital and Medical Center</td>
<td>Linden Blvd at Brookdale Plaza, Brooklyn, NY 11211</td>
<td>Brooklyn, NY 11211</td>
<td>11210-2818</td>
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<td>Meimonides Medical Center</td>
<td>2601 Ocean Parkway</td>
<td>Brooklyn, NY 11238</td>
<td>Brooklyn, NY 11219</td>
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<td>New York Methodist Hospital</td>
<td>506 Steth St</td>
<td>Brooklyn, NY 11219</td>
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<td>SUNY Health Science Center at Brooklyn</td>
<td>450 Clarkson Ave</td>
<td>Brooklyn, NY 11238</td>
<td>Brooklyn, NY 11238</td>
<td>11203-2098</td>
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<tr>
<td>University Hospital-SUNY Health Science Center at Brooklyn</td>
<td>450 Lenox Road</td>
<td>Box 23</td>
<td>Brooklyn, NY 11203</td>
<td>11215</td>
<td>M-03546</td>
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<td>Veterans Affairs Medical Center (Brooklyn)</td>
<td>800 Polk Place</td>
<td>Brooklyn, NY 11209-7104</td>
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<td>New York Psychiatric Center</td>
<td>1111 5th Ave</td>
<td>Brooklyn, NY 11219</td>
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<td>Woodhull Medical and Mental Health Center</td>
<td>700 Broadway</td>
<td>Brooklyn, NY 11206-5217</td>
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Graduate Medical Education Directory 2005-2006
New York

Buffalo

Erie County Medical Center
462 Grover St
Buffalo, NY 14215
Med Sch Affil: M-03506
Major participating institution for programs in: AN, AP, CD, CHH, CN, EM, END, FP, FSH, GE, GS, HEM, ID, IM, MPD, NEP, N, NM, NAO, OBG, ORS, P, PCC, PM, PH, RUH, U
Institution ID: 35-0419

Kaleida Health System (Buffalo General Hospital)
100 High St
Buffalo, NY 14203
Med Sch Affil: M-03506
Major participating institution for programs in: AN, AP, CD, CH, CN, CR, D, DR, EM, EP, FSH, PH, MPD, NPM, NM, NEP, OBG, OHS, ORS, OTH, P, PCC, PM, PH, RUH, U
Institution ID: 35-0451

Kaleida Health System (Millard Fillmore Hospital)
9 Gates Circle
Buffalo, NY 14210-8986
Med Sch Affil: M-03506
Major participating institution for programs in: AN, CD, CH, CN, END, GE, GS, HEM, ID, IM, MPD, MPD, N, NEP, NM, NS, OAR, OBG, ORS, OTH, P, PCC, PM, PH, RUH, U
Institution ID: 35-0330

Kaleida Health System (Women and Children's Hosp of Buffalo)
219 Bryant Rd
Buffalo, NY 14222
Med Sch Affil: M-03506
Major participating institution for programs in: AN, AP, CFP, CHH, CN, CN, D, DR, EM, EP, FSH, PH, MPD, NPM, NM, NEP, OBG, OHS, ORS, OTH, P, PCC, PH, PH, RUH, U
Institution ID: 35-0192

Mercy Hospital of Buffalo
565 Abbott Rd
Buffalo, NY 14222
Med Sch Affil: L-03506
Major participating institution for programs in: IM, NM
Institution ID: 35-0192

Roswell Park Cancer Institute
Elm & Carlton Sts
Buffalo, NY 14203
Med Sch Affil: M-03506
Programs sponsored in: SP
Major participating institution for programs in: AN, AP, CD, CHH, CN, CR, D, DR, EM, EP, FSH, PH, MPD, NPM, NM, NEP, OBG, ORS, OTH, P, PCC, PH, PH, RUH, U
Institution ID: 35-0192

Sisters of Charity Hospital
2157 Main St
Buffalo, NY 14214
Med Sch Affil: L-03506
Major participating institution for programs in: IM, OBG, PM
Institution ID: 35-0157

University at Buffalo
3455 Main St
117 Cary Hall
Buffalo, NY 14214
Med Sch Affil: M-03506, L-03506
Programs sponsored in: AN, AP, APF, CD, CHH, CHP, CN, CRD, D, DR, EM, EP, FSH, GE, GS, HEM, HSO, ID, IM, IM, IM, MPD, MPM, N, NEP, NM, NPM, NS, OAR, OBG, OR, OPH, ORS, P, PCC, PCC, PM, PH, PR, PR, RUH, U, VS
Institution ID: 35-0192

SUNY at Buffalo School of Medicine
3455 Main St
Buffalo, NY 14214
Med Sch Affil: M-03506
Major participating institution for programs in: CHP, PM
Institution ID: 35-0157

Veterans Affairs Medical Center (Buffalo)
3455 Bailey Ave
Buffalo, NY 14215
Med Sch Affil: M-03506
Major participating institution for programs in: AN, AP, CD, CHH, CN, D, END, GE, GS, ID, IM, MPD, MPD, N, NEP, NM, OBG, ORS, OTH, P, PCC, PM, PH, RUH, U
Institution ID: 35-0192

Cooperstown

Bassett Healthcare
One Atwell Road
Cooperstown, NY 13326
Med Sch Affil: M-03501, M-03502, M-03503
Programs sponsored in: GS, IM, PM
Institution ID: 35-0192

Mary Imogene Bassett Hospital
One Atwell Rd
Cooperstown, NY 13326
Med Sch Affil: M-03501
Major participating institution for programs in: IM, NM
Institution ID: 35-0192

Douglas

Jewish Board of Family & Children's Services (Judea Clinic)
Pride of Judea Clinic
243-02 Northern Blvd
Douglas, NY 11362
Institution ID: 35-0192

East Amherst

Northtowns Orthopaedics
8750 Transit Road Suite 105
East Amherst, NY 14051
Programs sponsored in: OBM
Institution ID: 35-0192

East Cornning

Corning Hospital
176 Denison Parkway
East Corning, NY 14830-8986
Major participating institution for programs in: IM, NM
Institution ID: 35-0192

East Meadow

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, NY 11554-1584
Med Sch Affil: M-03508
Programs sponsored in: AN, AP, D, END, GE, GS, HEM, ID, IM, NEP, OBG, ON, OPH, ORS, P, PH, PM, PTH, PM, PH, RUH
Major participating institution for programs in: PCC, PHU
Institution ID: 35-0192

Elmhurst

Elmhurst Hospital Center-Mount Sinai Services
70-01 Broadway
Elmhurst, NY 11373
Med Sch Affil: M-03504, G-03510
Major participating institution for programs in: CB, CHP, D, EM, GE, GS, HSO, ID, IM, MPD, OBG, OHS, ORS, OTH, P, PCC, PM, PH, PTH, PM
Institution ID: 35-0192

St Vincent Catholic Medical Centers (St John's-Queens)
60-42 Queens Boulevard
Elmhurst, NY 11373
Major participating institution for programs in: OBG
Institution ID: 35-0192

Far Rockaway

St John's Episcopal Hospital-South Shore
117 Cary Hall
Far Rockaway, NY 11691
Med Sch Affil: G-03506
Programs sponsored in: iM
Major participating institution for programs in: ADP, OBM, OBG, PM, PH, PTH
Institution ID: 35-0192

Flushing

Flushing Hospital Medical Center
46th Ave at Parsons Blvd
Flushing, NY 11355
Med Sch Affil: G-03506
Programs sponsored in: IM, IM, OBG, PM, P
Major participating institution for programs in: P
Institution ID: 35-0192

New York Hospital Medical Center of Queens
16-42 Main St
Flushing, NY 11355-9065
Med Sch Affil: M-03502
Programs sponsored in: CD, EM, GE, GS, ID, IM, NEP, OBG, ON, RO, US
Major participating institution for programs in: OBG, ORS, VS
Institution ID: 35-0192

Forest Hills

North Shore University Hospital at Forest Hills
102-02 63rd Rd
Forest Hills, NY 11375
Programs sponsored in: IM
Institution ID: 35-0192

Glen Cove

North Shore University Hospital at Glen Cove
101 S Andrews Lane
Glen Cove, NY 11542
Med Sch Affil: L-03504
Programs sponsored in: SP
Institution ID: 35-0192

Glen Oaks

Hillside Hospital (Long Island Jewish Medical Center)
75-03 260th St
Glen Oaks, NY 11040
Major participating institution for programs in: P, PTH
Institution ID: 35-0192

Graduate Medical Education Directory 2005-2006

1140
Great Neck
North Shore-Long Island Jewish Health System
145 Community Drive
Great Neck, NY 11021
Med Sch Affil: M-03546
Programs sponsored in: ADL, CCP, CSS, CRS, GS, NM, NPM, OPH, PD, PDC, PDE, PDI, PDS, PSK, PH, P, PDI, PFR, VS
Institution ID: 35-80024

Harrison
St Vincent Catholic Medical Centers (Westchester)
240 North St
Harrison, NY 10528
Major participating institution for programs in: P
Institution ID: 35-9499

Hauppauge
Suffolk County Department of Health Services
225 Babro Drive, E
Hauppauge, NY 11788
Med Sch Affil: G-03548
Major participating institution for programs in: GPM
Institution ID: 35-80921

Jamaica
Jamaica Hospital Medical Center
8th Ave and Van Wyck Expwy
Jamaica, NY 11418
Med Sch Affil: L-03520, G-03508, G-03519
Programs sponsored in: PP, IM, OB, P
Major participating institution for programs in: GS, HSO, IC, PD, PM
Institution ID: 35-81216

Queens Hospital Center
88-68 164th St
B-116
Jamaica, NY 11432
Med Sch Affil: M-03547
Major participating institution for programs in: END, IM, OB, OPH, PCC
Institution ID: 35-80200

St Vincent Catholic Medical Centers (Brooklyn-Queens)
38-26 3rd St
Suite 2A
Jamaica, NY 11432
Med Sch Affil: L-03506
Major participating institution for programs in: CD, FF, GS, ID, IM, IMG, OBG, OPH, ORS, P, PUD
Institution ID: 35-80536

St Vincent Catholic Medical Centers (Mary Immaculate)
150-11 89th Ave
Jamaica, NY 11432
Major participating institution for programs in: OBG
Institution ID: 35-84723

Johnson City
United Health Services Hospitals
33-57 Harrison St
Johnson City, NY 13790
Programs sponsored in: FF, FPG, IM, TY
Institution ID: 35-84683

Wilson Medical Center (United Health System)
33-87 Harrison St
Johnson City, NY 13790
Major participating institution for programs in: FP, FPG, IM, TY
Institution ID: 35-0110

Kingston
Kingston Hospital
396 Broadway
Kingston, NY 12401
Major participating institution for programs in: FP
Institution ID: 35-0435

Manhasset
North Shore University Hospital
300 Community Drive
Manhattan, NY 11003
Med Sch Affil: M-03519
Programs sponsored in: ADP, CD, CHN, CHF, DR, EM, GS, HO, ID, IM, IMG, N, NBP, OB, OBG, P, PCC, PTH, BHI, BSI
Major participating institution for programs in: CSS, CD, CRS, END, GS, IM, OPH, OBG, FIS, U, VS
Institution ID: 35-0447

Schneider Children’s Hospital at North Shore University Hosp
North Shore-Long Island Jewish Health System
300 Community Drive
Manhattan, NY 11003-8767
Major participating institution for programs in: ADL, CCP, NPM, PCC, PD, PDE, PDI, PDS, PEM, PFM, PFR
Institution ID: 35-8064

Mineola
Nassau County Department of Health
240 Old Country Road
Mineola, NY 11501
Major participating institution for programs in: GPM
Institution ID: 35-80232

Westchester
Winthrop-University Hospital
259 First St
Mineola, NY 11501
Med Sch Affil: M-03548
Programs sponsored in: CD, DI, END, GE, HO, ID, IM, IMG, N, NBP, OB, OBG, PCC, PD, PDE, PDI, PDS, PEM, PFM, PFR, VS
Major participating institution for programs in: AN, GS, ORS, PS, U
Institution ID: 35-0375

Mount Vernon
Mount Vernon Hospital
14 North Seventh Ave
Mount Vernon, NY 10550-3026
Med Sch Affil: L-03509
Programs sponsored in: IM
Institution ID: 35-80556

New Hyde Park
Long Island Jewish Medical Center
270-05 76th Ave
New Hyde Park, NY 11040
Med Sch Affil: M-03546, L-03508
Programs sponsored in: AL, CD, CHN, CHF, DR, EM, EN, GE, HO, ID, IM, IMG, N, NBP, OB, OBG, P, PCC, PTH, BSI, BSI, BSI, U, VS
Major participating institution for programs in: CD, CHS, GS, ID, IM, OPH, OTO, BHI
Institution ID: 35-0232

Parker Jewish Geriatric Institute
271-11 76th Ave
New Hyde Park, NY 11040
Major participating institution for programs in: IMG
Institution ID: 35-8015

Schneider Children’s Hospital at Long Island Jewish Med Ctr
North Shore-Long Island Jewish Health System
269-01 76th Ave
New Hyde Park, NY 11040
Major participating institution for programs in: ADL, CCP, NPM, PCC, PD, PDE, PEM, PFM, PFR
Institution ID: 35-8061

New Paltz
Mid-Hudson Family Health Institute
279 Main St, Suite 101
New Paltz, NY 12561
Programs sponsored in: FP
Institution ID: 35-8432

New Rochelle
Sound Shore Medical Center of Westchester
16 Greenway
New Rochelle, NY 10802
Med Sch Affil: M-03509
Major participating institution for programs in: AN, APN, EN, GE, GS, IM, FY
Institution ID: 35-8114

New York
Academy of Dermatopathology
5 East 70th St
New York, NY 10021
Major participating institution for programs in: DMP
Institution ID: 35-8062

Bellevue Hospital Center
27th St and 1st Ave
Boum MRS
New York, NY 10016
Med Sch Affil: M-03519
Major participating institution for programs in: ADP, AN, CUA, CD, CHN, CHP, D, DEP, DMP, DR, EM, END, ETX, GE, GS, EEM, HSI, HR, BSI, ICE, ID, IM, IMG, MSLR, N, NFP, NEP, NSP, NPF, ORB, OHG, OPH, ORS, OMM, OTO, P, PCC, PCC, PCC, PDI, PD, PDE, PDI, PDS, PEM, PPM, PP, PSM, PS, PT, PTG, PTH, BSI, BSI, BSI, U, VIR
Institution ID: 35-0235

Beth Israel Medical Center
First Ave at 16th St
New York, NY 10003
Med Sch Affil: M-05546
Programs sponsored in: ADP, AR, CD, DI, EM, END, FP, GS, HMP, HO, HSO, ID, IM, N, NBP, OB, OBG, P, PC, PCC, PTH, BSI, BSI, BSI, U, VS
Major participating institution for programs in: APN, IMG, N, OTO, P, PTH
Institution ID: 35-0854
North Central Medical Center-North Division
170 East 14th St.
New York, NY 10002
Med Sch Affil: M-03547
Major participating institution for programs in: OTO
Institution Id: 35-0593

Manhattan Eye, Ear & Throat Hospital
210 East 64th St.
New York, NY 10021
Med Sch Affil: G-03519
Major participating institution for programs in: OPH
Institution Id: 35-0837

Manhattan Psychiatric Center
50 First Ave
New York, NY 10016
Med Sch Affil: L-03519
Major participating institution for programs in: P, PVE
Institution Id: 35-0239

New York Blood Center
310 East 67th St.
New York, NY 10021
Programs sponsored in: BBK
Institution Id: 35-0688

New York City Department of Health and Mental Hygiene
255 East 50th St.
New York, NY 10015
Programs sponsored in: GPM
Institution Id: 35-0394

New York Eye and Ear Infirmary
310 East 14th St.
New York, NY 10001
Med Sch Affil: M-03500
Programs sponsored in: OPH
Major participating institution for programs in: OTO
Institution Id: 35-0230

New York Presbyterian Hospital
622 West 168th St.
New York, NY 10032
Programs sponsored in: ADP, AI, AN, AM, OTO, OPH, CD, OMP, CHN, CIN, CR, DSM, DS, DMP, DR, EM, END, EN, PP, GE, GM, HME, HO, HSO, IC, ID, ID, IM, MG, MG, N, NEF, NM, NP, NPM, NR, NS, OAR, OBS, OPH, ORS, OTO, P, PAN, PCC, PCD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PPM, PPI, PPH, PHS, PHO, PM, PN, PPB, PPR, PS, PT, PUY, PVT, PYN, RHH, RNN, RO, TS, U, VIR, VN, VS
Institution Id: 35-0269

New York Presbyterian Hospital (Columbia Campus)
155 E 65th St.
New York, NY 10021
Med Sch Affil: M-03520
Major participating institution for programs in: AN, AP, OMP, CD, CHN, CN, CR, DSM, DS, DMP, DR, EM, END, EN, PP, GE, GM, HME, HO, HSO, IC, ICE, ID, IM, MG, MG, N, NEF, NM, NP, NPM, NR, NS, OAR, OBS, OPH, ORS, P, PAN, PCC, PCD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PPM, PPI, PPH, PHS, PHO, PM, PN, PPB, PPR, PS, PT, PUY, PVT, PYN, RHH, RNN, RO, TS, U, VIR, VN, VS
Institution Id: 35-0362

New York Presbyterian-Hospital-Payne Whitney Clinic
555 E 65th St.
New York, NY 10021
Med Sch Affil: M-03520, G-03619
Major participating institution for programs in: OPH
Institution Id: 35-0823

New York State Psychiatric Institute
722 W 168th St.
New York, NY 10032
Med Sch Affil: M-03501
Major participating institution for programs in: ADP, AI, AN, AM, OTO, OPH, CD, CHN, CN, CR, DSM, DS, DMP, DR, EM, END, EN, PP, GE, GM, HME, HO, HSO, IC, ICE, ID, IM, MG, MG, N, NEF, NM, NP, NPM, NR, NS, OAR, OBS, OPH, ORS, P, PAN, PCC, PCD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PPM, PPI, PPH, PHS, PHO, PM, PN, PPB, PPR, PS, PT, PUY, PVT, PYN, RHH, RNN, RO, TS, U, VIR, VN, VS
Institution Id: 35-0363

New York University School of Medicine
510 First Ave.
New York, NY 10016
Med Sch Affil: M-03519
Programs sponsored in: ADP, AI, AN, AM, OTO, OPH, CD, CHN, CN, CR, DSM, DS, DMP, DR, EM, END, EN, PP, GE, GM, HME, HO, HSO, IC, ICE, ID, IM, MG, MG, N, NEF, NM, NP, NPM, NR, NS, OAR, OBS, OPH, ORS, P, PAN, PCC, PCD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PPM, PPI, PPH, PHS, PHO, PM, PN, PPB, PPR, PS, PT, PUY, PVT, PYN, RHH, RNN, RO, TS, U, VIR, VN, VS
Institution Id: 35-0688

Graduate Medical Education Directory 2005-2006
NYU Downtown Hospital
170 William St
New York, NY 10038-2549
Med Sch Affil: M-05010
Programs sponsored in: IM, OB/GYN
Major participating institution for programs in: GS
Institution ID: 35-0570

NYU Hospitals Center
550 First Ave
New York, NY 10016
Major participating institution for programs in: AN, APM, BEM, EM, FEM, HO, IC, ID, IM, IMG, N, NEP, NM, NS, OB/GYN, OPH, ORS, OT, P, PCC, PD, PM, PTH, PIG, RHU, TY, U
Institution ID: 35-05060

Office of Chief Medical Examiner - City of New York
520 First Ave
New York, NY 10101
Programs sponsored in: FOP, SP
Institution ID: 35-05020

Rockefeller University Hospital
1230 York Ave
New York, NY 10021-6009
Med Sch Affil: M-05010
Programs sponsored in: AN, APM, CD, CHP, CBS, D, DR, EM, END, GE, GS, HO, HSO, IIC, ICE, ID, IM, IMG, NEP, NM, OB/GYN, OPH, ORS, P, PCC, PTH, VIR
Major participating institution for programs in: HSO, U
Institution ID: 35-05140

St. Luke's-Roosevelt Hospital Center
1111 Amsterdam Ave
New York, NY 10025
Med Sch Affil: M-05010
Programs sponsored in: AN, APM, CD, CHP, CBS, D, DR, EM, END, GE, GS, HO, HSO, IIC, ICE, ID, IM, IMG, NEP, NM, OB/GYN, OPH, ORS, P, PCC, PTH, VIR
Major participating institution for programs in: HSO, U
Institution ID: 35-05010

St. Luke's-Roosevelt Hospital Center-St. Luke's Division
1000 York Ave
New York, NY 10025
Med Sch Affil: M-05010
Major participating institution for programs in: AN, CHP, D, DR, EM, GS, HO, NM, OB/GYN, ORS, OT, P, PCC, PTH, VIR
Institution ID: 35-05050

St. Vincent Catholic Medical Centers (Manhattan)
155 West 11th St
New York, NY 10011
Med Sch Affil: M-05009, L-05008
Programs sponsored in: MFD
Major participating institution for programs in: AN, APM, OCM, CD, CHF, D, DR, EM, GE, GS, HO, IC, ID, IM, IMG, N, NEP, NM, NS, OB/GYN, OPH, ORS, OT, P, PCC, PD, PPE, PM, PTH, PIG, RHU, TY, U
Institution ID: 35-05141

Niagara Falls
Niagara Falls Memorial Medical Center
621 10th St
Niagara Falls, NY 14302
Med Sch Affil: L-05030
Major participating institution for programs in: FP
Institution ID: 35-05448

Northport
Veterans Affairs Medical Center (Northport)
75 Middleville Rd
Northport, NY 11768-2290
Med Sch Affil: M-05040
Programs sponsored in: NM
Major participating institution for programs in: AI, CCHS, CD, CN, D, DR, END, GE, GS, HO, ID, IM, IMG, IM, MM, N, NEP, OPH, P, PCC, PM, RHU, U, VS
Institution ID: 35-05411

Oceanside
South Nassau Communities Hospital
One Healthy Way
Oceanside, NY 11572
Med Sch Affil: L-05048
Programs sponsored in: FP
Major participating institution for programs in: NM
Institution ID: 35-05270

Olean
Olean General Hospital
515 Main St
Olean, NY 14760
Major participating institution for programs in: FP
Institution ID: 35-72243

Orangeburg
Rockland Children's Psychiatric Center
Convent Rd
Orangeburg, NY 10962
Major participating institution for programs in: CHP
Institution ID: 35-05912

Port Jefferson
St. Charles Hospital and Rehabilitation Center
200 Belle Terre Rd
Port Jefferson, NY 11777
Major participating institution for programs in: PM
Institution ID: 35-05098

Queens Village
Creekside Psychiatric Center
80-45 Winchester Blvd
Queens Village, NY 11427
Programs sponsored in: P
Institution ID: 35-05193

Rochester
Highland Hospital of Rochester
1900 South Ave
Rochester, NY 14620
Med Sch Affil: M-05045
Major participating institution for programs in: CCM, FP, GS, IM, IMG, MFD, OB/GYN, ORS, RO
Institution ID: 35-05097

Monroe Community Hospital
435 E Henrietta Road
Rochester, NY 14620
Med Sch Affil: M-05045
Major participating institution for programs in: IMG
Institution ID: 35-05062

Park Ridge Hospital (Unity Health System)
1555 Long Pond Road
Rochester, NY 14626-4182
Major participating institution for programs in: IM, OB/GYN
Institution ID: 35-05143

Rochester General Hospital
1425 Portland Ave
Rochester, NY 14621-3096
Med Sch Affil: M-05045
Programs sponsored in: DR, IM, OB/GYN
Major participating institution for programs in: ADL, GS, MFD, OB/GYN, OT, PD, PS, U
Institution ID: 35-05358

Rochester Psychiatric Center
1111 Elmwood Ave
Rochester, NY 14620
Med Sch Affil: L-05045
Major participating institution for programs in: FP, PIG
Institution ID: 35-05099

St. Mary's Hospital (Unity Health System)
1555 Long Pond Road
Rochester, NY 14626
Med Sch Affil: M-05045
Programs sponsored in: IM, OB/GYN
Major participating institution for programs in: ADL, GS, MFD, OB/GYN, OT, PD, PS, U
Institution ID: 35-05143

Strong Memorial Hospital of the University of Rochester
601 Elmwood Ave, Box 691
Rochester, NY 14627
Med Sch Affil: M-05045
Programs sponsored in: ADL, AI, AN, APM, CCA, CCM, CCP, CCHS, CD, CHP, CHF, CN, D, DR, EM, END, ESM, FP, GE, GPM, GS, HO, HSO, IC, ICE, ID, IM, IMG, MFD, OB/GYN, ORS, PCC, PTH, PIG, RHU, RN, RS, S, TM, T, U, VS
Institution ID: 35-05493

Rockville Centre
Mercy Medical Center
1000 N Village Ave
Rockville Centre, NY 11570
Major participating institution for programs in: OB/GYN
Institution ID: 35-05212

Roslyn
St. Francis Hospital
100 Port Washington Blvd
Roslyn, NY 11576
Major participating institution for programs in: CD
Institution ID: 35-05037

Schenectady
Ellis Hospital
1101 Nott St
Schenectady, NY 12308
Med Sch Affil: G-05053
Major participating institution for programs in: MFD, OB/GYN
Institution ID: 35-05149

St. Clare's Hospital of Schenectady
600 McClellan St
Schenectady, NY 12304
Med Sch Affil: G-05053
Programs sponsored in: FP
Major participating institution for programs in: PTH
Institution ID: 35-05214
Staten Island
Bayley Seton Hospital
75 Vanderbilte Ave
Staten Island, NY 10304
Major participating institutions for programs in: OPH
Institution ID: 35-0688

Staten Island University Hospital
475 Seaview Ave
Staten Island, NY 10305-3488
Med Sch Affil: M-03508, G-03305
Programs sponsored in: DR, GS, IM, NEP, OBG, OPH, PD
Major participating institute for programs in: CHP
Institution ID: 35-0498

Stony Brook
University Hospital - SUNY at Stony Brook
Health Sciences Center
Level 4, Room 158
Stony Brook, NY 11794-8429
Med Sch Affil: M-03548
Programs sponsored in: AI, AN, APM, AR, BBK, CCA, CD, CCM, CHF, CN, D, DR, EM, END, GE, GS, HM, HO, HS, IC, ID, IM, IMD, IMG, MN, MD, N, NEP, NPF, OBG, OHS, ORT, P, FCC, PDI, PD, PDC, PDI, PM, PTH, PYP, RHU, RNR, U, VIR, VN, VS
Major participating institution for programs in: OPH
Institution ID: 35-0560

Valhalla
New York Medical College
Administration Building
Valhalla, NY 10595
Med Sch Affil: M-03509
Programs sponsored in: AN, APM, CCM, CCS, CD, CHF, D, DR, EM, END, FF, GE, GS, HO, IC, ID, IM, IMD, IMG, MN, MD, N, NEP, NPF, OBG, OHS, ORT, P, FCC, PDI, PD, PDC, PM, PMH, PUD, PYP, RHU, RNR, U
Institution ID: 35-0782

Westchester Medical Center
Valhalla, NY 10595
Med Sch Affil: M-03509
Major participating institution for programs in: AN, BBK, CCA, CD, CHF, D, DR, EM, END, GS, HO, HS, IC, ID, IM, IMD, IMG, MN, MD, N, NEP, NPF, OBG, OHS, ORT, P, FCC, PDI, PD, PDC, PM, PMH, PUD, PYP, RHU, RNR, U
Institution ID: 35-0901

Westpoint
Keller Army Community Hospital
Joint and Soft Tissue Trauma Fellowship
Bldg 900, Washington Rd
West Point, NY 10996-1197
Programs sponsored in: OSM
Institution ID: 35-0771

West Seneca
Western New York Children's Psychiatric Center
2100 East West Road
West Seneca, NY 14224
Major participating institution for programs in: CHP
Institution ID: 35-0609

White Plains
New York Presbyterian Hospital (Westchester Division)
21 Bloomingdale Road
White Plains, NY 10605
Med Sch Affil: M-03508
Major participating institution for programs in: PYP
Institution ID: 35-0378

Woodbury
United Presbyterian Residence
378 Sposset-Woodbury Road
Woodbury, NY 11797
Major participating institution for programs in: IMG
Institution ID: 35-0607

Yonkers
St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701-4080
Med Sch Affil: M-03508
Major participating institution for programs in: PYP
Institution ID: 35-0442

North Carolina
Asheville
Mission St. Joseph's Health System
508 Biltmore Ave
Asheville, NC 28801
Med Sch Affil: L-04691
Major participating institution for programs in: FF, OBG
Institution ID: 38-0114

Mountain Area Health Education Center
501 Biltmore Ave
Asheville, NC 28801-4686
Programs sponsored in: FF, OBG
Institution ID: 38-0732

Veterans Affairs Medical Center (Asheville)
Riceville and Tunnel Bds
Asheville, NC 28805
Med Sch Affil: L-04691
Major participating institution for programs in: GS, OPH, OTO, TS, U
Institution ID: 36-0740

Butner
Federal Correctional Complex-Butner
PO Box 1060
Butner, NC 27509-1000
Med Sch Affil: G-00607
Major participating institution for programs in: PFP
Institution ID: 36-0069

John Umstead Hospital
1003 12th St
Butner, NC 27509-1636
Med Sch Affil: G-00607
Major participating institution for programs in: CHP, PYP
Institution ID: 36-0607
Programs
Concord, NC 28025
920 Brewwer Boulevard
Camp Lejeune, NC 28547-0100
Programs sponsored in: FP
Institution ID: 36-0509

Chapel Hill
Office of the Chief Medical Examiner
Chapel Hill, NC 27559-7580
Major participating institution for programs in: FOP
Institution ID: 36-0514

University of North Carolina Hospitals
101 Manning Drive, Rm 11070 West Wing
Office of Graduate Medical Education
Chapel Hill, NC 27514
Med Sch Affil: M-03601, L-03601
Programs sponsored in: AN, APM, BK, C, CKB, CD, CSH, CHF, CN, D, EM, END, PFP, FP, GE, GPM, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MOP, MPD, N, NEP, NM, NP, NPM, NR, NS, OBG, ORS, OTH, OTO, PD, PDC, PDC, PDP, PFP, PR, PR, PH, PM, PS, PSM, PTH, RHU, RNK, RG, RS, TS, U, VR, VS
Major participating institution for programs in: CCS, FPR
Institution ID: 36-0478

University of North Carolina School of Medicine
CB 7000-125 MacNider Bldg
Chapel Hill, NC 27599-7000
Med Sch Affil: M-03601
Major participating institution for programs in: GPM
Institution ID: 36-0511

University of North Carolina School of Public Health
2105B McEwen-Greenberg Hall
CB 7410, School of Public Health
Chapel Hill, NC 27599-7410
Med Sch Affil: L-03601
Major participating institution for programs in: GPM, PS
Institution ID: 36-9502

Charlotte
Carolinas Medical Center
1100 Blythe Boulevard
PO Box 32661
Charlotte, NC 28222-2661
Med Sch Affil: M-03601
Programs sponsored in: EM, ETX, FP, GS, HMP, IM, OBG, ORS, OTH, PD, PM, TS, VS
Major participating institution for programs in: ID, PS, U
Institution ID: 36-0291

Charlotte Institute of Rehabilitation
1100 Blythe Blvd
Charleston, SC 29403
Major participating institution for programs in: PM
Institution ID: 36-8012

Concord
Northeast Medical Center
220 Church S, N
Concord, NC 28025
Programs sponsored in: FP
Institution ID: 36-0816

Durham
Duke University Hospital
Box 3651
Durham, NC 27710
Programs sponsored in: AI, AS, APM, CCA, CEP, CCS, CD, CH, CHF, CN, D, DM, DR, EM, END, FPP, FP, GPM, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MOP, MPD, N, NEP, NM, NP, NPM, NR, NS, OBG, ORS, OTH, OTO, PD, PDC, PDP, PFP, PR, PH, PM, PS, PSM, PTH, RHU, RNI, RG, RS, TS, U, VR, VS
Major participating institution for programs in: CCS, FPR
Institution ID: 36-0478

Durham County Health Department
414 E Main St
Durham, NC 27701
Major participating institution for programs in: ID
Institution ID: 36-0605

Durham Regional Hospital
3643 North Roxboro St
Durham, NC 27704
Med Sch Affil: M-03607, L-03601
Major participating institution for programs in: FP, GS, OBG, ORS, PS
Institution ID: 36-0400

Veterans Affairs Medical Center (Durham)
538 Patton St
Durham, NC 27705
Med Sch Affil: M-03607
Major participating institution for programs in: AN, APM, CCA, CUS, CN, D, DM, DR, END, GE, GS, HMP, IC, ICE, ID, IM, IMG, MP, MPD, N, NEP, NM, OBG, ORS, OTH, OTO, PD, PDC, PDP, PFP, PR, PH, PM, PS, PSM, PTH, RHU, RNI, RG, RS, TS, U, VR, VS
Institution ID: 36-0478

Fayetteville
Cape Fear Valley Medical Center
1360 Medical Drive
Fayetteville, NC 28304
Major participating institution for programs in: FP, OBG
Institution ID: 36-0731

Southern Regional Area Health Education Center
1601 Owen Drive
Fayetteville, NC 28304-3482
Programs sponsored in: FP
Institution ID: 36-0200

Fort Bragg
Womack Army Medical Center
Attn: MOCX-HESD-ME (Dr. Raymond Sanders)
Ft Bragg, NC 28310
Med Sch Affil: L-03601
Programs sponsored in: FP
Institution ID: 36-0212

Greensboro
Moses H Cone Memorial Hospital
1200 North Elm St
Greensboro, NC 27401-1020
Med Sch Affil: M-03601
Programs sponsored in: FP, FS, IM
Major participating institution for programs in: ID
Institution ID: 36-0486

Greenville
East Carolina University School of Medicine
Pitt County Memorial Hospital - GME Office
2100 Stanleytown Rd
Greenville, NC 27855
Major participating institution for programs in: CD, CHF, FP, PSM, GS, ID, IM, MP, NEP, NPM, OBG, OB, PCP, PD, PM, PUD
Institution ID: 36-0501

Pitt County Memorial Hospital
PO Box 9028
Graduate Medical Education Office
Greenville, NC 27834-0288
Med Sch Affil: M-03608
Major participating institution for programs in: CCS, CD, CHP, D, EM, FP, PFP, FS, GS, HO, IC, ID, IM, MEM, MP, NPG, NEP, NPM, OBG, OB, PCP, PD, PM, PUD
Institution ID: 36-0738

Pitt County Mental Health Center
290 Government Circle
Greenville, NC 27834-7706
Major participating institution for programs in: P
Institution ID: 36-0741

Hendersonville
Margaret R Pardee Memorial Hospital
715 Fleming St
Hendersonvile, NC 28739
Major participating institution for programs in: FP
Institution ID: 36-0615

Monroe
Union Regional Medical Center
500 Hospital Drive
PO Box 5003
Monroe, NC 28111
Major participating institution for programs in: FP
Institution ID: 36-0809

Raleigh
Dorthea Dix Hospital
520 South Boylan Ave
Raleigh, NC 27602-2176
Med Sch Affil: M-03601
Major participating institution for programs in: CHF, P, PFP
Institution ID: 36-0377

Wake Medical Center
3000 New Bern Ave
Raleigh, NC 27610
Med Sch Affil: M-03601, L-03212
Major participating institution for programs in: EM, FP, GS, OBG, ORS, OTH, PD, U
Institution ID: 36-0498

Wilmington
New Hanover Regional Medical Center
2111 S 17th St
PO Box 9025
Wilmington, NC 28402-9025
Med Sch Affil: M-03601
Programs sponsored in: FP, GS, IM, OBG
Institution ID: 36-0286

Winston-Salem
Forshyth Memorial Hospital
5325 Siline Creek Parkway
Winston-Salem, NC 27110
Med Sch Affil: M-03605
Major participating institution for programs in: FP, NPM, OBG
Institution ID: 36-0242
Skin Surgery Center (Winston-Salem)  
125 Sunnybrook Court, Suite 100  
Winston-Salem, NC 27106  
Programs sponsored in: FBD  
Institution ID: M-03605

Wake Forest University Baptist Medical Center  
Medical Center Blvd  
Winston-Salem, NC 27117-1088  
Med Sch Affil: M-03605  
Programs sponsored in: AI, AN, APM, AR, CCA, CCM, CD, CHN, CEP, CN, D, DMP, DR, EM, END, FOP, FF, FFSM, GE, GS, HMP, HO, HSO, IC, NCR, TD, IM, JMG, MDR, N; NEP, NM, NPM, NR, NS, OBG, OFH, ORS, OTO, P, FPC, PCR, PD, PS, PTH, RHi, RNR, RO, RS, U, V, VS  
Institution ID: M-03606

North Dakota

Bismarck

Medcenter One Hospital  
500 North 7th St  
P O Box 5025  
Bismarck, ND 58505-5525  
Med Sch Affil: M-03701  
Major participating institution for programs in: FP  
Institution ID: M-03702

St Alexius Medical Center  
900 E Broadway  
PO Box 5510  
Bismarck, ND 58505-5510  
Med Sch Affil: M-03701  
Major participating institution for programs in: FP  
Institution ID: M-03701

Fargo

MeritCare Health System  
720 4th St, North  
Fargo, ND 58102  
Med Sch Affil: M-03701  
Major participating institution for programs in: IM, P, TY  
Institution ID: M-0396

Southeast Human Service Center  
2642 Ninth Ave, SW  
Fargo, ND 58103  
Med Sch Affil: M-03701  
Major participating institution for programs in: P  
Institution ID: M-03701

Veterans Affairs Medical and Regional Office Center (Fargo)  
2101 Elm St  
Fargo, ND 58102  
Med Sch Affil: M-03701  
Major participating institution for programs in: GS, IM, P  
Institution ID: M-0395

Grand Forks

Altru Health System Hospital  
1260 S Columbia Road  
P O Box 6000  
Grand Forks, ND 58206-6002  
Med Sch Affil: M-03701  
Major participating institution for programs in: FP, GS  
Institution ID: M-03703

Univ of North Dakota School of Medicine and Health Sciences  
503 North Columbia Road  
Box 0037  
Grand Forks, ND 58202-0037  
Med Sch Affil: M-03701, L-03812  
Programs sponsored in: EM, FS, IM, P, TY  
Institution ID: M-03709

Minot

Trinity Health  
Bardick Express at Main St  
P O Box 5020  
Minot, ND 58702-5220  
Med Sch Affil: M-03701  
Major participating institution for programs in: FP  
Institution ID: M-03709

Ohio

Akron

Akron City Hospital (Summa Health System)  
625 E Market St  
Akron, OH 44309  
Med Sch Affil: M-03844, L-03840  
Programs sponsored in: EM, FP, GS, IM, MFP, OBG, ORS, P, PTH, TY, U  
Institution ID: M-03816

Akron General Medical Center  
400 Wabash Ave  
Akron, OH 44307  
Med Sch Affil: M-03844, L-03840  
Programs sponsored in: EM, FS, IM, MFP, OBG, ORS, P, PTH, TY, U  
Institution ID: M-03814

Children’s Hospital Medical Center of Akron  
Department of Medical Education  
One Perkins Square  
Akron, OH 44306-1062  
Med Sch Affil: M-03844  
Programs sponsored in: PD, PDR, PEM, PP, PFSM  
Major participating institution for programs in: MFP, ORS, PAM, P, PS, U  
Institution ID: M-03817

St Thomas Hospital (Summa Health System)  
444 North Main St  
Akron, OH 44310  
Med Sch Affil: M-03844  
Major participating institution for programs in: P, TY  
Institution ID: M-03817

Summa Health System  
525 E Market St  
P O Box 2000  
Akron, OH 44304-2090  
Programs sponsored in: EM, FS, IM, MFP, OBG, ORP, ORS, P, PTH, TY  
Institution ID: M-03806

Barberton

Barberton Citizens Hospital  
155 Fifth St, NE  
Barberton, OH 44203  
Med Sch Affil: M-03844  
Programs sponsored in: FP  
Institution ID: M-03814

Bellefontaine

Mary Rutan Hospital  
205 Palmer Ave  
Bellefontaine, OH 43311  
Med Sch Affil: M-03840  
Major participating institution for programs in: FP  
Institution ID: M-03809

Canton

Aultman Hospital  
3600 6th St, SW  
Canton, OH 44710  
Med Sch Affil: M-03844  
Programs sponsored in: IM, P  
Institution ID: M-03815

Canton Medical Education Foundation  
3600 6th St, SW  
Canton, OH 44710  
Programs sponsored in: IM  
Institution ID: M-03809

Mercy Medical Center (Canton)  
1320 Timken Mercy Drive, NW  
Canton, OH 44708  
Med Sch Affil: M-03844  
Major participating institution for programs in: IM  
Institution ID: M-03826

Cincinnati

Christ Hospital  
2139 Auden Ave  
Cincinnati, OH 45216-2980  
Med Sch Affil: M-03841, L-03840  
Programs sponsored in: FP, FPG, OSM  
Major participating institution for programs in: GS, HO, NS, OBG, RHI, U, VS  
Institution ID: M-03843

Cincinnati Children's Hospital Medical Center  
ML-5813  
3385 Burnet Ave  
Cincinnati, OH 45226-3689  
Med Sch Affil: M-03841, G-03515  
Programs sponsored in: ADL, CCE, CHN, CEP, CPH, DBP, MG, NDN, NPM, OP, PAN, PD, PDC, PDE, PDR, PPO, PFSM, PFSM, PESM, PFG, PHO, PMG, PN, PP, PPR, UP  
Major participating institution for programs in: AI, CN, DR, ETX, NS, ORS, OTO, PDR, PS, U  
Institution ID: M-03802

Cincinnati Sportsmedicine & Orthopaedic Center  
12115 Sheraton Lane  
Cincinnati, OH 45246  
Programs sponsored in: OSM  
Institution ID: M-03803

Franciscan Hospital - Western Hills  
3151 Queen City Ave  
Cincinnati, OH 45238-2396  
Major participating institution for programs in: OS  
Institution ID: M-03807

Hoxworth Blood Center  
3150 Highland Ave  
P O Box 573055  
Cincinnati, OH 45207-0055  
Programs sponsored in: BBK  
Institution ID: M-03876

Jewish Hospital of Cincinnati  
4777 East Galbraith Road  
Cincinnati, OH 45236  
Med Sch Affil: M-03841  
Programs sponsored in: GS, IM  
Institution ID: M-03825
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<th>Institution Name</th>
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<tr>
<td>Veterans Affairs Medical Center (Columbus)</td>
<td>543 Taylor Ave, Columbus, OH 43203</td>
<td>Columbus</td>
<td>614-292-5311</td>
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<tr>
<td>Dayton Children's Medical Center</td>
<td>One Children's Plaza, Dayton, OH 45404</td>
<td>Dayton</td>
<td>937-494-5500</td>
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<tr>
<td>Good Samaritan Hospital and Health Center</td>
<td>2222 Philadelphia Drive, Dayton, OH 45406</td>
<td>Dayton</td>
<td>937-255-5666</td>
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<tr>
<td>Miami Valley Hospital</td>
<td>One Wyoming St, Dayton, OH 45409</td>
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<td>937-279-4112</td>
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<tr>
<td>Office of the Montgomery County Coroner</td>
<td>361 West Third St, Dayton, OH 45403</td>
<td>Dayton</td>
<td>937-381-6112</td>
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<tr>
<td>Wright State University School of Medicine</td>
<td>PO Box 927, Dayton, OH 45401-0927</td>
<td>Dayton</td>
<td>937-494-5500</td>
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<tr>
<td>East Cleveland</td>
<td>13051 Tremco Road, East Cleveland, OH 44112-4909</td>
<td>East Cleveland</td>
<td>216-322-2222</td>
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<tr>
<td>Kettering</td>
<td>2535 Southern Blvd, Kettering, OH 43209</td>
<td>Kettering</td>
<td>937-279-6888</td>
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<tr>
<td>Maumee</td>
<td>St Luke's Hospital, 6091 Moundview Rd, Maumee, OH 45337</td>
<td>Maumee</td>
<td>937-627-4000</td>
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<tr>
<td>Mayfield Heights</td>
<td>Hillcrest Hospital, 6780 Mayfield Rd, Mayfield Heights, OH 44123-3202</td>
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<td>937-461-6600</td>
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<td>Oregon</td>
<td>St Charles Mercy Hospital, 5600 Navarre Ave, Oregon, OH 45402-3027</td>
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<td>937-461-1000</td>
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<tr>
<td>Rootstown</td>
<td>Northeastern Ohio Universities College of Medicine, 4209 State Route 44, Rootstown, OH 44572</td>
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<td>937-461-1000</td>
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<td>Sylvania</td>
<td>Flower Hospital, 5200 Harbreck Rd, Sylvania, OH 43060</td>
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<td>937-667-1000</td>
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<td>Toledo</td>
<td>Medical College of Ohio, 3045 Arlington Ave, Toledo, OH 43614</td>
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<td>419-941-1320</td>
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<tr>
<td>Wright-Patterson AFB</td>
<td>Wright - Patterson Medical Center, 74th Medical Group, 4881 Sugar Maple Drive, Wright</td>
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<td>513-829-5529</td>
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**Institution ID:**
- 98-0599
- 98-0586
- 98-0536
- 98-0501
- 98-0511
- 98-0520
- 98-0530
- 98-0507
- 98-0501
- 98-0506
- 98-0507

**Programs:**
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
- CHP, D, MPD, OBG, ORS, P, PD, PM, P
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- CHP, D, MPD, OBG, ORS, P, PD, PM, P
**Graduate Medical Education Directory**

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<th>Institution</th>
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<td><strong>Youngstown</strong></td>
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<td>Forum Health/Western Reserve Care System (Youngstown)</td>
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<td>500 Gypsy Lane Youngstown, OH 44501</td>
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<tr>
<td>5602 SW 5th St Suite 1149 Lawton, OK 73501</td>
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<tr>
<td>5602 SW Lee Boulevard PO Box 229 Lawton, OK 73502-0219</td>
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<tr>
<td><strong>Northside Medical Center</strong></td>
<td>500 Gypsy Lane Youngstown, OH 44501</td>
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<tr>
<td><strong>St Elizabeth Health Center</strong></td>
<td>1014 Belmont Ave, PO Box 1790 Youngstown, OH 44501</td>
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<td><strong>Tod Children's Hospital</strong></td>
<td>560 Gypsy Lane Youngstown, OH 44501</td>
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<td><strong>Enid</strong></td>
<td>600 South Monroe PO Box 3168 Enid, OK 73701</td>
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<td>Integris Bass Baptist Health Center 360 E Frank Phillips Blvd Bartlesville, OK 74006</td>
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<td><strong>Oklahoma</strong></td>
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<td><strong>Bartlesville</strong></td>
<td>Jane Phillips Episcopal-Memorial Medical Center 3600 E Frank Phillips Blvd Bartlesville, OK 74006</td>
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<td>Griffin Memorial Hospital P.O Box 151 Norman, OK 73070</td>
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<td>Oklahoma City</td>
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<td>Bone and Joint Hospital 1111 N Dewey Ave Oklahoma City, OK 73103</td>
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<td>Deaconess Hospital 5501 N Portland Oklahoma City, OK 73112</td>
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<td><strong>Great Plains Medical Foundation</strong></td>
<td>3560 NW 56th St Suite 100 Oklahoma City, OK 73112-4518</td>
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<td><strong>Integris Baptist Medical Center</strong></td>
<td>Graduate Medical Education 3360 Northwest Expressway, 101-4384 Oklahoma City, OK 73112-4481</td>
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<td>Oklahoma Blood Institute 1601 N Lincoln Boulevard Oklahoma City, OK 73104</td>
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<tr>
<td><strong>OU Medical Center</strong></td>
<td>PO Box 26307 Oklahoma City, OK 73126</td>
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<td><strong>OU Medical Center - Children's Hospital</strong></td>
<td>940 N E 12th St PO Box 26307 Oklahoma City, OK 73104</td>
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<td><strong>OU Medical Center - Everett Tower</strong></td>
<td>PO Box 26307 Oklahoma City, OK 73126</td>
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<td><strong>OU Medical Center</strong></td>
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<tr>
<td><strong>OU Medical Center - Presbyterian Tower</strong></td>
<td>PO Box 26307 Oklahoma City, OK 73126</td>
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<td><strong>Saint Anthony North Ambulatory Surgery Center</strong></td>
<td>6200 N Santa Fe Ave, Suite 200 Oklahoma City, OK 73118</td>
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<td><strong>St Anthony Hospital</strong></td>
<td>601 NW 8th St, Suite 1000 Oklahoma City, OK 73102</td>
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<tr>
<td><strong>University of Oklahoma College of Medicine</strong></td>
<td>Biomedical Sciences Bldg, Rm 357 PO Box 26091 Oklahoma City, OK 73190</td>
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<td><strong>University of Oklahoma College of Medicine</strong></td>
<td>Children's Hospital, Emory St 1200 PO Box 26091 Oklahoma City, OK 73190</td>
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<td><strong>Vetsers Affairs Medical Center (Oklahoma City)</strong></td>
<td>3021 NE 13th St Oklahoma City, OK 73104</td>
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<td><strong>Tulsa</strong></td>
<td>Hillcrest Medical Center 1130 S Utica Ave Tulsa, OK 74104</td>
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<td><strong>Tulsa</strong></td>
<td>7620 S Lewis Tulsa, OK 74136</td>
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<td><strong>Tulsa</strong></td>
<td>Laureate Psychiatric Clinic and Hospital 9655 S Yale Tulsa, OK 74136</td>
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<td><strong>Tulsa</strong></td>
<td>Saint Francis Health System 6161 S Yale Ave Tulsa, OK 74136-1902</td>
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<td><strong>Tulsa</strong></td>
<td>St John Medical Center 1922 S Utica St Tulsa, OK 74104</td>
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</tbody>
</table>

Graduate Medical Education Directory 2005-2006

1149
University of Oklahoma College of Medicine-Tulsa
Suite 2 E-38
4502 East 41st St
Tulsa, OK 74105-2513
Med Sch Affil: M-04003
Programs sponsored in: FP, FPP, FSP, GS, IM, MPD, OBG, P, PD
Institution ID: 59-8501

Oklahoma

Oregon

Klamath Falls

Merle West Medical Center
2965 Daggett Ave
Klamath Falls, OR 97601-1130
Med Sch Affil: L-04002
Major participating institution for programs in: FP
Institution ID: 40-8004

Milwaukie

Providence Milwaukie Hospital
10150 SE 22nd Ave
Milwaukie, OR 97222-6583
Programs sponsored in: FP
Institution ID: 40-8006

Portland

Eastmoreland Hospital
3900 SE Steele St
Portland, OR 97230
Major participating institution for programs in: IMG
Institution ID: 40-8000

Kaiser Foundation Hospitals-Northwest Region
500 NE Multnomah St
Portland, OR 97232-3589
Med Sch Affil: M-04002
Major participating institution for programs in: D, GE, GS, OBG, PTH, U
Institution ID: 40-0707

Legacy Emanuel Hospital and Medical Center
2691 North Gantenbein Ave Rm 4100
Portland, OR 97227-1423
Med Sch Affil: M-04002
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, OBG, OB, OP
Institution ID: 40-0229

Legacy Good Samaritan Hospital and Medical Center
1015 SW 22nd Ave B300
Portland, OR 97210-3900
Med Sch Affil: M-04003
Major participating institution for programs in: GS, OBG, OP, TY
Institution ID: 40-0102

Oregon Health & Science University Hospital
3181 SW Sam Jackson Park Rd, L579
Portland, OR 97239-3088
Med Sch Affil: M-04002
Programs sponsored in: ADP, AN, APM, CCM, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ECT, FP, GE, GPM, GS, HMP, HO, HSP, ICR, ID, IM, IMG, MG, MGP, N, NDN, NRP, NM, NPM, NS, OBG, OP, OPH, OHS, OTO, P, PBN, PCC, PCP, PD, PDC, PDR, PDP, PDR, PHS, PS, PTH, PPG, RHU, RN, RO, TS, U, VB, VS
Institution ID: 40-0109

Providence Portland Medical Center
4805 NE Glisan
Portland, OR 97213-2607
Med Sch Affil: G-04002
Programs sponsored in: IM
Institution ID: 40-0396

Shriners Hospitals for Children (Portland)
3011 SW Sam Jackson Park Road
Portland, OR 97239-5000
Med Sch Affil: L-04002
Programs sponsored in: OP
Major participating institution for programs in: HSP, MG
Institution ID: 40-0235

St Vincent Hospital and Medical Center
9205 Southwest Barnes Road
Suite D
Portland, OR 97225
Med Sch Affil: M-04002
Programs sponsored in: IM
Major participating institution for programs in: EM, GS
Institution ID: 40-0133

Veterans Affairs Medical Center (Portland)
3170 SW US Veterans Hospital Road
PO Box 1034
Portland, OR 97207
Med Sch Affil: M-04002
Major participating institution for programs in: ADP, APM, CCM, CD, D, DR, END, ECT, GE, GS, HO, HSP, ICE, ID, IM, IMG, N, NDN, NRP, NM, NS, OPH, OTO, P, PCC, PS, PHS, PPG, RHU, RN, RO, TS, U, VB
Institution ID: 40-0171

Pennsylvania

Abington

Abington Memorial Hospital
1300 Old York Road
Abington, PA 19001-3758
Med Sch Affil: M-04113
Programs sponsored in: FP, IM, IMG, OB
Major participating institution for programs in: ID, NS, OB, PS, U
Institution ID: 41-0455

Allentown

Lehigh Valley Hospital
Cedar Crest Blvd & 1-78
PO Box 689
Allentown, PA 18105-1556
Med Sch Affil: M-04114, M-04113, M-04115
Programs sponsored in: CCS, CCR, FP, GS, IM, OBG, PS, U
Major participating institution for programs in: CD, HO, OTO, PCC, U
Institution ID: 41-0724

Sacred Heart Hospital
421 Chew St
Allentown, PA 18102
Med Sch Affil: M-04113
Programs sponsored in: FP, FPP
Institution ID: 41-0178

Altoona

Altoona Hospital
620 Howard Ave
Altoona, PA 16601
Programs sponsored in: FP
Institution ID: 41-0220

Beaver

HVHS, The Medical Center, Beaver
1000 Dutch Ridge Road
Beaver, PA 15010
Programs sponsored in: FP
Institution ID: 41-0747

Bethlehem

St Luke’s Hospital
801 Ostrum St
Bethlehem, PA 18015
Med Sch Affil: M-04113
Programs sponsored in: FP
Institution ID: 41-0234

Bryn Mawr

Bryn Mawr Hospital
130 S Bryn Mawr Ave
4th Floor
Bryn Mawr, PA 19010-5190
Med Sch Affil: M-04102, G-04101
Programs sponsored in: OB, FP
Major participating institution for programs in: OB, OB, PS, U
Institution ID: 41-0274

Conshohocken

Mercy Catholic Medical Center Inc
1 W Elm St
Conshohocken, PA 19428
Programs sponsored in: OB, OB, IM, TY
Institution ID: 41-8029

Danville

Geisinger Health System
100 North Academy Ave
Danville, PA 17822-1334
Med Sch Affil: M-04102, M-04115, L-04114
Programs sponsored in: CD, D, DMP, DS, EM, GE, GS, IC, IM, MDP, OB, OB, OB, ORS, OTO, PCP, PCP, PD, PRD, RHU, U, VS
Institution ID: 41-0249

Geisinger Medical Center
100 N Academy Ave
Danville, PA 17822-1334
Major participating institution for programs in: OB, OB, OB, OB, PS, PD
Institution ID: 41-8038

Darby

Mercy Fitzgerald Hospital
1500 S Lansdowne Ave
Darby, PA 19023
Med Sch Affil: G-04101
Major participating institution for programs in: OB, OB, OB, OB, PD
Institution ID: 41-0414

Drexel Hill

Crozer Keystone Health System-Delaware County Mem Hosp
501 N Lansdowne Ave
Drexel Hill, PA 19026-1196
Med Sch Affil: L-04115, G-04113
Major participating institution for programs in: FP
Institution ID: 41-0505
Easton
Easton Hospital (Northampton Hospital Corporation)
250 S 21st St
Easton, PA 18042-3092
MedSchAffl: M-04115, G-04101
Programs sponsored in: GS, IM
Institution ID: 41-0420

Erie
Hamot Medical Center
201 State St
Erie, PA 16501
MedSchAffl: M-04115, L-04114
Programs sponsored in: OBS
Institution ID: 41-0425

Shriners Hospitals for Children (Erie)
1645 W 8th St
Erie, PA 16506
Major participating institution for programs in: OBS
Institution ID: 41-0526

St Vincent Health Center
222 W 5th St
Erie, PA 16544
Programs sponsored in: CRS, FP, FSM
Institution ID: 41-0191

Harrisburg
PinnacleHealth Hospitals
111 South Front St
PO Box 8700
Harrisburg, PA 17105-8700
MedSchAffl: L-04114
Programs sponsored in: FP, GS, IM
Major participating institution for programs in: ETX, OBS
Institution ID: 41-0463

PinnacleHealth System-Harrisburg Hospital
111 S Front St
PO Box 8700
Harrisburg, PA 17105-8700
MedSchAffl: L-04114, G-04101
Major participating institution for programs in: EM, ETX, OBS
Institution ID: 41-0564

Hershey
Milton S Hershey Medical Center
Penn State Milton S Hershey Medical Center
500 University Drive, PO Box 850
Hershey, PA 17033-0850
MedSchAffl: M-04114, G-04101
Programs sponsored in: A1, AN, APN, CCA, CCS, CD, CHP, CN, D, DR, EM, END, ETX, FP, GE, GS, HO, IC, ICE, ID, IM, MPD, N, NER, NFM, NS, OBG, OBF, OBS, OTO, P, PNS, POC, PO, PS, PTE, FYL, RMS, TS, U, VIR, VS
Major participating institution for programs in: EM
Institution ID: 41-0528

Johnstown
Cenaire Valley Memorial Hospital
1886 Franklin St
Johnstown, PA 15905
MedSchAffl: M-04113
Programs sponsored in: FP, GS, IM, PTH, TY
Institution ID: 41-0236

Lancaster
Lancaster General Hospital
555 N Duke St
PO Box 3555
Lancaster, PA 17604-3555
MedSchAffl: L-04113, L-04114
Programs sponsored in: FP, FPG
Major participating institution for programs in: U
Institution ID: 41-0417

Langhorne
Frankford Hospitals (Bucks County Campus)
380 North Oxford Valley Road
Langhorne, PA 19047-8180
Major participating institution for programs in: TY
Institution ID: 41-0640

Latrobe
Latrobe Area Hospital
131 West Second Ave
Latrobe, PA 15650-1096
MedSchAffl: M-04102
Programs sponsored in: FP
Institution ID: 41-0716

Lebanon
Good Samaritan Hospital
4th and Walnut Sts
PO Box 1281
Lebanon, PA 17042-1281
MedSchAffl: G-04114
Major participating institution for programs in: FP
Institution ID: 41-0630

Veterans Affairs Medical Center (Lebanon)
1700 S Lincoln Ave
Lebanon, PA 17042
MedSchAffl: M-04114
Major participating institution for programs in: IM, OBS
Institution ID: 41-7070

McKeesport
McKeesport Hospital/UPMC
1500 Fifth Ave
McKeesport, PA 15132
MedSchAffl: M-04112, L-04113
Major participating institution for programs in: FP, IM
Institution ID: 41-0497

Monroeville
Forbes Regional Hospital
2570 Baumgartner Road
Monroeville, PA 15205
MedSchAffl: L-04115
Programs sponsored in: FP
Institution ID: 41-0504

Norristown
Montgomery Hospital
1301 Powell St
PO Box 902
Norristown, PA 19404-0902
MedSchAffl: M-04103, L-04115
Programs sponsored in: FP
Institution ID: 41-0495

Philadelphia
Albert Einstein Medical Center
5601 Old York Road
Philadelphia, PA 19141-3096
Programs sponsored in: CD, DR, EM, ER, GS, IC, IM, MPO, NFR, OBG, OBS, P, PCC, PD, FYG, RHI, TY
Major participating institution for programs in: N
Institution ID: 41-0540

American Red Cross Blood Services-Penn-Jersey Region
Monsey Blood Center
705 Spring Garden St
Philadelphia, PA 19123-3534
Major participating institution for programs in: BHP
Institution ID: 41-0603

Belmont Center for Comprehensive Treatment
4250 Monument Ave
Philadelphia, PA 19131
Major participating institution for programs in: FP
Institution ID: 41-0283

Chestnut Hill Hospital
8850 Germantown Ave
Philadelphia, PA 19118
MedSchAffl: M-04101, G-04115
Programs sponsored in: FP
Institution ID: 41-0658

Children’s Hospital of Philadelphia
One Children's Center
34th St and Civic Center Blvd
Philadelphia, PA 19104
MedSchAffl: M-04101, G-04115, G-04113, G-04102, G-0536
Programs sponsored in: ADL, AJ, CCE, CBN, CEP, DBP, ETX, MD, NPM, OP, PAN, PD, PDC, PDE, PDM, PPO, PFP, DFR, FSA, FEM, FPO, FRO, PGM, PS, PP, PPR, UP
Major participating institution for programs in: AN, CCA, CN, D, EM, IM, MPD, N, IM, NS, OBS, OTO, P, PD, PDS, PE, PS, RNS, RS, U, VIR
Institution ID: 41-0189

Children's Seashore House
3405 Civic Center Blvd
Philadelphia, PA 19104
MedSchAffl: G-04101
Major participating institution for programs in: OP
Institution ID: 41-0625

Dermatologic Surgicenter (Philadelphia)
1200 Locust St
Philadelphia, PA 19107
Programs sponsored in: FMD
Institution ID: 41-0803

Drexel University College of Medicine/Hahnemann
Broad and Vine Sts
Mail Stop 625, 4th Floor, South Tower
Philadelphia, PA 19102
Programs sponsored in: AN, CCS, CD, CEP, CN, D, DMP, DR, EM, ETX, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, N, NFR, OBG, OBS, P, PE, POC, PO, PTH, TY
Institution ID: 41-5803

Fox Chase Cancer Center
333 Cottman Ave
Philadelphia, PA 19111
MedSchAffl: M-04113, G-04115
Programs sponsored in: BO
Major participating institution for programs in: US, HO, BF, U
Institution ID: 41-0529
Frankford Hospitals (Frankford Campus)
Knights and Red Lion Roads
Philadelphia, PA 19114
Med Sch Affil: L-0413
Institution ID: 41-8004

Frankford Hospitals (Torresdale Campus)
Knights and Red Lion Rds
Philadelphia, PA 19114
Med Sch Affil: M-04102, G-04101
Programs sponsored in: TY
Institution ID: 41-8140

Friends Hospital
461 Roosevelt Blvd
Philadelphia, PA 19124-2399
Med Sch Affil: G-04101
Major participating institution for programs in: CHP, P
Institution ID: 41-7107

Graduate Hospital (Tennent Health System)
One Graduate Plaza
1500 Lombard St
Philadelphia, PA 19146
Med Sch Affil: M-04101, M-04115, L-04113
Programs sponsored in: GH, GS, IM, OSH, PUD
Major participating institution for programs in: B0
Institution ID: 41-0144

Hahnemann University Hospital (Tennent Health System)
Broad and Vith Sts
Mail Stop 200
Philadelphia, PA 19102-1192
Med Sch Affil: M-04115, M-04110
Major participating institution for programs in: AN, CCS, CD, CRP, CN, D, DMP, DR, EM, RTX, FF, GE, GS, BMP, HO, IC, ICE, ID, IM, N, NRP, NPM, ORG, OPH, OBS, OTO, P, PAK, PCC, PCP, PTH, RHN, ROR, RO, TS
Institution ID: 41-0484

J Edwin Wood Clinic
700 Spruce St, Suite 304
Philadelphia, PA 19106
Med Sch Affil: G-04101
Major participating institution for programs in: IM
Institution ID: 41-0808

Magee Rehabilitation Hospital
Six Franklin Plaza
Philadelphia, PA 19102
Med Sch Affil: M-04102, G-04101
Major participating institution for programs in: FM
Institution ID: 41-0908

Medical College of Pennsylvania Hosp
(Tennent Health System)
3930 Henry Ave
Philadelphia, PA 19129
Med Sch Affil: M-04115
Major participating institution for programs in: APM
Institution ID: 41-0736

Mercy Hospital of Philadelphia
501 Cedar Ave
Philadelphia, PA 19149
Med Sch Affil: M-04115
Major participating institution for programs in: DR, EM, RTX, GS, IM
Institution ID: 41-0499

Methodist Hospital
2001 S Broad St
Philadelphia, PA 19148
Med Sch Affil: M-04102
Major participating institution for programs in: EM
Institution ID: 41-0806

Moss Rehabilitation Hospital
1300 West Tabor Road
Philadelphia, PA 19141
Med Sch Affil: G-04113
Major participating institution for programs in: FFG, IMG, OBS, PM
Institution ID: 41-0515

Office of the Medical Examiner
321 University Ave
Philadelphia, PA 19104
Med Sch Affil: G-04115
Major participating institution for programs in: FOP
Institution ID: 41-0816

Pennsylvania Hospital (UPHS)
300 Spruce St
Philadelphia, PA 19107-5192
Med Sch Affil: M-04101
Programs sponsored in: DR, GS, IM, OSH, PTH, VS
Major participating institution for programs in: CN, RTX, N, OAR, OBS, OTO, P, PS, U
Institution ID: 41-0826

Presbyterian Medical Center (UPHS)
11 N 30th St
Philadelphia, PA 19104-2689
Med Sch Affil: M-04101
Programs sponsored in: TY
Major participating institution for programs in: APM, CRS, FF, GE, HSO, IC, ICE, IM, OAR, OHS, VIR
Institution ID: 41-0923

Scheie Eye Institute
35 North 3rd St
Philadelphia, PA 19104
Med Sch Affil: M-04101
Major participating institution for programs in: OPH
Institution ID: 41-0828

St Christopher's Hospital for Children
(Tennent Health System)
Erizo Ave at Front St
Philadelphia, PA 19124-1195
Med Sch Affil: M-04115, G-04102, G-04113
Programs sponsored in: CHP, NPM, PAN, PD, PDC, PDR, PDD, PDP, PDR, PDS, PHO, PP
Major participating institution for programs in: CCS, CN, RTX, GS, OBS, PD, PE, PPM, PS, TS, U
Institution ID: 41-0980

Temple University Children's Medical Center
3500 North Broad St
Philadelphia, PA 19140
Med Sch Affil: M-04113
Major participating institution for programs in: NS, OTO
Institution ID: 41-8045

Temple University Hospital
3401 N Broad St
Philadelphia, PA 19140
Med Sch Affil: M-04113
Programs sponsored in: AN, AP, CD, CN, DR, EM, EN, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MSR, N, NRP, NM, NS, OAR, ORG, OPH, OBS, OBS, OTO, P, PCC, PM, PPM, PS, PTH, RHN, ROR, RO, U, VIR
Major participating institution for programs in: PTH
Institution ID: 41-0418

Thomas Jefferson University Hospital
111 S 11th St
Philadelphia, PA 19107
Med Sch Affil: M-04102, G-04115
Programs sponsored in: AI, AN, APM, AR, BBK, CCP, CD, CRP, CN, OSH, D, DR, EM, END, FF, FP, FPG, FSGM, GE, HMP, HO, HSO, IC, ICE, ID, IM, N, NRP, NM, OAR, OBS, OBS, OBS, OTO, P, PCC, PCP, PD, PPM, PG, PM, PPM, PPR, PTH, RHN, ROR, RO, SP, TS, U, VIR
Institution ID: 41-0224

University of Pennsylvania Health System
3400 Spruce St
1 Maloney Bldg
Philadelphia, PA 19104
Med Sch Affil: M-04118, L-04114
Programs sponsored in: ADP, AI, AN, APM, AR, BBK, CCA, CCS, CD, CN, CRS, CTR, D, DMP, DR, EM, END, FP, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMD, IMG, MGP, MFB, MRR, N, NRP, NM, NR, NS, OAR, OBS, OPH, OBS, OTO, P, PCC, PCP, PS, PTH, FYG, RHN, RO, SP, TS, U, UME, VIR, VS
Major participating institution for programs in: AI, CIN, ETX, GS, MG, NPM, PDC, PPD, UP
Institution ID: 41-0100

Veterans Affairs Medical Center
(Philadelphia)
University and Woodland Ave
Philadelphia, PA 19104
Med Sch Affil: M-04101, L-04115
Programs sponsored in: ADP, AN, D, GS, HSO, IM, IMD, IMG, MPP, NM, NS, OAR, OBS, OTO, P, PDM, PM, RHN, RO, U, VIR
Institution ID: 41-0826

Willis Eye Hospital
840 Walnut St
Suite 800
Philadelphia, PA 19107-5100
Programs sponsored in: OPH
Institution ID: 41-0494

Pittsburgh
Allegheny County Coroner's Office
542 Fourth Ave
Pittsburgh, PA 15219
Programs sponsored in: FOP
Institution ID: 41-0515

Allegheny General Hospital
330 E North Ave
Pittsburgh, PA 15213-4772
Med Sch Affil: M-04115, G-04112
Programs sponsored in: CD, CRP, CN, DR, EM, ESH, GE, GS, HMP, HSO, IC, IM, MM, N, NRP, NS, OBG, OBS, OPH, P, PCC, PTH, PUD, RBN, RO, TS
Major participating institution for programs in: AN, APM, CSH, PS
Institution ID: 41-0465

Children's Hospital of Pittsburgh
2700 Sca Ave
Pittsburgh, PA 15211-2581
Med Sch Affil: M-04115
Major participating institution for programs in: ADN, AI, BBK, CCP, CCH, CHP, CN, CPP, DRR, DRB, MG, MPP, NDN, NP, NPM, NS, OBS, OTO, P, PAN, PD, PDC, PDE, PDR, PPO, PDP, PPH, PPD, PPS, PEM, PG, PHI, PHO, PPR, PS, SCI, U, UP
Institution ID: 41-0461

Institute for Transfusion Medicine
812 Fifth Ave
Pittsburgh, PA 15219
Major participating institution for programs in: BBK
Institution ID: 41-0809

John A Zitelli Dermatology Clinic
5300 Centre Ave, Suite 300
Pittsburgh, PA 15232
Programs sponsored in: PBD
Institution ID: 41-0868

Mage-Women's Hospital
300 Halket St
Philadelphia, PA 19131
Med Sch Affil: M-04112
Major participating institution for programs in: BBK, CCS, CTP, MG, NDN, NP, NPM, OBG, P, PCC, PPH, PS, UP
Institution ID: 41-0208
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<tr>
<th>Institution Name</th>
<th>City, State, Zip</th>
<th>Phone Number</th>
<th>Major Programs</th>
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<tr>
<td>Mercy Hospital of Pittsburgh</td>
<td>Pittsburgh, PA 15219</td>
<td>412-641-5166</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04102, G-04112</td>
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<tr>
<td>Department of Medicine</td>
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<td>Pittsburgh Poison Center</td>
<td>Pittsburgh, PA 15203</td>
<td>412-641-5195</td>
<td>Psychiatry, Medicine, Surgery</td>
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<td>Med Sch Affil: M-04112</td>
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<tr>
<td>The Western Pennsylvania Hospital</td>
<td>Pittsburgh, PA 15204</td>
<td>412-641-5178</td>
<td>Psychiatry, Medicine, Surgery</td>
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<td>Med Sch Affil: M-04113</td>
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<tr>
<td>University of Pittsburgh Graduate School of Public Health</td>
<td>Pittsburgh, PA 15201</td>
<td>412-456-6666</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04112</td>
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<tr>
<td>UPMC Presbyterian Shadyside</td>
<td>Pittsburgh, PA 15211</td>
<td>412-641-5184</td>
<td>Psychiatry, Medicine, Surgery</td>
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<td>Med Sch Affil: M-04103</td>
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<td>UPMC South Side</td>
<td>Pittsburgh, PA 15201</td>
<td>412-641-5196</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04102</td>
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<tr>
<td>UPMC St Margaret</td>
<td>Pittsburgh, PA 15210</td>
<td>412-641-5197</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04112</td>
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<tr>
<td>UPMC Western Psychiatric Institute and Clinic</td>
<td>Pittsburgh, PA 15210</td>
<td>412-641-5198</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04112</td>
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<tr>
<td>Veterans Affairs Medical Center</td>
<td>Pittsburgh, PA 15219</td>
<td>412-641-5199</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04112</td>
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<tr>
<td>Washington Medical Center</td>
<td>Washington, PA 20010</td>
<td>202-639-3500</td>
<td>Psychiatry, Medicine, Surgery</td>
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<tr>
<td>Med Sch Affil: M-04113</td>
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Note: The above table lists major participating institutions for programs in various medical fields. Each entry includes the institution name, city, state, zip code, phone number, and the major programs it offers. The table also indicates whether the institution is a teaching institution, as denoted by the presence of a Medic School Affiliation (Med Sch Affil) code.
Pennsylvania

York Hospital
1001 South George St
PO Box 15198
York, PA 17405
Med SchAffil: M-04114, M-04101, L-02301
Programs sponsored in: EM, FP, GS, IM, OBG, TY
Major participating institution for programs in: PS
Institution ID: 41-6142

Puerto Rico

Bayamón
Hospital San Pablo
Calle Santa Cruz #70
GPO Box 236
Bayamón, PR 00610
Med SchAffil: M-04203
Major participating institution for programs in: IM, PD, TY
Institution ID: 42-7019

Universidad Central del Caribe School of Medicine
PO Box 6027
Bayamón, PR 00960-6032
Programs sponsored in: FP, IM, PD, TY
Institution ID: 42-8501

Caguas
San Juan Bautista Medical Center/Caguas Regional Hospital
Call Box 4964
Caguas, PR 00726-4964
Programs sponsored in: PD, TY
Institution ID: 42-8470

Carolina
University of Puerto Rico Hospital at Carolina
65th Infantry Ave, Km 83 Road #3
Carolina, PR 00986
Major participating institution for programs in: EM, FP, PGY, GS, IM, OBG, P
Institution ID: 42-8415

Cidra
First Hospital Panamericano
State Road 787 KM 1.5
PO Box 1389
Cidra, PR 00739
Med SchAffil: M-04203, L-04302, L-04201
Major participating institution for programs in: P
Institution ID: 42-8021

Manati
Hospital Dr Alejandro Otero Lopez
PO Box 1142
Manati, PR 00674-1142
Med SchAffil: L-04203
Programs sponsored in: FP
Institution ID: 42-8018

Mayaguez
Advanced Cardiology Center Corp/Ponce
SUM Consortium
410 Hostos Ave/Ramon E Betances Univ Hospital
Mayaguez, PR 00680
Major participating institution for programs in: IM
Institution ID: 42-8026

Bella Vista Hospital
State Road 349
PO Box 1759
Mayaguez, PR 00681
Programs sponsored in: FP
Institution ID: 42-8022

Dr Ramon E Betances Hospital-Mayaguez
Medical Center
Mayaguez Medical Center Branch
410 Hostos Ave
Mayaguez, PR 00680
Med SchAffil: G-04202
Programs sponsored in: IM
Institution ID: 42-9467

Ponce
Dr Pila Hospital
Avenida Las Americas
PO Box 331910
Ponce, PR 00733-1910
Med SchAffil: M-04202
Programs sponsored in: FP
Institution ID: 42-87016

Hospital de Damas
2213 Ponce by Pass
Ponce, PR 00717-1318
Med SchAffil: M-04202
Programs sponsored in: IM
Institution ID: 42-8289

Hospital Episcopral San Lucas
917 Titus Castro Ave
PO Box 39810
Ponce, PR 00733-810
Med SchAffil: M-04302
Programs sponsored in: IM, OBG, PD, TY
Institution ID: 42-8184

Playa Medical Center
Ave Hostos 61028
Ponce, PR 00731
Major participating institution for programs in: IM
Institution ID: 42-8300

Ponce School of Medicine
Ave Dolores Marchand, Urb Industrial Reparada
PO Box 9706
Ponce, PR 00732-7004
Programs sponsored in: P
Institution ID: 42-8465

San German
Hospital de la Concepcion
Oficina de Educacion Medica
PO Box 285
San German, PR 00683
Med SchAffil: M-04202
Programs sponsored in: IM
Institution ID: 42-8478

San Juan
Cardiovascular Center of Puerto Rico and the Caribbean
PO Box 396528
San Juan, PR 00902
Major participating institution for programs in: CCP, CD
Institution ID: 42-8829

HealthSouth Rehabilitation Hospital
Puerto Rico Medical Center
PMB 340 PO Box 7044
San Juan, PR 00908-0444
Major participating institution for programs in: PM
Institution ID: 42-8042

Hospital Pavia
1462 Aria St
Aptdo 11317, Santurce
San Juan, PR 00910
Med SchAffil: L-04201
Major participating institution for programs in: U
Institution ID: 42-7006

I Gonzalez Martinez Oncologic Hospital
Puerto Rico Medical Center
PO Box 1811
San Juan, PR 00909
Med SchAffil: L-04201
Programs sponsored in: FOP
Institution ID: 42-8461

San Juan City Hospital
PMB #79 PO Box 70344
San Juan, PR 00936-8344
Med SchAffil: M-04203, M-04201
Programs sponsored in: HEM, IM, OBG, ON, PD, TY
Major participating institution for programs in: D, N, OPH, OVS, OTO
Institution ID: 42-0200

University Hospital
Puerto Rico Medical Center
PO Box 2116
San Juan, PR 00922
Med SchAffil: M-04301
Programs sponsored in: CD, D, EM, ENDO, FP, GE, GS, HO, ID, IM, IMD, N, NEP, NM, OBG, OBH, OPH, OTH, OVS, OTO, P, PD, PHTH, PTH, PUB, RHU, TT, U
Institution ID: 42-0178

University of Puerto Rico School of Medicine
Medical Sciences Campus
GPO Box 36067
San Juan, PR 00936-5067
Med SchAffil: M-04201
Programs sponsored in: CCP, CD, CHF, D, DR, EM, ENDO, FP, FPG, GE, GS, HO, ID, IM, IMD, N, NEP, NM, OBG, OBH, OPH, OVS, OTO, P, PD, PHTH, PTH, PUB, RHU, U
Institution ID: 42-0464

University Pediatric Hospital
PO Box 19179
San Juan, PR 00919-1079
Med SchAffil: M-04301
Major participating institution for programs in: CCP, CHF, EM, NPM, OBG, OVS, P, PD, PHTH, PM, U
Institution ID: 42-0477

Veterans Affairs Medical Center (San Juan)
10 Casis St.
San Juan, PR 00921-3201
Med SchAffil: M-04201, M-04203
Programs sponsored in: CD, GE, ID, IM, NEM, PCC, PM
Major participating institution for programs in: EM, EM, FPG, GS, HEM, ID, IM, NM, NS, ON, OPH, OVS, OTO, P, PUB, U
Institution ID: 42-0265
Rhode Island

Cranston

Eleanor Slater Hospital
PO Box 550
Cranston, RI 02920
Major participating institution for programs in: PGY
Institution ID: 43-8012

East Providence

Emma Pendleton Bradley Hospital
1011 Veterans Memorial Parkway
East Providence, RI 02915-5009
Med Sch Affil: M-4S01
Major participating institution for programs in: CHP
Institution ID: 43-0432

Pawtucket

Memorial Hospital of Rhode Island
111 Brewster St
Pawtucket, RI 02860
Med Sch Affil: M-4301
Programs sponsored in: PP, IM
Major participating institution for programs in: V, ID, II, PCC, U
Institution ID: 43-0455

Providence

Butler Hospital
340 Blackstone Blvd
Providence, RI 02906
Med Sch Affil: M-4301
Programs sponsored in: PGY, PYN
Institution ID: 43-0455

Miriam Hospital-Lifespan
167 Point St
Providence, RI 02903
Med Sch Affil: M-4301
Major participating institution for programs in: CCM, GS, HO, IC, ID, IM, IMG, N, NEP, NS, CHP, ORS, PCC, PD, PDE, PDI, PDG, PEM, PG, PHO, PS, PTH, U, VFR
Major participating institution for programs in: HO, ID, OTO, P, PP, PYN, RHI, RO
Institution ID: 43-0281

Rhode Island Hospital-Lifespan
260 Eddy St
Alidrick Building, Room 131
Providence, RI 02903
Med Sch Affil: M-4301, G-0246
Programs sponsored in: CCM, CCS, CD, CHP, CN, CPP, D, DHP, DR, EM, END, GE, GS, HO, ID, HSO, IC, ICE, ID, IM, IMG, MPD, N, NEP, NS, CHP, ORS, PCC, PD, PDE, PDI, PDG, PEM, PG, PHO, PS, PTH, U, VFR
Major participating institution for programs in: HO, ID, OTO, P, PP, PYN, RHI, RO
Institution ID: 43-0281

Roger Williams Medical Center
825 Chalkstone Ave
Providence, RI 02908
Med Sch Affil: M-4306
Programs sponsored in: D, DMP, HO, ID, IM, PUD, RHU
Major participating institution for programs in: END, PCC
Institution ID: 43-0438

Veterans Affairs Medical Center (Providence)
Davis Park
Providence, RI 02906
Med Sch Affil: M-4301
Major participating institution for programs in: D, END, GE, GS, HO, CHP, ORS, P, PCC, PD, PNG, RHI, U
Institution ID: 43-0639

Women and Infants Hospital of Rhode Island
101 Dudley St
Providence, RI 02905
Med Sch Affil: M-4301
Programs sponsored in: NF, OB, PP
Major participating institution for programs in: PD, PDI, P, PTH
Institution ID: 43-0384

South Carolina

Anderson

AnMed Health
380 N Pant St
Anderson, SC 29621
Med Sch Affil: M-40501
Programs sponsored in: FP
Major participating institution for programs in: DR, ID, ID, OTO
Institution ID: 45-0632

Medical University of South Carolina School of Medicine
169 Ashley Ave (Room 203 - Main Hospital)
PO Box 25933
Charleston, SC 29425-9301
Med Sch Affil: M-40501
Programs sponsored in: ADP, AN, CD, CHP, CN, D, DMP, DR, END, PDI, GE, GS, HMP, HO, IC, ICE, ID, IM, MP, MPD, N, NEP, NS, CHP, ORS, PCC, PD, PNG, RHI, RO, TS, U
Institution ID: 45-0901

MUSC Medical Center
171 Ashley St
Charleston, SC 29425-9301
Med Sch Affil: M-40501
Programs sponsored in: ADP, AN, CD, CHP, CN, D, DMP, DR, END, PDI, GE, GS, HMP, HO, IC, ICE, ID, IM, MP, MPD, N, NEP, NS, CHP, ORS, PCC, PD, PNG, RHI, RO, TS, U, VFR
Institution ID: 45-0512

Ralph H Johnson VA Medical Center (Charleston)
109 Bee St
Charleston, SC 29401
Med Sch Affil: M-40501
Major participating institution for programs in: AN, CD, D, DR, END, CD, GE, GS, IC, ID, IM, MP, N, NEP, NS, ORS, PCC, PDI, PNG, RHI, RO, TS, U
Institution ID: 45-0485

Trident Medical Center
6030 Medical Plaza Drive
Charleston, SC 29406-8195
Programs sponsored in: FP
Institution ID: 45-8099

Columbia

Palmetto Health
PO Box 2256
Columbia, SC 29202-2256
Programs sponsored in: CS, CHP, EM, END, PP, FIM, GS, IM, IMG, MPD, OB, CHP, ORS, P, PD, FP
Institution ID: 45-0040

Palmetto Health Baptist
Taylor at Marion St
Columbia, SC 29229
Med Sch Affil: M-40504
Major participating institution for programs in: CHP, P, FP
Institution ID: 45-0606

Palmetto Health Richland
Five Richland Medical Park
Columbia, SC 29203
Med Sch Affil: M-40504, L-40501
Major participating institution for programs in: EM, END, PDI, FP, FIM, GS, IM, IMG, MPD, OB, CHP, ORS, P, PD
Institution ID: 45-0886

University of South Carolina School of Medicine
6439 Garners Ferry Road
Columbia, SC 29206
Med Sch Affil: M-40504
Programs sponsored in: FIM
Institution ID: 45-0601

William Jennings Bryan Dorn Veterans Hospital
5430 Garners Ferry Rd
Columbia, SC 29209-1639
Med Sch Affil: M-40504
Major participating institution for programs in: EM, END, PDI, FP, FIM, GS, IM, MPD, OB, CHP, ORS, PS
Institution ID: 45-0735

William S Hall Psychiatric Institute
University of South Carolina 90M
3565 Harden St Extension, Ste 104A
Columbia, SC 29203
Med Sch Affil: M-40504, L-40501
Major participating institution for programs in: CHP, P, FP
Institution ID: 45-0644

Florence

McLeod Regional Medical Center
555 B Cheves St
Florence, SC 29506
Med Sch Affil: L-40501, L-40504
Programs sponsored in: FP
Institution ID: 45-0239

Greenville

Greenville Hospital System
701 Grove Road
Greenville, SC 29605
Med Sch Affil: M-40504, L-40501
Programs sponsored in: FP, GS, IM, MPD, ORS, PD, PS
Major participating institution for programs in: FP
Institution ID: 45-0549

Shriners Hospitals for Children (Greenville)
950 W Paris Road
Greenville, SC 29605-4277
Med Sch Affil: L-43801
Major participating institution for programs in: ORS
Institution ID: 45-0174
Greenwood
Greenwood Genetic Center
1 Gregor Mendel Circle
Greenwood, SC 29646
Programs sponsored in: MG
Institution ID: 45-8004

Self Regional Healthcare
325 Spring St.
Greenwood, SC 29646
Med Sch Affil: L-04501, L-04504
Programs sponsored in: FP
Major participating institution for programs in: MG
Institution ID: 46-7034

Seneca
Oconee Memorial Hospital
300 Memorial Drive
Seneca, SC 29672
Major participating institution for programs in: FP
Institution ID: 45-8007

Tennessee
Bristol
Wellmont Health System - Bristol
Regional Medical Center
1 Medical Park Boulevard
Bristol, TN 37620
Med Sch Affil: M-04720
Major participating institution for programs in: FP,
GS, OBG
Institution ID: 47-8491

Chattanooga
Erlanger Medical Center
975 E Third St
Chattanooga, TN 37403
Med Sch Affil: M-04706
Major participating institution for programs in: FP,
GS, IM, OBG, OPH, ORS, PS, PT
Institution ID: 47-6380

T C Thompson Children's Hospital
Medical Center
910 Blackford St
Chattanooga, TN 37403
Med Sch Affil: M-04706
Major participating institution for programs in: OPH,
ORS, PD
Institution ID: 47-6413

University of Tennessee College of Medicine-Chattanooga
960 East Third St
Suite 100
Chattanooga, TN 37403
Med Sch Affil: M-04706
Programs sponsored in: CCS, FP, GS, IM, OBG, OPH,
ORS, PD, PS, PT
Institution ID: 47-8490

Willie D Miller Eye Center
975 E Third St
Chattanooga, TN 37403
Major participating institution for programs in: OPH
Institution ID: 47-8416

Jackson
Jackson-Madison County General Hospital
708 W Pierce Ave
Jackson, TN 38305
Med Sch Affil: G-04706
Major participating institution for programs in: FP
Institution ID: 47-8480

Johnson City
Frontier Health Incorporated/Woodridge Hospital
109 West Watauga St
Johnson City, TN 37601
Med Sch Affil: M-04720
Major participating institution for programs in: P
Institution ID: 47-8493

James H Quillen College of Medicine
East Tennessee State University
PO Box 70094
Johnson City, TN 37614-1704
Med Sch Affil: M-04720
Programs sponsored in: CD, FP, GS, ID, IM, MP, MFD,
OBG, ON, P, PCC, PD, PTH
Institution ID: 47-8492

Johnson City Medical Center Hospital
406 State of Franklin Road
Johnson City, TN 37604
Med Sch Affil: M-04720
Major participating institution for programs in: CD,
FP, GS, ID, IM, MP, OBG, ON, P, PCC, PD, PTH
Institution ID: 47-8499

Kingsport
Indian Path Medical Center
5300 Pavilion Drive
Kingsport, TN 37660
Major participating institution for programs in: P
Institution ID: 47-8493

Wellmont Health System - Holston Valley
130 West Ravine Road
Kingsport, TN 37663
Med Sch Affil: M-04720
Major participating institution for programs in: FP,
GS, IM
Institution ID: 47-8439

Knoxville
University of Tennessee Graduate School of Medicine
1924 Alcoa Highway, Box 28
Knoxville, TN 37920-6999
Med Sch Affil: M-04706
Programs sponsored in: AN, CCS, DR, FP, FPG, FSM,
GS, IM, OBG, OPH, ORS, PD, PTH
Institution ID: 47-8448

University of Tennessee Memorial Hospital
1924 Alcoa Highway
Knoxville, TN 37929
Major participating institution for programs in: AN,
CCS, DR, FP, FPG, FSM, GS, IM, OBG, OPH, ORS,
PD, PTH, TS, VS
Institution ID: 47-8423

Memphis
Baptist Memorial Hospital
6019 Walnut Grove Road
Memphis, TN 38120
Med Sch Affil: M-04706
Programs sponsored in: DR, VIB
Major participating institution for programs in: END,
FP, GS, IM, MN, OBG, OHS, PTH, TS, VS
Institution ID: 47-8482

Campbell Clinics & Surgery Center
1211 Union Ave
Suite 610
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: HSO,
OP, OHS
Institution ID: 47-8401
LeBonheur Children's Medical Center
50 N Dunlap
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: AJ, CCP, CHN, CRB, CN, MPD, NS, OPD, PDE, PDI, PDS, PEM, PN, FF, PPR, TS, U
Institution ID: 47-0186

Memphis Mental Health Institute
860 Poplar Ave, PO Box 40966
Memphis, TN 38174
Med Sch Affil: L-04706
Major participating institution for programs in: P
Institution ID: 47-0136

Methodist Healthcare - Memphis Hospitals
1365 Union Ave
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: CN, D, DR, GE, GS, HO, HSQ, ID, IM, N, NS, OPH, OTO, PCC, PS, RHI, TS, U
Institution ID: 47-0113

Regional Medical Center at Memphis
517 Jefferson Ave
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: CSS, CD, D, END, GE, GS, ID, IM, MN, MPD, NER, NS, OBG, OPH, ORS, OTO, P, PCC, PPR, PS, PTH, RHI, TS, U, VIR
Institution ID: 47-0241

St Francis Hospital
5609 Park Ave
PO Box 171568
Memphis, TN 38117
Med Sch Affil: G-04706
Major participating institution for programs in: FF
Institution ID: 47-0478

St Jude Children's Research Hospital
332 N Lauderdale Pk
Memphis, TN 38105-3794
Med Sch Affil: M-04705, L-00102
Major participating institution for programs in: MPD, PDI, PDS, PFI, PPR
Institution ID: 47-0482

University of Tennessee College of Medicine
850 Madison Ave, Suite C60
Memphis, TN 38103
Med Sch Affil: M-04706
Programs sponsored in: AJ, CCP, CHN, CD, CHN, CHP, CN, D, DMP, DR, END, FF, GE, GS, HSO, HSQ, ID, IM, MN, MPD, N, NER, NS, OBG, OPD, OPR, ORS, OTO, P, PCC, PDI, PDE, PDR, PS, PSM, PM, PN, PP, PPR, PS, PTH, RHI, TS, U, VIR, VS
Institution ID: 47-0474

University of Tennessee Medical Center
861 Court Ave
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: CHP, GS, MN, MPD, N, OTO, P, PDS, PS, TS, U
Institution ID: 47-0470

Veterans Affairs Medical Center (Memphis)
1000 Jefferson Ave
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: CD, DR, GE, GS, ID, IM, MM, MPD, N, NER, NS, OBG, OPH, OTO, PCC, PTH, RHI, TS, VIR, VS
Institution ID: 47-0380

Mountain Home
Veterans Affairs Medical Center (Mountain Home)
Mountain Home, TN 37684
Med Sch Affil: M-04706
Major participating institution for programs in: CD, FF, GS, ID, IM, MP, O N, P, PCC, PTH
Institution ID: 47-0499

Murfreesboro
Alvin C York Veterans Affairs Medical Center
Alvin C York Campus
3400 Lebanon Rd
Murfreesboro, TN 37130
Med Sch Affil: M-04706
Major participating institution for programs in: GPM, IM, P
Institution ID: 47-0501

Middle Tennessee Medical Center
400 North Highland Ave
Murfreesboro, TN 37130
Major participating institution for programs in: OBG
Institution ID: 47-0805

Nashville
Baptist Hospital
2000 Church St
Nashville, TN 37225
Med Sch Affil: M-04705, L-04705, G-04705
Major participating institution for programs in: IM, OBG, PS, U
Institution ID: 47-0163

Centennial Medical Center
2306 Patterson St
Nashville, TN 37203
Med Sch Affil: M-04707
Major participating institution for programs in: P
Institution ID: 47-8408

Medical Examiner's Office, TN and Nashville and Davidson Co
84 Hermitage Ave
Nashville, TN 37210-2110
Major participating institution for programs in: VOP
Institution ID: 47-8909

 Meharry Medical College School of Medicine
1000 Dr D B Todd, Jr Boulevard
Nashville, TN 37208
Programs sponsored in: FF, GPM, IM, OBG, P
Institution ID: 47-8501

Metropolitan Nashville General Hospital
1818 Albion St
Nashville, TN 37228
Med Sch Affil: M-04707, G-04705
Programs sponsored in: FF, GPM, IM, OBG, P
Institution ID: 47-8501

Middle Tennessee Mental Health Institute
321 Stewarts Ferry Pike
Nashville, TN 37214
Med Sch Affil: M-04707, GS-04705
Major participating institution for programs in: GPM, IM, MPD, OBG, U
Institution ID: 47-8408

Psychiatric Hospital at Vanderbilt
1601 2nd Ave, S
Nashville, TN 37212
Med Sch Affil: M-04705
Major participating institution for programs in: AD, CHP
Institution ID: 47-8021

St Thomas Hospital
4220 Harding Road
PO Box 380
Nashville, TN 37202
Med Sch Affil: M-04705
Major participating institution for programs in: D, GR, GS, IM, NS, VS
Institution ID: 47-8262

Vanderbilt University Medical Center
1161 21st Ave S
D-5300 MCN
Nashville, TN 37232-2104
Med Sch Affil: M-04705, L-00011
Programs sponsored in: ADP, AI, AN, CCA, CCR, CSS, CD, CMH, CHF, CN, D, DR, EM, END, FOP, GE, GS, HMP, HO, IC, ICR, ID, IM, IMG, MPD, N, NS, PR, NM, NP
Institution ID: 47-0467

Veterans Affairs Medical Center (Nashville)
1310 54th Ave, South
Nashville, TN 37212-5637
Med Sch Affil: M-04705
Major participating institution for programs in: D, DR, GE, GS, HMP, HO, IC, ICR, IM, MPD, N, NS, PR, NM, NP
Institution ID: 47-0461

Oak Ridge
Methodist Medical Center of Oak Ridge
990 Oak Ridge Turnpike
Oak Ridge, TN 37831-2309
Major participating institution for programs in: U
Institution ID: 47-8039

Texas

Abilene
Hendrick Medical Center/Health System
1242 North 18th St
Abilene, TX 79601-2316
Major participating institution for programs in: FP
Institution ID: 48-7002

Amarillo
Baptist-St Anthony's Health System
1600 Wallace
PO Box 88721
Amarillo, TX 79178-0850
Major participating institution for programs in: FP, FPG
Institution ID: 48-7006

Northwest Texas Health Care System
PO Box 1110
Amarillo, TX 79175
Med Sch Affil: M-04810
Major participating institution for programs in: FP, IM, OBG, PD
Institution ID: 48-0566

Texas Tech University Health Sciences Center at Amarillo
1406 S Coulter St
Suite 4100
Amarillo, TX 79106
Med Sch Affil: M-04810
Programs sponsored in: FP, FPG, IM, MPD, OBG, PD
Institution ID: 48-0520
Veterans Affairs Medical Center (Amarillo)  
6010 Amarillo Boulevard, West  
Amarillo, TX 79106  
Med Sch Affil: M-04815  
Major participating institution for programs in: P  
Institution ID: 48-0584

Austin  
Austin Medical Education Program of Seton Healthcare Network  
Seton Healthcare Network - Executive Offices  
1201 W 36th St  
Austin, TX 78705  
Med Sch Affil: M-04802  
Programs sponsored in: CHP, FP, IM, P, PO, TT  
Major participating institution for programs in: OBG  
Institution ID: 48-0451

Austin State Hospital  
4100 Guadalupe  
Austin, TX 78751-4196  
Major participating institution for programs in: CHP  
Institution ID: 48-0358

Austin Women’s Hospital  
601 E 15th St  
Austin, TX 78701  
Major participating institution for programs in: OBG  
Institution ID: 48-0579

Au3tin-Travis County Mental Health and Retardation Center  
1410 Collier St  
Austin, TX 78704  
Major participating institution for programs in: P  
Institution ID: 48-0496

Brackenridge Hospital  
601 E 15th St  
Austin, TX 78701  
Major participating institution for programs in: FP, IM, OBG, P, TT  
Institution ID: 48-0563

Children’s Hospital of Austin  
1400 North 1st St  
Austin, TX 78701  
Major participating institution for programs in: CHP, PD, TT  
Institution ID: 48-0881

Seton Shoal Creek Hospital  
3561 Mlsa Ave  
Austin, TX 78731  
Major participating institution for programs in: P  
Institution ID: 48-0842

St David’s Hospital  
910 E 11nd St  
Austin, TX 78706  
Major participating institution for programs in: FP  
Institution ID: 48-0586

Texas Department of State Health Services  
1100 W 48th St  
Austin, TX 78756  
Med Sch Affil: L-04802  
Programs sponsored in: GPM  
Institution ID: 48-0459

University of Texas Counseling Center  
105 A West Dean Keeton Drive  
Austin, TX 78712-1001  
Major participating institution for programs in: P  
Institution ID: 48-0585

Veterans Affairs Medical Center (Austin)  
2001 Montopolis Drive  
Austin, TX 78741  
Major participating institution for programs in: P  
Institution ID: 48-0579

Baytown  
San Jacinto Methodist Hospital  
4401 Garth Rd  
Baytown, TX 77521-3153  
Programs sponsored in: FP  
Institution ID: 48-0579

Big Spring  
Veterans Affairs Medical Center (Big Spring)  
200 Veteran Bowl Street  
Big Spring, TX 79720  
Med Sch Affil: M-04815  
Major participating institution for programs in: OPH  
Institution ID: 48-0557

Brooks AFB  
USAF School of Aerospace Medicine  
2601 Louis Bauer Drive  
Brooks City Base, TX 78235-5130  
Programs sponsored in: GPM  
Institution ID: 48-0493

Bryan  
Family Practice Foundation of the Brazos Valley  
Brazos Family Medicine Residency  
1301 Memorial Drive #200  
Bryan, TX 77802  
Med Sch Affil: L-04802  
Programs sponsored in: FP  
Institution ID: 48-0568

St Joseph Regional Health Center  
2801 Francisco Drive  
Bryan, TX 77802-3544  
Med Sch Affil: M-04816  
Major participating institution for programs in: FP  
Institution ID: 48-0583

Conroe  
Conroe Medical Education Foundation  
704 Old Montgomery Road  
Conroe, TX 77301  
Programs sponsored in: FP  
Institution ID: 48-0550

Conroe Regional Medical Center  
540 Medical Center Blvd  
Conroe, TX 77304  
Major participating institution for programs in: FP  
Institution ID: 48-0574

Corpus Christi  
Christus Spohn Hospital  
3001 Hospital Boulevard  
Corpus Christi, TX 78405  
Med Sch Affil: M-04813  
Programs sponsored in: FP  
Institution ID: 48-0527

Driscoll Children’s Hospital  
5633 S Alamedo, PO Drawer 6030  
Corpus Christi, TX 78466-6030  
Med Sch Affil: M-04802, M-04810, G-04815  
Programs sponsored in: PD  
Major participating institution for programs in: PAN  
Institution ID: 48-0417

Dallas  
Baylor Institute for Rehabilitation  
3504 Swiss Ave  
Dallas, TX 75234  
Major participating institution for programs in: OB, PM, PMP  
Institution ID: 48-0630

Baylor University Medical Center  
8000 Gaston Ave  
Dallas, TX 75246  
Med Sch Affil: L-04812  
Programs sponsored in: CD, CRBS, D, GE, GS, IC, ICE, IM, NR, OBG, ON, FM, PM, PMP, PTH, VR, VS  
Major participating institution for programs in: AN, OHS, PS, U  
Institution ID: 48-0531

Carter BloodCare  
3000 Harry Hines Blvd  
Dallas, TX 75390  
Med Sch Affil: M-04812  
Major participating institution for programs in: BBK  
Institution ID: 48-0861

Charlton Methodist Hospital  
3500 W Wheatland Road  
Dallas, TX 75237  
Major participating institution for programs in: FP, PSM  
Institution ID: 48-0575

Children’s Medical Center of Dallas  
1335 Motor St  
Dallas, TX 75235  
Med Sch Affil: M-04812  
Programs sponsored in: UP  
Major participating institution for programs in: AI, AN, AP, ACS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, ETX, FP, GE, GS, HMP, H0, HS, ICE, ID, IM, IMG, MO, MM, N, NRF, NP, NM, NRF, NR, NS, OBG, OPH, OHS, OTO, P, FOG, PCC, PCP, PDE, PDR, PM, PS, PHT, PV, RVU, SRK, ST, U, VR, VN, VS  
Institution ID: 48-0400

Dallas County Hospital District-Parkland Memorial Hospital  
5201 Harry Hines Blvd  
Dallas, TX 75384  
Med Sch Affil: M-04812  
Major participating institution for programs in: AI, AN, AP, ACS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, ETX, FP, GE, GS, HMP, H0, HS, ICE, ID, IM, IMG, MO, MM, N, NRF, NP, NM, NRF, NR, NS, OBG, OPH, OHS, OTO, P, FOG, PCC, PCP, PDE, PDR, PM, PS, PHT, PV, RVU, SRK, ST, U, VR, VN, VS  
Institution ID: 48-0400

Methodist Hospitals of Dallas  
1441 North Beckley Ave  
PO Box 655099  
Dallas, TX 75265-5999  
Med Sch Affil: L-04812  
Programs sponsored in: FP, PSM, GS, IM, OBG  
Institution ID: 48-0407

North Texas Clinical PET Institute  
3535 Fort Worth St  
Dallas, TX 75246  
Major participating institution for programs in: NR  
Institution ID: 48-0877

Presbyterian Hospital of Dallas  
2800 Walnut Hill Lane  
Dallas, TX 75231  
Med Sch Affil: L-04812  
Programs sponsored in: CRS, IM  
Major participating institution for programs in: GS, P  
Institution ID: 48-0619
Southwestern Institute of Forensic Sciences
5230 Medical Center Dr
Dallas, TX 75235
Programs sponsored in: POP
Institution ID: 48-0059

St Paul University Hospital
Graduate Medical Education Dept
5000 Harry Hines Blvd
Dallas, TX 75235
Med Sch Affl: M-04812
Major participating institution for programs in: ADP, FF, GS, JS
Institution ID: 48-0103

Texas Scottish Rite Hospital for Children
2222 Welborn St
Dallas, TX 75219
Med Sch Affl: L-04815, G-04815
Institution ID: 48-0411

University of Texas Southwestern Medical School
5523 Harry Hines Blvd
Room BS.106/Mail Code 6006
Dallas, TX 75390
Med Sch Affl: M-04812
Programs sponsored in: ADP, AI, AN, APM, BBK, CCR, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, ETX, FF, GS, GS, IMP, HO, BBR, CEC, ID, IM, IMG, MI, MM, MM, MNP, NP, NIP, NM, NN, NS, OBG, OP, OPH, OBS, OTO, P, PAN, PCC, PDP, PDC, PDE, PDI, PDR, PES, PEM, PFP, PH, PHO, FM, PN, PP, PFR, PRD, FS, PTH, PTG, RHI, RNE, SCI, TS, U, VIR, VN, VS
Institution ID: 48-0316

Veterans Affairs Medical Center (Dallas)
4500 S Lancaster Rd
Dallas, TX 75215
Med Sch Affl: M-04812
Programs sponsored for in: CFS
Institution ID: 48-8071

World Craniofacial Foundation
7777 Forest Lane, Suite C-117
Dallas, TX 75220
Institution ID: 48-0290

Zale-Lipshy University Hospital
5151 Harry Hines Boulevard
Dallas, TX 75390-7786
Med Sch Affl: M-04812
Institution ID: 48-0834

El Paso
El Paso Psychiatric Center
4015 Alameda
El Paso, TX 79905
Med Sch Affl: M-04815
Major participating institution for programs in: P
Institution ID: 48-0071

R E Thomason General Hospital / Texas Tech University HSC
415 Alameda Ave
El Paso, TX 79908
Med Sch Affl: M-04815
Main participating institution for programs in: EM, FF, GS, IM, OB, OBG, OB, PD, TY
Institution ID: 48-0442

Sierra Providence Health Network
1625 Medical Center Drive
El Paso, TX 79902
Major participating institution for programs in: PD
Institution ID: 48-0939

Texas Tech University Health Sciences Center at El Paso
4300 Alberto Ave
El Paso, TX 79905
Med Sch Affl: M-04815
Programs sponsored in: FM, FF, GS, IM, OBG, P, PD, TY
Institution ID: 48-0560

William Beaumont Army Medical Center
Aton Graduate Medical Education
5000 N Piedras St
El Paso, TX 79920-5001
Med Sch Affl: M-02012, M-04815
Programs sponsored in: GS, IM, OBS, TY
Institution ID: 48-0318

Fort Hood
Darnall Army Community Hospital
30000 Darnall Loop
Fort Hood, TX 76544-4752
Med Sch Affl: M-04816, L-04802, G-02312
Programs sponsored in: FM, FF
Institution ID: 48-0195

Fort Sam Houston
Brooke Army Medical Center
3861 Roger Brooke Drive
Fort Sam Houston, TX 78234-6200
Med Sch Affl: M-04815, M-03212
Major participating institution for programs in: ADP, AI, AN, APM, CCR, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, ETX, FF, GS, GS, IMP, HO, BBR, CEC, ID, IM, IMG, MI, MM, MNP, NP, NIP, NM, NN, NS, OBG, OP, OPH, OBS, OTO, P, PAN, PCC, PDP, PDC, PDE, PDI, PDR, PES, PEM, PFP, PHO, FM, PN, PP, PFR, PRD, FS, PTH, PTG, RHI, RNE, SCI, TS, U, VIR, VN, VS
Institution ID: 48-0290

Cook Children's Medical Center
801 Seventh Ave
Fort Worth, TX 76104
Major participating institution for programs in: OBS, PAN
Institution ID: 48-0060

Harris Methodist Fort Worth
1301 Pennsylvania Ave
Fort Worth, TX 76104
Major participating institution for programs in: OBS, OBS
Institution ID: 48-0060

John Peter Smith Hospital (Tarrant County Hospital District)
5000 S Main St
Fort Worth, TX 76104
Med Sch Affl: G-04812
Programs sponsored in: FP, FPG, FSG, OBG, OBS, P, TV
Major participating institution for programs in: GS, OTO
Institution ID: 48-0214

Tarrant County Medical Examiner's Office
200 FeReo Grounds Place
Fort Worth, TX 76104
Programs sponsored in: POP
Institution ID: 48-0970

Galveston
Shriners Hospitals for Children
(Shriners Burns Institute)
815 Market St
Galveston, TX 77550-2725
Med Sch Affl: L-04802, L-04804
Main participating institution for programs in: PPP, CCS, PS
Institution ID: 48-0301

University of Texas Medical Branch Hospitals
301 University Blvd
Galveston, TX 77555-0402
Programs sponsored in: AI, AN, APM, CCA, CCS, CD, CHP, D, DMP, DR, EM, END, ETX, FM, GS, IMP, HO, BBR, CEC, ID, IM, IMG, MI, MNP, NP, NIP, NM, NN, NS, OBG, OP, OPH, OBS, OTO, P, PAN, PCC, PDP, PDC, PDE, PDI, PDS, PEM, PFP, PHO, FM, PN, PP, PFR, PRD, PS, PSM, PTH, RHI, RNE, RO, BO, TS, U, VIR
Institution ID: 48-0131

University of Texas Medical School at Galveston
5-106 Administration Building
301 University Blvd, Route 0133
Galveston, TX 77555-0133
Med Sch Affl: M-04802
Major participating institution for programs in: GPM, IPM
Institution ID: 48-0502

Garland
Baylor Medical Center at Garland
2300 Marie Curie Blvd
Garland, TX 75042
Programs sponsored in: FP
Institution ID: 48-8868

Harlingen
Valley Baptist Medical Center
2101 Pease St
PO Box 2888
Harlingen, TX 78551
Med Sch Affl: L-04802, G-04813
Programs sponsored in: FP
Institution ID: 48-0860

Houston
Baylor College of Medicine
One Baylor Plaza
022D
Houston, TX 77030
Med Sch Affl: M-04802, L-02012
Programs sponsored in: ADP, AI, AN, BDB, CCM, CCR, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, ETX, FM, GS, IMP, HO, IMI, ISF, ICH, ICS, ID, IM, IMG, MG, MGR, MD, NN, NDR, NS, NP, NIP, NM, NN, NS, OBG, OP, OPH, OBS, OSM, OSS, OT, OTH, P, PFF, PCP, PDP, PDC, PDI, PGR, PP, PP, PFR, PS, PSM, PTH, RHI, RNE, RO, BO, TS, U, VIR, VS
Institution ID: 48-0211

Christus St Joseph Hospital
1401 St Joseph Parkway
Houston, TX 77003
Med Sch Affl: L-04814
Programs sponsored in: FP, GS, OBG, PS, TY
Institution ID: 48-0206

Institution ID: 48-0206
Harris County Hospital District-Ben Taub General Hospital
P O Box 66749
Houston, TX 77256
Med Sch Affl: M-04804, L-02912
Major participating institution for programs in: AN, BKK, CD, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, IIC, IMG, MPD, N, NEP, NM, NP, NS, OBG, OPH, ORS, OSS, OTO, P, PCC, PCC, PD, PDI, PHS, PS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0893

Harris County Medical Examiner Department
1885 Old Spanish Trail
Houston, TX 77064
Programs sponsored in: FOP
Institution ID: 48-0797

Harris County Psychiatric Center
3900 S MacGregor
PO Box 20249
Houston, TX 77225-0249
Med Sch Affl: M-04814
Major participating institution for programs in: CHP, P
Institution ID: 48-8944

Lyndon B Johnson General Hospital
6656 Kelly St
Houston, TX 77036
Med Sch Affl: M-04814
Major participating institution for programs in: AD, CD, D, DR, END, FP, FPGA, GE, GS, HEM, IIC, ICE, ID, IM, MG, N, NEP, NPM, OBG, OPH, ORS, OTO, P, FCC, PD, PDI, PM, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0845

Memorial Hermann Hospital System
7707 Southwest Freeway, Suite 200
Houston, TX 77074
Med Sch Affl: L-04804
Programs sponsored in: FOP
Major participating institution for programs in: ADL, AN, AP, CPA, CCF, CCSR, CD, CHN, CN, CRS, DMP, DR, EM, END, FP, FPNG, GE, GS, HEM, ICE, IIC, ID, IM, MG, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, FCC, PD, PDI, PM, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0839

Memorial Hermann Southeast Hospital
7737 Southwest Freeway, Suite 200
Houston, TX 77074
Major participating institution for programs in: FOP
Institution ID: 48-0313

Methodist Hospital
6656 Fannin St
Houston, TX 77030
Med Sch Affl: M-04804, L-04814
Major participating institution for programs in: ADL, AN, BKK, CD, CN, D, DMP, DR, END, GE, GS, HMP, HO, HSO, IIC, IMG, MPD, N, NEP, NP, NS, OBG, OPH, ORS, OSS, OTO, P, PCC, PCP, PD, PDI, PHS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0717

Michael E DeBakey VA Medical Center - Houston
3203 Holcombe Boulevard
Houston, TX 77030
Med Sch Affl: M-04804
Major participating institution for programs in: AN, CD, D, END, FMS, GS, HS, HO, HSO, IIC, ICE, IMG, MPD, N, NEP, NM, NP, NS, OPH, ORS, OSS, OTO, P, PCP, PM, PDI, PTH, RII, RO, RS, SC, ST, U
Institution ID: 48-0296

NASA Johnson Space Center
Houston, TX 77058
Med Sch Affl: M-04802
Major participating institution for programs in: FPM, GPM
Institution ID: 48-0907

Shriners Hospitals for Children (Houston)
6977 Main St
Houston, TX 77030
Med Sch Affl: L-04804, L-04814
Major participating institution for programs in: AN, AP, CCF, CCSR, CD, CHN, CN, CRS, DMP, DR, EM, END, FP, FPGA, GE, GS, HEM, ICE, IIC, ID, IM, MG, MPD, NEP, NM, NS, OBG, OPH, ORS, OTO, P, FCC, PD, PDI, PHS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0918

St Luke's Episcopal Hospital
6720 Bertner Ave
Houston, TX 77020
Med Sch Affl: M-04804, L-04814, L-06182, G-04815
Major participating institution for programs in: CD, FP, HSP, IIC, ICE, MPD, NEP, NM, OSM, OSS, PS, PTH, TS, U, V, VR
Institution ID: 48-0805

Texas Children's Hospital
6621 Fannin St
Houston, TX 77030
Med Sch Affl: M-04804, L-04814
Major participating institution for programs in: ADL, AI, COP, CCH, CHF, CN, HMP, HSP, MG, MGP, MPD, N, NEP, NM, OP, ORS, PAN, PD, PDI, PHS, PS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0902

Texas Heart Institute
Mail Code S-117
PO Box 20245
Houston, TX 77225-0245
Med Sch Affl: L-04814, L-01602, L-02101, G-04815
Programs sponsored in: TS
Major participating institution for programs in: MPD, TS
Institution ID: 48-0929

The Institute for Rehabilitation and Research
1333 Moursund
Houston, TX 77030
Med Sch Affl: M-04814, M-04814, L-04805
Major participating institution for programs in: NDN, PM, SCI
Institution ID: 48-0511

The Woman's Hospital of Texas
7600 Fannin
Houston, TX 77064
Major participating institution for programs in: PD
Institution ID: 48-0549

University of Texas Medical School at Houston
Suite JH 310
PO Box 20708
Houston, TX 77225-0208
Med Sch Affl: M-04814, M-04802
Programs sponsored in: ADL, AN, AP, CPA, CCF, CCSR, CD, CHN, CN, CRS, DMP, DR, EM, END, FP, FPGA, GE, GS, HEM, ICE, IIC, ID, IM, MG, MPD, NEP, NM, OP, ORS, OTO, P, FCC, PD, PDI, PHS, PTH, PS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0947

University of Texas Mental Sciences Institute
1300 Moursund Avenue
Houston, TX 77020
Med Sch Affl: M-04814
Major participating institution for programs in: CHP
Institution ID: 48-0925

University of Texas School of Public Health
P O Box 20708
Houston, TX 77225-0208
Med Sch Affl: L-04814
Programs sponsored in: FPM
Major participating institution for programs in: FPM
Institution ID: 48-0960

Kerrville State Hospital
721 Thompson Drive
Kerrville, TX 78028
Major participating institution for programs in: FPP
Institution ID: 48-8124

Killeen
Metropolx Pavilion Hospital
2201 South Clear Creek Road
Killeen, TX 76542-4939
Major participating institution for programs in: CHP
Institution ID: 48-8073

Lackland AFB
San Antonio Uniformed Services Health Education Consortium
Wilkoff Hall Medical Center/GE
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 75236-5300
Med Sch Affl: M-04813
Programs sponsored in: ADL, AI, AN, CCA, CCSR, CD, D, DR, EM, END, GE, GS, HO, ID, IM, MG, MPD, N, NEP, NM, OP, ORS, OTO, P, FCC, PCP, PD, PDI, PHS, RII, RO, RS, SC, ST, U, V, VR
Major participating institution for programs in: CCH
Institution ID: 48-8668

Willford Hall Medical Center (AETC)
2200 Bergquist Dr, Ste 1
Lackland AFB, TX 75236-5300
Med Sch Affl: M-05312, M-04813
Major participating institution for programs in: ADL, AI, AN, CCA, CD, CN, D, DR, EM, END, GE, GS, HO, ID, IM, N, NEP, NM, NP, ORS, OTO, P, FCC, PD, PDI, PHS, PTH, RII, RO, RS, SC, ST, U, V, VR
Institution ID: 48-0527

Lubbock
Covenant Health System
3615 19th St
Lubbock, TX 79410
Med Sch Affl: G-04810
Major participating institution for programs in: CD, FP, FPP, NEP, PTH
Institution ID: 48-0561
Texas Tech University Health Sciences Center at Lubbock
Graduate Medical Education
3801 4th St
Lubbock, TX 79430-6211
Med Sch Affil: M-04815
Programs sponsored in: AN, APM, CD, D, FP, FSM, GS, IM, NEP, OBG, OPF, ORS, OSM, P, PD, PTH
Institution ID: 48-0534

University Medical Center
802 Indiana Ave
PO Box 5090
Lubbock, TX 79417
Med Sch Affil: M-04815
Major participating institution for programs in: AN, APM, CD, D, FP, FSM, GS, IM, NEP, OBG, OPF, ORS, OSM, P, PD, PTH
Institution ID: 48-0562

McAllen
McAllen Medical Center
361 W Expressway 83
McAllen, TX 78503
Med Sch Affil: M-04815
Major participating institution for programs in: FP
Institution ID: 48-0548

Midland
Memorial Hospital and Medical Center
2200 W Illinois Ave
Midland, TX 79701-0980
Med Sch Affil: M-04815
Major participating institution for programs in: IM
Institution ID: 48-8032

Nacogdoches
Stephen F Austin State University
1936 North St
Nacogdoches, TX 75962
Major participating institution for programs in: GPM
Institution ID: 48-8069

Odessa
Medical Center Hospital
500 W 4th St
PO Box 7219
Odessa, TX 79769
Med Sch Affil: M-04815
Major participating institution for programs in: FP, IM, OBG
Institution ID: 48-0548

Texas Tech University Health Sciences Center at Odessa
800 W 4th St
Odessa, TX 79763
Med Sch Affil: M-04815
Programs sponsored in: FP, IM, OBG
Institution ID: 48-0539

San Antonio
Audie L Murphy Memorial Veterans Hospital [San Antonio]
7400 Nacogdoches Rd
San Antonio, TX 78229
Med Sch Affil: M-04815
Major participating institution for programs in: ADP, AN, APM, CD, D, FP, FSM, GS, IM, NEP, OBG, OPF, ORS, OS, OTH, PCC, PCP, PDE, PDE, PM, PS, PTH, PYG, RJH, RN, RTO, TS, U
Institution ID: 48-0530

Bexar County Adult Detention Ctr (Corr H Care Svcs)
200 North Comal St
San Antonio, TX 78207-3573
Major participating institution for programs in: PFP
Institution ID: 48-8125

Bexar County District Courts
500 De Dios Ave, Suite 4076
San Antonio, TX 78205
Major participating institution for programs in: PFP
Institution ID: 48-8125

Bexar County Forensic Science Center
7301 Louis Pasteur Drive
San Antonio, TX 78226-4565
Programs sponsored in: FP
Institution ID: 48-0527

Bexar County Mental Health Center
500 W Expressway 83
San Antonio, TX 78229-3800
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

University of Texas Medical School at San Antonio
7700 Floyd Curl Drive
San Antonio, TX 78229-3900
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

Midland
Memorial Hospital and Medical Center
2200 W Illinois Ave
Midland, TX 79701-0980
Med Sch Affil: M-04815
Major participating institution for programs in: IM
Institution ID: 48-8032

Nacogdoches
Stephen F Austin State University
1936 North St
Nacogdoches, TX 75962
Major participating institution for programs in: GPM
Institution ID: 48-8069

Odessa
Medical Center Hospital
500 W 4th St
PO Box 7219
Odessa, TX 79769
Med Sch Affil: M-04815
Major participating institution for programs in: FP, IM, OBG
Institution ID: 48-0548

Texas Tech University Health Sciences Center at Odessa
800 W 4th St
Odessa, TX 79763
Med Sch Affil: M-04815
Programs sponsored in: FP, IM, OBG
Institution ID: 48-0539

San Antonio
Audie L Murphy Memorial Veterans Hospital [San Antonio]
7400 Nacogdoches Rd
San Antonio, TX 78229
Med Sch Affil: M-04815
Major participating institution for programs in: ADP, AN, APM, CD, D, FP, FSM, GS, IM, NEP, OBG, OPF, ORS, OS, OTH, PCC, PCP, PDE, PDE, PM, PS, PTH, PYG, RJH, RN, RTO, TS, U
Institution ID: 48-0530

Bexar County Adult Detention Ctr (Corr H Care Svcs)
200 North Comal St
San Antonio, TX 78207-3573
Major participating institution for programs in: PFP
Institution ID: 48-8125

Bexar County District Courts
500 De Dios Ave, Suite 4076
San Antonio, TX 78205
Major participating institution for programs in: PFP
Institution ID: 48-8125

Bexar County Forensic Science Center
7301 Louis Pasteur Drive
San Antonio, TX 78226-4565
Programs sponsored in: FP
Institution ID: 48-0527

Bexar County Mental Health Center
500 W Expressway 83
San Antonio, TX 78229-3800
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

University of Texas Medical School at San Antonio
7700 Floyd Curl Drive
San Antonio, TX 78229-3900
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

University of Texas Health Science Center
Bexar County Hospital District
7700 Floyd Curl Drive
San Antonio, TX 78229-3900
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

Temple
Central Texas Veterans Affairs Healthcare System
1901 S First St
Temple, TX 76504
Med Sch Affil: M-04816
Major participating institution for programs in: D, GH, GS, HMP, ORS, ORS, PCC, PS, U
Institution ID: 48-0505

Methodist Healthcare
7700 Floyd Curl Drive
San Antonio, TX 78229-3900
Med Sch Affil: M-04813
Programs sponsored in: FP
Institution ID: 48-0527

Methodist Hospital
3025 Frio St
San Antonio, TX 78229
Med Sch Affil: M-04813
Programs sponsored in: FP
Institution ID: 48-0527

University of Texas Health Science Center
Bexar County Hospital District
7700 Floyd Curl Drive
San Antonio, TX 78229-3900
Med Sch Affil: M-04815
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

University of Texas Medical School at San Antonio
7700 Floyd Curl Dr, Mail Stop 7790
Office of the Medical Dean
San Antonio, TX 78229-3900
Med Sch Affil: M-04816
Programs sponsored in: ADP, AN, APM, BBK, CCP, CCO, CD, CHP, CN, D, DR, END, FP, FSM, GE, GS, HMP, HO, IC, ID, IM, IME, N, NEM, NM, NPM, NS, OBG, OPF, ORS, OTO, PCC, PCP, PDE, PDE, PDE, PFP, PM, PP, PSM, PTH, PYG, RJH, RN, RO, TS, U
Institution ID: 48-0505

Scott and White Memorial Hospital
The TAMU System HSC College of Medicine
2401 S 31st St
Temple, TX 76508
Med Sch Affil: M-04816
Programs sponsored in: ADP, AN, APM, BBK, CCP, CCO, CD, CHP, CN, D, DR, END, FP, FSM, GE, GS, HMP, HO, IC, ID, IM, IME, N, NEM, NM, NPM, NS, OBG, OPF, ORS, OTO, PCC, PCP, PDE, PDE, PDE, PFP, PM, PP, PSM, PTH, PYG, RJH, RN, RO, TS, U
Institution ID: 48-0505

Terrell
Terrell State Hospital
120 E Bum St
Terrell, TX 75160
Med Sch Affil: G-04812
Major participating institution for programs in: FP
Institution ID: 48-0515

Texarkana
Wadley Regional Medical Center
(Texarkana, TX)
1000 Pine St
PO Box 1878
Texarkana, TX 75504
Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0505

Teaching Institutions

Graduate Medical Education Directory 2005-2006

1151
Tyler
Mother Frances Hospital Regional Health Care Center
800 E Dawson
Tyler, TX 75701
Major participating institution for programs in: FP
Institution ID: 49-8037

University of Texas Health Center at Tyler
11907 US Highway 271
Tyler, TX 75708-3154
Programs sponsored in: FP
Institution ID: 48-0587

Waco
Hillcrest Baptist Medical Center
Box 5100
Waco, TX 76708-3154
Programs sponsored in: FP
Institution ID: 48-0587

McLennan County Medical Education and Research Foundation
1600 Providence Drive
PO Box 2076
Waco, TX 76707-2076
Programs sponsored in: FP
Institution ID: 48-0587

Providence Health Center
1700 Providence Drive
Waco, TX 76703
Programs sponsored in: FP
Institution ID: 48-0587

Wichita Falls
North Central Texas Medical Foundation
1801 3rd Street, Suite 200
Wichita Falls, TX 76301-2133
Programs sponsored in: FP
Institution ID: 48-0555

United Regional Health Care Systems
1600 Tehoma Street
Wichita Falls, TX 76301
Programs sponsored in: FP
Institution ID: 48-0555

Utah
Murray
The Advanced Orthopaedics and Sports Medicine Program
5250 S 320 W, Suite 200
Murray, UT 84107
Programs sponsored in: OSM
Institution ID: 48-8013

Ogden
McKay-Dee Hospital Center
4400 Harrison Boulevard, Suite A-700
Ogden, UT 84403
Programs sponsored in: FP
Institution ID: 48-0904

Provo
Utah Valley Regional Medical Center
1054 North 500 West
Provo, UT 84604-3207
Programs sponsored in: FP
Institution ID: 49-8019

Salt Lake City
LDS Hospital
Eighth Ave and C St
Salt Lake City, UT 84140
Med Sch Affil: M-04901
Programs sponsored in: FP
Institution ID: 49-8019

Primary Children’s Medical Center
100 North Medical Drive
Salt Lake City, UT 84113
Med Sch Affil: M-04901
Programs sponsored in: FP
Institution ID: 49-8019

Salt Lake Regional Medical Center
1650 E South Temple
Salt Lake City, UT 84102
Med Sch Affil: L-04901
Major participating institution for programs in: FP, OT
Institution ID: 49-0297

Shriners Hospital for Children (Intermountain Unit)
Fairfax Ave and Virginia St
Salt Lake City, UT 84103
Med Sch Affil: G-04901
Major participating institution for programs in: DO
Institution ID: 49-0297

St Mark’s Health Care Foundation
1250 E 1900 S
Suite 200
Salt Lake City, UT 84114
Programs sponsored in: FP
Institution ID: 49-0297

St Mark’s Hospital
3600 South 1300 East
Salt Lake City, UT 84134
Major participating institution for programs in: FP
Institution ID: 49-0441

University of Utah
100 Presidents Circle, Room 203
University of Utah
Salt Lake City, UT 84112
Major participating institution for programs in: P
Institution ID: 49-8015

University of Utah Medical Center
30 North 1900 East
Salt Lake City, UT 84132
Med Sch Affil: M-04901, L-04901
Programs sponsored in: AN, APM, APN, CNS, CD, CHN, CHP, CN, CPP, D, DR, EM, END, FP, FS, GE, GPM, GS, HNP, HO, HRO, IC, ICE, ID, IM, IMG, MG, MM, MPO, N, NER, NMN, NS, OB, OP, ORS, ORS, OSM, OTO, P, PCC, FD, GFE, PDI, PDI, PDI, PEO, PM, PS, PTH, RHO, RNR, RO, RS, U, VHR, VS
Institution ID: 49-0247

University of Utah Neuropsychiatric Institute
501 Chipeta Way
Salt Lake City, UT 84108
Med Sch Affil: L-04901
Major participating institution for programs in: CHP, P
Institution ID: 49-8014

Valley Mental Health
2001 South State, Suite 2500
Salt Lake City, UT 84190-2500
Major participating institution for programs in: P
Institution ID: 49-0240

Veterans Affairs Medical Center (Salt Lake City)
500 Foothill Boulevard
Salt Lake City, UT 84148
Med Sch Affil: M-04901
Major participating institution for programs in: CD, D, DR, EM, END, GE, GS, HO, ICE, IM, IMG, MPO, N, NEP, NS, OPH, ORS, ORT, P, PM, PS, PTH, RHO, RNR, TS, U, UHR, VHR
Institution ID: 49-0251

Vermont
Burlington
Fletcher Allen Health Care
317 Burgess
111 Colchester Ave
Burlington, VT 05401-1429
Med Sch Affil: M-05002, G-03201
Programs sponsored in: AN, APM, CD, CN, D, DMP, DR, END, FP, GE, GS, HO, IC, ICE, ID, IM, N, NEP, NPM, NS, OB, OPH, ORT, P, PCC, PCP, PDE, PVC, PVC
Institution ID: 50-0480

White River Junction
Veterans Affairs Medical Center (White River Junction)
N Hartland Road
White River Junction, VT 05001
Med Sch Affil: M-02201
Major participating institution for programs in: ADP, D, GE, GS, IM, MP, N, ORS, P, PCC, PVC, PVC
Institution ID: 50-0439

Virginia
Alexandria
Alexandria Hospital
4200 Seminary Rd
Alexandria, VA 22304
Med Sch Affil: L-01001
Major participating institution for programs in: VIR
Institution ID: 81-0412

Arlington
Nirschl Orthopedic Clinic
1715 N George Mason Dr
Suite 504
Arlington, VA 22205
Med Sch Affil: G-02312
Major participating institution for programs in: OSM
Institution ID: 81-0923
Virginia Hospital Center-Arlington
1701 N George Mason Dr
Arlington, VA 22205
Med Sch Afil: M-01002, L-00912, G-01001
Programs sponsored in: OSM
Major participating institution, for programs in: FSM, GS, OBG, ORS
Institution ID: 51-9401

Blackstone
Blackstone Family Practice Center
920 S Main St
Blackstone, VA 23824
Major participating institution, for programs in: FP
Institution ID: 51-8001

Burkeville
Piedmont Geriatric Hospital
Highway 400/360
Burkeville, VA 23922-0090
Major participating institution, for programs in: PYG
Institution ID: 51-7905

Catawba
Catawba State Hospital
PO Box 200
Catawba, VA 24070-0200
Major participating institution, for programs in: FP
Institution ID: 51-8028

Charlottesville
Blue Ridge Poison Control Center
University of Virginia
Box 800774
Charlottesville, VA 22908-0774
Major participating institution, for programs in: ETX
Institution ID: 51-9941

University of Virginia Medical Center
3007 McKim Hall
PO Box 800686
Charlottesville, VA 22908-0686
Med Sch Afil: M-05101
Programs sponsored in: AI, AN, APN, BBK, CCA, CCP, CRES, CD, CHN, CHP CN, C, DRB, BMP, DR, DM, END, ETX, FP, GE, GS, HMP, H0, HSF, HC, ICE, ID, IM, IMG, M0, MP, N, NEP, NO, NF, NPM, NP, NS, OAS, OBG, OHP, ORS, OSM, OTO, P, PCC, FCP, PD, PDC, PDE, PDP, PPO, PM, PN, PS, PTH, PYG, RHI, ROR, RO, TS, U, V8, V9, V6
Institution ID: 51-9124

Crozet
Mountainside Senior Living
1220 Crozet Ave
PO Box 310
Crozet, VA 22932
Major participating institution, for programs in: IMG
Institution ID: 51-8946

Fairfax
Inova Fair Oaks Hospital
3600 Joseph Slewick Drive
Fairfax, VA 22033
Med Sch Afil: G-05104
Major participating institution, for programs in: PP
Institution ID: 51-8996

Falls Church
Inova Fairfax Hospital
3300 Gallows Road
Falls Church, VA 22042-3300
Med Sch Afil: M-01001, M-01003, G-06112, G-06104, G-01000
Programs sponsored in: GS, PD, PEM
Major participating institution, for programs in: EM, FP, NS, OBG, ORS, PS, PYM, TY, U
Institution ID: 51-8942

Farmville
Southside Community Hospital
200 Oak St
Farmville, VA 23901
Med Sch Afil: G-05104
Major participating institution, for programs in: FP
Institution ID: 51-7919

Fishersville
Augusta Health Care, Inc
PO Box 1000
96 Medical Center Drive
Fishersville, VA 22930
Major participating institution, for programs in: U
Institution ID: 51-8097

Fort Belvoir
DeWitt Army Community Hospital
9501 Farrell Road, Sue OC 11
Fort Belvoir, VA 22040-0901
Med Sch Afil: G-02212
Major participating institution, for programs in: PP, FSM
Institution ID: 51-9377

Front Royal
Valley Health System
140 West Eleventh St
Front Royal, VA 22630
Programs sponsored in: FP
Institution ID: 51-9027

Warren Memorial Hospital
1600 Shenandoah Ave
Front Royal, VA 22630-2908
Major participating institution, for programs in: PP
Institution ID: 51-8029

Hampton
Veterans Affairs Medical Center (Hampton)
100 Emancipation Drive
Hampton, VA 23666
Med Sch Afil: M-05107
Major participating institution, for programs in: D, GS, IM, IMG, OBG, P, PM
Institution ID: 51-8008

Lynchburg
Centra Health Inc
1629 Atherholt Rd
Lynchburg, VA 22451
Med Sch Afil: G-05101
Programs sponsored in: FP
Institution ID: 51-8714

Mechanicsville
Bon Secours Memorial Regional Medical Center
826/ Altis Road
Mechanicsville, VA 23116
Major participating institution, for programs in: FP
Institution ID: 51-8039

Newport News
Riverside Regional Medical Center
500 J Clyde Morris Boulevard
Newport News, VA 23601-1076
Med Sch Afil: G-05104
Programs sponsored in: FP, OBG, TMY
Major participating institution, for programs in: EM
Institution ID: 51-0109

Norfolk
Children’s Hospital of the King’s Daughters
800 West Olney Road
Norfolk, VA 23507
Med Sch Afil: M-05107
Major participating institution, for programs in: CCS, D, EM, GS, OR, ORS, ORT, P, PET, PET, PP, PEM, FY, FY, FY
Institution ID: 51-0490

DePaul Medical Center
300 Kingsley Lane
Norfolk, VA 23506
Med Sch Afil: M-05107
Major participating institution, for programs in: DR, EM, END, IM, OBG
Institution ID: 51-0242

Eastern Virginia Medical School
358 Mowry Way
PO Box 1890
Norfolk, VA 23501
Med Sch Afil: M-05107
Programs sponsored in: CCS, D, DR, EM, END, FOP, FP, GS, ID, IFP, IM, IMG, OBG, OPH, OTO, P, PD, PDH, PEM, FM, PTH, RO, U, VS
Institution ID: 51-9714

Sentara Leigh Hospital
830 Kemptown Rd
Norfolk, VA 23502
Med Sch Afil: M-05107
Major participating institution, for programs in: GS, U
Institution ID: 51-9718

Sentara Norfolk General Hospital
630 Grimshaw Drive
Norfolk, VA 23507
Med Sch Afil: M-05107
Major participating institution, for programs in: CCS, D, DR, EM, END, FOP, GS, ID, IFP, IM, OBG, OPH, OTO, P, PDH, PEM, FY, FY, FY
Institution ID: 51-9726

Tidewater Office of the Chief Medical Examiner
830 Southampton Ave
Norfolk, VA 23510
Major participating institution, for programs in: FOP
Institution ID: 51-8031

Portsmouth
Maryview Hospital
3636 High St
Portsmouth, VA 23707
Med Sch Afil: G-05107
Major participating institution, for programs in: FP
Institution ID: 51-8409
<table>
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<tr>
<th>Institution</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Website</th>
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<tbody>
<tr>
<td>Naval Medical Center (Portsmouth)</td>
<td>Graduate Medical Education, Code 06J</td>
<td>630 John Paul Jones Circle</td>
<td>757-238-5397</td>
<td>757-238-5312</td>
<td><a href="https://www.medschaffil.org">GME Directory</a></td>
</tr>
<tr>
<td>Medical College of Virginia Hospitals</td>
<td>PO Box 985510</td>
<td>Richmond, VA 23228-0610</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://www.medschaffil.org">MedschAffil</a></td>
</tr>
<tr>
<td>Orthopaedic Research of Virginia</td>
<td>7690 Park Rd, Suite 207</td>
<td>Richmond, VA 23294</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://www.orthoresearchva.org">Orthopaedic Research of Virginia</a></td>
</tr>
<tr>
<td>Bon Secours Richmond Hospital</td>
<td>2924 Brook Rd</td>
<td>Richmond, VA 23226</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://www.bonsecours.org">Bon Secours Richmond Hospital</a></td>
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<tr>
<td>Children's Hospital</td>
<td>1214 Brook Rd</td>
<td>Richmond, VA 23226</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://www.childrenshospital.org">Children's Hospital</a></td>
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<tr>
<td>Commonwealth of Virginia Department of Health</td>
<td>Main St Station, Suite 214</td>
<td>PO Box 2448</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://wwwCOMMONWEALTHGOV">Commonwealth of Virginia Department of Health</a></td>
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<tr>
<td>Hunter Holmes McGuire VA Medical Center</td>
<td>1201 Broad Rock Boulevard</td>
<td>Richmond, VA 23234</td>
<td>804-257-5397</td>
<td>804-257-5312</td>
<td><a href="https://www.VAMC">Hunter Holmes McGuire VA Medical Center</a></td>
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<tr>
<td>Carilion Health System</td>
<td>PO Box 13987</td>
<td>Roanoke, VA 24015-3807</td>
<td>540-257-5397</td>
<td>540-257-5312</td>
<td><a href="https://www.carilionhealth.com">Carilion Health System</a></td>
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<tr>
<td>Roanoke Family Medicine</td>
<td>1003 Belleview St</td>
<td>Roanoke, VA 24015</td>
<td>540-257-5397</td>
<td>540-257-5312</td>
<td><a href="https://www.roanokefamilymedicine.com">Roanoke Family Medicine</a></td>
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<tr>
<td>Carilion Medical Center-Roanoke Memorial Hospitals</td>
<td>PO Box 13846</td>
<td>Roanoke, VA 24015</td>
<td>540-257-5397</td>
<td>540-257-5312</td>
<td><a href="https://www.carilionhealth.com">Carilion Medical Center-Roanoke Memorial Hospitals</a></td>
</tr>
<tr>
<td>Salem Medical Center</td>
<td>1201 Eminence St</td>
<td>Salem, VA 24153</td>
<td>540-257-5397</td>
<td>540-257-5312</td>
<td><a href="https://www.salemmed.org">Salem Medical Center</a></td>
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<tr>
<td>Sentara Virginia Beach General Hospital</td>
<td>1098 First Colonial Rd</td>
<td>Virginia Beach, VA 23454</td>
<td>757-257-5397</td>
<td>757-257-5312</td>
<td><a href="https://www.sentara.com">Sentara Virginia Beach General Hospital</a></td>
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<tr>
<td>Winchester Regional Medical Center</td>
<td>1840 Amherst St</td>
<td>PO Box 3430</td>
<td>540-257-5397</td>
<td>540-257-5312</td>
<td><a href="https://www.winchesternh.org">Winchester Regional Medical Center</a></td>
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Washington

Vancouver
Southwest Washington Medical Center
PO Box 1060
Vancouver, WA 98668
Med Sch Affil: L-04002
Programs sponsored in: FP
Institution Id: 54-6907

Yakima
Yakima Regional Medical and Heart Center
110 N Ninth Ave
Yakima, WA 98902-3397
Major participating institution for programs in: FP
Institution Id: 54-6908

Yakima Valley Memorial Hospital
381 Tieton Dr
Yakima, WA 98902
Programs sponsored in: FP
Institution Id: 54-8510

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University
3110 MacCorkle Ave SE
Charleston, WV 25304
Med Sch Affil: M-05501, G-05502
Programs sponsored in: FP, GS, IM, MP, MPD, OBG, P, PD
Institution Id: 55-6940

Clarksburg
Louis A Johnson Veterans Affairs Medical Center
One Medical Center Drive
Clarksburg, WV 26301-4199
Med Sch Affil: G-05605
Programs sponsored in: GS, MP, MPD, OBG, PD
Institution Id: 55-4740

United Hospital Center
3 Hospital Plaza
PO Box 1680
Clarksburg, WV 26302
Med Sch Affil: L-06501
Programs sponsored in: FP
Institution Id: 55-6838

Huntington
Cabell Huntington Hospital
1340 Hal Greer Blvd
Huntington, WV 25701
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, PP, FSM, GS, IM, MPD, OBG, P, PD
Institution Id: 55-6170

Marshall University School of Medicine
1600 Medical Center Dr, Suite 3400
Huntington, WV 25701-3655
Med Sch Affil: M-05502, L-05501
Programs sponsored in: CD, END, PP, FSM, GS, IM, MPD, OBG, P, PD
Institution Id: 55-6011

St Mary's Hospital
300 First Ave
Huntington, WV 25701
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, GS, IM, MPD, PUD
Institution Id: 55-6009

Veterans Affairs Medical Center
(Huntington)
1540 Spring Valley Drive
Huntington, WV 25704
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, GS, IM, MPD, PUD
Institution Id: 55-6742

Martinsburg
City Hospital
Dry Run Rd
PO Box 1418
Martinsburg, WV 25401
Major participating institution for programs in: FP
Institution Id: 55-7091

Veterans Affairs Medical Center
(Martinsburg)
State Route 9
Martinsburg, WV 25401
Med Sch Affil: G-05601, G-05602
Major participating institution for programs in: FP, OPH
Institution Id: 55-6210

Morgantown
Monongalia General Hospital
1000 J D Anderson Dr
Morgantown, WV 26505
Med Sch Affil: L-05501
Major participating institution for programs in: ORS, TS
Institution Id: 55-6746

West Virginia University Hospitals
Second Floor, Ruby Memorial Hospitals
Administration Offices, PO Box 8056
Morgantown, WV 26506-8056
Med Sch Affil: M-05501
Programs sponsored in: FFP, MN, MP, MPD, PYN
Major participating institution for programs in: ADI, AI, AN, AP, CD, CN, CN, D, DR, EM, FF, GPM, GS, HO, IC, ID, IM, MP, MPD, OB, OB, OPH, OPH, ORS, OTO, P, PCC, PD, PFP, PTH, RNR, TS, U
Institution Id: 55-4246

West Virginia University School of Medicine
WVU Robert C Byrd Health Sciences Center
PO Box 9100-A
Morgantown, WV 26506-9100
Programs sponsored in: ADI, AI, AN, AP, CD, CN, CN, D, DR, EM, FF, GPM, GS, HO, IC, ID, IM, MP, MPD, OB, OB, OPH, OPH, ORS, OTO, P, PCC, PD, PFP, PTH, RNR, TS, U
Institution Id: 55-8502

Ranson
Jefferson Memorial Hospital
300 S Preston St
Ranson, WV 25438
Med Sch Affil: L-05501
Major participating institution for programs in: FP
Institution Id: 55-8016

South Charleston
Thomas Memorial Hospital
4055 MacCorkle Ave, SW
South Charleston, WV 25309
Med Sch Affil: L-05501
Major participating institution for programs in: FP
Institution Id: 55-8433

Wheeling
Wheeling Hospital
One Medical Park
Wheeling, WV 26003
Programs sponsored in: FP
Institution Id: 55-8431

Wisconsin
Appleton
Appleton Medical Center
1814 North Meade St
Appleton, WI 54911
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution Id: 55-7094

St Elizabeth Hospital
1500 South Oneida St
Appleton, WI 54915
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution Id: 55-7091

Eau Claire
Luther Hospital
1221 Whipple St
Eau Claire, WI 54702-4105
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution Id: 55-8021

Sacred Heart Hospital
300 West Clairmont Ave
Eau Claire, WI 54701
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution Id: 55-8716

Janesville
Mercy Health System
1000 Mineral Point Ave
Janesville, WI 53545
Programs sponsored in: FP
Institution Id: 56-8983

La Crosse
Franciscan Skemp Healthcare - La Crosse Campus
700 West Ave S
La Crosse, WI 54601-4783
Programs sponsored in: FP
Institution Id: 56-8716
Graduate Medical Education Directory 2005-2006

Wisconsin

Gundersen Clinic
1910 South Ave
La Crosse, WI 54601-8890
Major participating institution for programs in: GS, IM, TY
Institution ID: 56-8031

Gundersen Lutheran Medical Foundation
1836 South Ave/Co1-055
La Crosse, WI 54601-5494
Programs sponsored in: GS, IM, TY
Institution ID: 56-8030

Lutheran Hospital-La Crosse
1910 South Ave
La Crosse, WI 54601-9980
Med Sch Affil: M-05605
Major participating institution for programs in: GS, IM, TY
Institution ID: 56-8035

Madison

Mendota Mental Health Institute
301 Troy Drive
Madison, WI 53704
Med Sch Affil: L-06-055
Major participating institution for programs in: FPP, PYG
Institution ID: 56-0487

Meriter Hospital
202 S Park St
Madison, WI 53715-1896
Med Sch Affil: M-05605
Major participating institution for programs in: CHP, NS, OBG, OBS, OT, P, PD, PY
Institution ID: 56-8018

St Mary's Hospital/ Medical Center
707 S Mile St.
Madison, WI 53715
Med Sch Affil: G-06905
Major participating institution for programs in: FP, OBG, FS, C
Institution ID: 56-0490

University of Wisconsin Hospital and Clinics
600 Highland Ave
Madison, WI 53792
Med Sch Affil: M-05605
Programs sponsored in: AI, AN, BB, BCA, CCP, CD, CHP, CN, D, DSS, END, GE, GS, HEM, HMP, IC, ID, IM, IMD, IMG, MQ, N, NEF, NM, NPM, NS, OBG, ON, OPH, OR, OBS, OBG, OTO, P, PCC, PCT, PDC, PDE, PDF, PHO, FM, PS, FPM, PTH, PR, RF, RO, FS, U, VS
Institution ID: 56-8176

University of Wisconsin Medical School
Department of Family Medicine
777 S Mile St.
Madison, WI 53715-1896
Programs sponsored in: FP
Institution ID: 56-8001

William S Middleton Veterans Hospital
2500 Overlook Terrace
Madison, WI 53705
Med Sch Affil: M-05605
Major participating institution for programs in: AI, CD, CN, D, DR, END, GE, GS, HEM, ID, IM, IMD, IMG, N, NEF, NS, ON, OPH, ORS, OT, P, PCC, PTH, PYP, RBU, RNR, TS, U, VIR, VS
Institution ID: 56-0218

Marshfield

Marshfield Clinic-St Joseph's Hospital
1900 N Oak Ave
Marshfield, WI 54449-5777
Med Sch Affil: M-05605
Programs sponsored in: CDS, D, GS, IM, MPD, PD, TY
Major participating institution for programs in: D
Institution ID: 56-0264

Menomonee Falls

Community Memorial Hospital
W180 N8995 Town Hall Road
PO Box 498
Menomonee Falls, WI 53052-8408
Major participating institution for programs in: RO
Institution ID: 56-8629

Milwaukee

Aurora Health Care
3900 W Montana Ave
Milwaukee, WI 53215
Programs sponsored in: CD, DB, FP, GE, IC, ICE, IM, IMG, OBG, TY
Institution ID: 56-8020

Aurora Sinai Medical Center
945 N 12th St
PO Box 342
Milwaukee, WI 53201
Med Sch Affil: M-05605, G-06906
Major participating institution for programs in: CD, GE, IC, ICE, IM, IMG, OBG
Institution ID: 56-0603

Blood Center of Southeastern Wisconsin
5010 S 21st St
Milwaukee, WI 53217-2178
Med Sch Affil: G-06906
Major participating institution for programs in: SBK
Institution ID: 56-0737

Clement J Zablocki Veterans Affairs Medical Center
5000 West National Ave
Milwaukee, WI 53285
Med Sch Affil: M-05606
Major participating institution for programs in: AI, AN, BB, BCA, CCP, CD, CHP, CN, D, DSS, END, GE, GS, HEM, HMP, IC, ID, IM, IMD, IMG, MQ, N, NEF, NM, NPM, NS, OBG, ON, OPH, OR, OBS, OBG, OTO, P, PCC, PCT, PDC, PDE, PDF, PHO, FM, PS, FPM, PTH, PR, RF, RO, FS, U, VS
Institution ID: 56-0354

Columbia Hospital
3225 E Newport Ave
Milwaukee, WI 53211
Med Sch Affil: M-06906
Major participating institution for programs in: GS, P
Institution ID: 56-0433

Froedtert Memorial Lutheran Hospital
9200 West Wisconsin Ave
Milwaukee, WI 53226
Med Sch Affil: M-06906
Major participating institution for programs in: AI, AN, APN, BBK, BCA, CCP, CD, CHP, CN, D, DSS, END, GE, GS, HEM, HMP, IC, ID, IM, IMD, IMG, MQ, N, NEF, NM, NPM, NS, OBG, ON, OPH, OR, OBS, OT, P, PCC, PCT, PDC, PDE, PDF, OBG, OR, OBS, OT, P, PCC, PCT, PDC, PDE, PDF, PPH, PTH, PR, RO, FS, U, VS
Institution ID: 56-0739

Medical College of Wisconsin Affiliated Hospitals, Inc
8701 Watertown Plank Road
Milwaukee, WI 53226
Programs sponsored in: AI, AN, APN, BBK, BCA, CCP, CSS, CD, CFS, CHN, CHP, CN, D, DR, EM, END, FOP, FP, FPP, FSM, GE, GPM, GS, HDMI, RO, HSR, ID, IM, IMG, MN, MDP, MPM, N, NEF, NM, NPM, NS, OBG, OPH, ORS, OT, P, PCC, PCT, PDC, PDE, PDF, PPH, PTH, PR, PO, RO, FS, U, VS
Institution ID: 56-0441

Milwaukee County Behavioral Health Division
9415 Watertown Plank Rd
Milwaukee, WI 53226
Med Sch Affil: M-05606
Major participating institution for programs in: CHP, P, PFP
Institution ID: 56-0146

Milwaukee County Medical Examiner's Office
530 West Highland Ave
Milwaukee, WI 53233
Major participating institution for programs in: FOP
Institution ID: 56-8016

St Joseph Regional Medical Center
5900 W Chambers St
Milwaukee, WI 53218
Med Sch Affil: M-05605
Programs sponsored in: DR, TY
Major participating institution for programs in: GE, OB, VS
Institution ID: 56-0370

St Luke's Medical Center
2900 W Oklahoma Ave
Milwaukee, WI 53215
Med Sch Affil: M-06005, G-06906
Major participating institution for programs in: DR, END, FP, ICE, MPM, OR, OBG, TY
Institution ID: 64-0337

St Mary's Hospital (Milwaukee)
2329 North Lake Drive
Milwaukee, WI 53211-9182
Med Sch Affil: M-05606
Major participating institution for programs in: FP, OBG
Institution ID: 56-0167

St Michael Hospital
2400 W Villard Ave
Milwaukee, WI 53208
Med Sch Affil: G-06906
Major participating institution for programs in: FP
Institution ID: 56-0160

Prairie du Chien

Prairie du Chien Memorial Hospital
706 East Taylor St
Prairie du Chien, WI 53821-2196
Major participating institution for programs in: FP
Institution ID: 56-0439

Racine

All Saints Healthcare
3801 Spring St
Racine, WI 53405
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-8027
Wisconsin

Waukesha
Waukesha Memorial Hospital
725 American Ave
Waukesha, WI 53188
Med Sch Affil: G-05606
Major participating institution for programs in: PP
Institution ID: 56-0722

Wausau
Wausau Hospital
333 Pine Ridge Blvd
Wausau, WI 54401
Med Sch Affil: G-05605
Major participating institution for programs in: PP
Institution ID: 56-0411

Wauwatosa
Children's Hospital of Wisconsin
9000 West Wisconsin Ave
Wauwatosa, WI 53226
Med Sch Affil: M-05606, L-05605
Major participating institution for programs in: AI, BKK, CCP, CPS, CIP, CHF, CN, D, GS, HSP, NPM, NS, ORS, OTO, PAN, PD, PDC, PDE, PDR, PDS, PEM, PG, PBO, PP, PS, TS, U
Institution ID: 56-0237

West Allis
Rogers Memorial Hospital
11100 W Lincoln Ave
West Allis, WI 53227
Major participating institution for programs in: CHF
Institution ID: 56-0842

Wyoming

Casper
Wyoming Medical Center
1250 E 2nd St
Casper, WY 82601
Major participating institution for programs in: PP
Institution ID: 57-0109

Cheyenne
United Medical Center
300 E 22nd St
Cheyenne, WY 82001
Major participating institution for programs in: PP
Institution ID: 57-0106

Veterans Affairs Center
2360 E Pershing Blvd
Cheyenne, WY 82001-5302
Major participating institution for programs in: PP
Institution ID: 57-0901

Laramie
University of Wyoming College of Health Sciences
Dept 4432
1000 East University Ave
Laramie, WY 82071
Programs sponsored in: PP
Institution ID: 57-0501
Appendix A

Combined Specialty Programs

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<th>Combined Specialty Programs</th>
<th>Accred. Limit(s)</th>
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<td>766 MDG</td>
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<td>770 DNN</td>
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*Y=Graduate year 1 positions available
N=No GY1 positions available

Combined programs in two or more specialties exist in a number of specialties. Upon completion of a combined program, resident physicians are eligible for board certification in the specialties comprising the combined program. In the past, combined programs were approved by their respective specialty boards, although their curricula and policies and procedures for resident education and evaluation were expected to meet the program requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs) applicable to the accredited core programs. In collaboration with the American Board of Internal Medicine and the American Board of Pediatrics, the ACGME and the RRCs for Internal Medicine and Pediatrics have developed a process for accrediting combined internal medicine/pediatrics programs, currently numbering 101 nationally.

On July 1, 2006, the ACGME will grant provisional status to internal medicine/pediatrics programs. Programs will receive a site visit when their core programs come up for accreditation review, and the RRCs for Internal Medicine and Pediatrics will review the reports for combined programs at the same time as the review of their core programs. In future years, the ACGME plans to accredit additional combined programs, using a model similar to that used for internal medicine/pediatrics.

Since 2001, the ACGME has listed all active combined programs in its accreditation database and on its Web site (www.acgme.org); program information is also available via the AMA’s FREIDA Online® Web site at www.ama-assn.org/go/freida. The standards for internal medicine/pediatrics can be found on the ACGME's Web site. Requests for information about the guidelines for the other combined programs should be directed to the specialty boards at the addresses listed in Appendix B. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board, also listed in Appendix B.

Diagnostic Radiology/Nuclear Medicine/Nuclear Radiology

The American Board of Radiology (ABR) and the American Board of Nuclear Medicine (ABNM) offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both boards and successfully passed the certifying examination of both boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include a) a preparatory clinical year in an ACGME-accredited program and b) 4 years of education in an ACGME-accredited diagnostic radiology program that includes 6 months of nuclear medicine training, followed by c) 1 year of education in a combined nuclear medicine and nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in both specialties are satisfactorily completed.

Internal Medicine/Dermatology

The American Board of Internal Medicine and the American Board of Dermatology offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Internal Medicine/Emergency Medicine

The American Board of Internal Medicine and the American Board of Emergency Medicine offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency consists of 5 years of balanced
education in the two disciplines. It is strongly recommended that the participating residencies be in the same academic health center.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The certifying examinations cannot be taken until all 5 years are completed.

**Internal Medicine/Emergency Medicine/Critical Care Medicine**
The American Board of Internal Medicine and the American Board of Emergency Medicine offer triple certification for candidates who complete a 5-year (72-month) integrated, coherent program of combined training in internal medicine, emergency medicine, and critical care medicine, approved by both boards.

Upon successful completion and verification of the first 5 years of this program, candidates may apply to take the certification examinations in internal medicine and emergency medicine. To meet eligibility for certification in critical care medicine, the candidate must: (1) have satisfactorily completed the 5-year combined program; (2) be certified by the American Board of Internal Medicine; and (3) have met the certification requirements of the American Board of Emergency Medicine.

**Internal Medicine/Family Medicine**
The American Board of Internal Medicine and the American Board of Family Medicine offer dual certification for candidates who have satisfactorily completed 4 years of combined training in programs approved by both boards.

To be eligible for dual certification, combined residency training in internal medicine and family medicine must include at least 48 months of balanced education in the two disciplines and be verified by the training director(s) of the program. The written certifying examinations cannot be taken until all required years in both specialties are completed.

**Internal Medicine/Medical Genetics**
The American Board of Internal Medicine and the American Board of Medical Genetics have approved a pathway leading to admissibility to the certification processes in internal medicine and medical genetics to candidates who have satisfactorily completed 5 years of combined training in internal medicine and medical genetics in an approved training track, beginning with a GY1 in internal medicine. Such training, which must be verified by the program directors of both specialties, is intended to provide educational and practical experiences in each discipline that are equivalent to those in the training programs of the parent specialties.

This combined residency training must be conducted in the same institution and its affiliated hospitals. There should be no interruption in training.

**Internal Medicine/Neurology**
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined training suitable to both boards. A combined residency in internal medicine and neurology must include at least 5 years of coherent education integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility for dual certification, the resident must satisfactorily complete 60 months of training, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

**Internal Medicine/Nuclear Medicine**
The American Board of Internal Medicine and the American Board of Nuclear Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year.

**Internal Medicine/Pediatrics**
The American Board of Internal Medicine and the American Board of Pediatrics offer dual certification in internal medicine and pediatrics. A combined residency must include at least 2 years in each specialty, for a total of 4 years of coherent training integral to residencies in the two disciplines. The participating residencies should be in the same academic health center. Continuity clinics in each specialty should be provided throughout the 4 years.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 48 months of combined education, and clinical competence in both specialties must be verified by the directors of both programs. The certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

**Internal Medicine/Physical Medicine and Rehabilitation**
The American Board of Internal Medicine and the American Board of Physical Medicine and Rehabilitation offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency must include at least 5 years of coherent training integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until required training in a specialty has been satisfactorily completed. The certifying examination in internal medicine cannot be taken prior to the fall of the fifth year in the combined program.

**Internal Medicine/Preventive Medicine**
The American Board of Internal Medicine (ABIM) and the American Board of Preventive Medicine (ABPM) offer dual certification for candidates who have completed a minimum of 4 years of accredited training in combined internal medicine/preventive medicine programs that meet the Guidelines for Combined Internal Medicine - Preventive Medicine Residency Training Programs approved by ABPM and ABIM. In addition to satisfactory completion of the combined training programs, applicants for the ABPM certifying examination must have completed the required year of preventive medicine practice to qualify.

**Internal Medicine/Psychiatry**
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification in internal medicine and psychiatry. A combined residency must include at least 5 years of coherent education integral to residencies in the two disciplines. Participating residencies must be in the same institution.
To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years of training in both specialties are satisfactorily completed.

Neurology/Physical Medicine and Rehabilitation
The American Board of Psychiatry and Neurology and the American Board of Physical Medicine and Rehabilitation offer dual certification in neurology and physical medicine and rehabilitation. A combined residency must include 5 years of combined education. This combined training must follow a year in a residency program that meets the requirements for neurology and should be completed in the same institution. All required years in both specialties must be satisfactorily completed prior to admission to the certifying examinations of each board.

Neurology/Diagnostic Radiology/Neuroradiology
The American Board of Psychiatry and Neurology and the American Board of Radiology offer certification in neurology, diagnostic radiology, and neuroradiology. The combined residency must include at least 7 years of coherent training integral to all three residencies. It is recommended that the participating residencies be in the same academic health center.

To meet eligibility requirements for triple certification, the resident must satisfactorily complete 84 months of combined training, which must be verified by the directors of each program. Lacking verification of acceptable clinical competence in the combined program, the resident must satisfactorily complete the standard length of residency training and all other requirements before each certifying examination may be taken. Applicants may not take the certifying examination until all required years of training have been completed. In order to be eligible for the neuroradiology exam, a resident must have completed certification in both diagnostic radiology and neurology.

Pediatrics/Dermatology
The American Board of Pediatrics and the American Board of Dermatology offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Emergency Medicine
The American Board of Pediatrics and the American Board of Emergency Medicine offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Physical Medicine and Rehabilitation
The American Board of Pediatrics and the American Board of Physical Medicine and Rehabilitation permit applicants interested in pediatric rehabilitation to qualify for admission to the certifying examinations of both boards by completing a 5-year combined program. All 5 years should be completed at one academic institution; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry
The American Board of Pediatrics, the American Board of Psychiatry and Neurology, and the Committee on Certification in Child and Adolescent Psychiatry have developed a committee that is overseeing training via a different format. This is a 5-year curriculum with 24 months of pediatrics, 18 months of adult psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirement for certification in all three areas. Applicants pursuing training in these programs may not take the certifying examinations until all training has been completed. Credit for training via this route may be obtained only by training in one of these programs.

Pediatrics/Family Medicine
The American Board of Family Medicine and the American Board of Psychiatry and Neurology offer dual certification in family medicine and psychiatry. A combined residency in family medicine and psychiatry must include at least 5 years of coherent training integral to residencies in the two disciplines. It is required that the combined training be under the aegis of the same academic institution.

To meet eligibility for dual certification, the resident must satisfactorily complete 60 months of combined training, which must be verified by the directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.

Psychiatry/Neurology
The American Board of Psychiatry and Neurology has established guidelines for combined training in psychiatry and neurology. A combined residency must include one postgraduate year (PGY1) of training that is acceptable to neurology plus a minimum of 5 years of combined residency training. The 5 years of residency training are usually taken at one approved institution but may be taken at no more than two approved institutions.
Accredited Programs in Internal Medicine/Dermatology

Internal Medicine/Dermatology

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine Medical Center of Louisiana at New Orleans Veterans Affairs Medical Center (New Orleans)
Pgm Director: Brian D Lee, MD
Dayton W Daberkow II, MD
Louisiana State Univ Hlth Sciences Ctr Dep of Dermatology
1524 Tulane Ave Rm 604
New Orleans, LA 70112-2282
Tel: 504 568-7110 Fax: 504 568-2170
E-mail: smuneo@lsuhsc.edu
Accred Length: 5 Yrs Program Size: 1 (GYJ: 1)
Program ID: 785-21-44-001

New York

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital-SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Pgm Director: William A Wertheim, MD
Richard S Kalish, MD, PhD
Stony Brook Hlth Sciences Ctr
HSC Tail 20
Stony Brook, NY 11794-8160
Tel: 631 444-2065 Fax: 631 444-2493
Accred Length: 5 Yrs Program Size: 1 (GYJ: 1)
Program ID: 785-30-44-003

Pennsylvania

Philadelphia

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Children's Hospital of Philadelphia Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Pgm Director: Lisa Bellini, MD
Victoria Werth, MD
Univ of Pennsylvania
2 Rhoads Pavilion
3900 Spruce St
Philadelphia, PA 19104
Tel: 215 662-2737
Accred Length: 5 Yrs Program Size: 155 (GYJ: 60)
Program ID: 785-41-44-002

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics William S Middleton Veterans Hospital
Pgm Director: George Reitner, MD
Bennett Vogelman, MD
One South Park St
7th Fl
Madison, WI 53715
Tel: 608 287-2620 Fax: 608 287-2676
E-mail: jrunning@dermatology.wisc.edu
Accred Length: 5 Yrs Program Size: 3 (GYJ: 1)
Program ID: 785-56-44-004

Internal Medicine/Emergency Medicine

California

Sylmar

UCLA Medical Center Program
Sponsor: Olive View/UCLA Medical Center
Pgm Director: Pamela Dyne, MD
Soma Wal, MD
UCLA Emergency Med Ctr
254 Westwood Blvd Ste 300
Los Angeles, CA 90024
Tel: 310 364-3114 Fax: 310 364-3268
E-mail: pdyne@ucla.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 785-06-44-016

Delaware

Wilmington

Christiania Care Health Services Program
Sponsor: Christiania Care Health Services Inc
Pgm Director: Charles L. Bere IV, MD
Christiania Care Health Services Emergency Med/Int Med Pgm
4750 Ogletown-Stanton Blvd
Newark, DE 19718-6601
Tel: 302 733-1840 Fax: 302 733-1633
E-mail: smullenix@christianacare.org
Accred Length: 5 Yrs Program Size: 15 (GYJ: 3)
Program ID: 785-09-44-010

Illinois

Chicago

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago University of Illinois Hospital and Clinics
Pgm Director: Thomas Eiseman, MD
Univ of Illinois-Chicago
800 S Wood St/Rm 470
MC 724
Chicago, IL 60612
Tel: 312 996-5719 Fax: 312 996-0289
E-mail: teiseman@uic.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 785-18-44-012

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Pgm Director: Dayton W Daberkow II, MD
Jorge Martinez, MD
Charity Hosp LSU
1541 Tulane Ave Rm 447
New Orleans, LA 70112-2822
Tel: 504 568-4000 Fax: 504 568-7885
E-mail: rgaine@lsuhsc.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 785-21-44-015

Note: * indicates a newly appointed program director
Maryland

Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System Mercy Medical Center
Prgm Director: Robert L. Rogers, MD
Susan D. Wolfsthal, MD
Univ of Maryland Med Ctr
Div of Emergency Med
419 W Redwood St/Ste 280
Baltimore, MD 21201
Tel: 410 328-8028 Fax: 410 328-8028
E-mail: rogers@medicine.umaryland.edu
Accred Length: 5 Yrs Program Size: 10 (GY: 2)
Program ID: 705-23-44-014

Michigan

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Usamah Mossallam, MD
Eric Scher, MD
Emergency Med/Int Med Pgm
Henry Ford Hosp
2799 W Grand Blvd CFP-2
Detroit, MI 48202-2689
Tel: 313 916-1553 Fax: 313 916-7437
E-mail: umossall@hfhs.org
Accred Length: 5 Yrs Program Size: 10 (GY: 2)
Program ID: 705-25-44-003

Pennsylvania

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Dennis M. Hanlon, MD
Allegheny General Hosp
Dept of Med
320 E North Ave
Pittsburgh, PA 15212-9986
Tel: 412 359-4985 Fax: 412 359-4993
E-mail: cadelsbe@wpahs.org
Accred Length: 5 Yrs Program Size: 10 (GY: 2)
Program ID: 705-41-44-006

North Carolina

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Prgm Director: Joseph B Shiber, MD
Brody Sch of Med-ECU
Dept of Emergency Medicine
600 Moree Blvd
Greenville, NC 27834
Tel: 252 744-4184 Fax: 252 744-4135
E-mail: dmorgan@pemhs.com
Accred Length: 5 Yrs Program Size: 10 (GY: 2)
Program ID: 705-26-44-019

New York

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Stephan Rinnert, MD
Jeanne Macrae, MD
SUNY Downstate Kings County
450 Clarkson Ave
Brooklyn, NY 11203-2098
Tel: 718 245-3320 Fax: 718 245-4799
E-mail: em-im.residency@downstate.edu
Accred Length: 5 Yrs Program Size: 12 (GY: 4)
Program ID: 705-35-44-018

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Kumar Alagappan, MD
LIJ Jewish Med Ctr
270-05 76th Ave
New Hyde Park, NY 11040
Tel: 718 470-7873 Fax: 718 462-7728
E-mail: Potk@lij.edu
Accred Length: 5 Yrs Program Size: 10 (GY: 2)
Program ID: 705-35-44-011

Internal Medicine/ Emergency Medicine/Critical Care Medicine

Michigan

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Usamah Mossallam, MD
Henry Ford Hosp
Dept of Emergency Med CFP-2
2799 W Grand Blvd
Detroit, MI 48202
Tel: 313 916-1553 Fax: 313 916-7437
E-mail: umossall@hfhs.org
Accred Length: 6 Yrs Program Size: 10 (GY: 0)
Program ID: 775-25-44-001
Accredited Programs in Internal Medicine/Family Medicine

Internal Medicine/Family Medicine

California

Fresno

University of California (San Francisco)/Fresno Program

Sponsor: UCSF-Fresno Medical Education Program

Pgm Director: Paul Goebel, MD, University Med Ctr

445 S Cedar Ave

Fresno, CA 93702

Tel: 559 459-5705 Fax: 559 459-4443

Accred Length: 4 Yrs Program Size: 0 (GYJ: 0)

Program ID: 746-05-44-005

Internal Medicine/Medical Genetics

Ohio

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland

MetroHealth Medical Center

Veterans Affairs Medical Center (Cleveland)

Pgm Director: Keith Armitage, MD

3100 Euclid Ave

Cleveland, OH 44106

Tel: 216 844-7467 Fax: 216 844-7408

Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)

Program ID: 766-38-44-001

Internal Medicine/Neurology

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine

Southern Arizona VA Health Care Center (Tucson)

University Medical Center

Pgm Director: David M Labiner, MD, Richard M Mandel, MD

Univ of Arizona Hlth Sci Ctr

1501 N Campbell Ave

PO Box 245023

Tucson, AZ 85724-0203

Tel: 520 626-2006 Fax: 520 626-2111

E-mail: labinerd@u.arizona.edu

Accred Length: 5 Yrs Program Size: 3 (GYJ: 1)

Program ID: 745-09-44-010

Indiana

Indianapolis

St Vincent Hospital Program

Sponsor: St Vincent Hospital and Health Care Center

Judith A Monroe, MD*

St Vincent Hosp

1120 W 86th St IN

Indianapolis, IN 46206

TNC: 317 398-2172 Fax: 317 398-2159

E-mail: rmlubiz@stvincent.org

Accred Length: 4 Yrs Program Size: 6 (GYJ: 2)

Program ID: 746-17-44-006

Virginia

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School

Sentara Norfolk General Hospital

Pgm Director: James G Dixon, MD, MS

Eastern Virginia Med Sch

Dept of Internal Med

820 Fairfax Ave

Norfolk, VA 23507-1912

Tel: 757 446-7356 Fax: 757 446-6342

E-mail: brennalm@evms.edu

Accred Length: 4 Yrs Program Size: 12 (GYJ: 4)

Program ID: 740-51-44-001

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine

Tulane University Hospital and Clinic

Pgm Director: Anne L Foundas, MD, Jeffrey Weiss, MD

Tulane Univ Hlth Sci Ctr

Dept of Neurology TB-62

1430 Tulane Ave 104th Fl

New Orleans, LA 70112-2699

Tel: 504 888-2241 Fax: 504 888-3985

E-mail: chas Nel@tulane.edu

Accred Length: 5 Yrs Program Size: 4 (GYJ: 1)

Program ID: 745-21-44-005
New York
Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: JoAnne Smirnoff, MD*
Michael Geido, MD
Stony Brook Univ Hosp
HSC 712 Room 220
Stony Brook, NY 11794-9212
Tel: 516 444-7878 Fax: 631 444-1474
Accred Length: 5 Yrs Program Size: 3 (GYT: 1)
Program ID: 745-35-44-004

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: James B Lewis Jr, MD
Michael Jacewicz, MD
Univ of Tennessee
Med Ed Office
842 Jefferson Ave Rm A601
Memphis, TN 38103
Tel: 901 448-5704 Fax: 901 448-7836
E-mail: kwilliams@neuroscience.mcw.edu
Accred Length: 5 Yrs Program Size: 3 (GYT: 2)
Program ID: 745-47-44-014

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University Hospitals
Prgm Director: Laurie Gutmann, MD
Michelle Nese, MD
West Virginia Univ Neurology Dept
Robert C Byrd Health Sciences Ctr
PO Box 9180
Morgantown, WA 26506-9180
Tel: 304 293-3382 Fax: 304 293-3353
E-mail: tkocerkia@wv.hsc.wvu.edu
Accred Length: 5 Yrs Program Size: 5 (GYT: 0)
Program ID: 745-55-44-002

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Michael O Peacock, MD
Wendy L Larson-Petelier, MD
Med Coll of Wisconsin
Dept of Medicine
2200 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 440-6892 Fax: 414 446-6219
E-mail: kwilliams@neuroscience.mcw.edu
Accred Length: 5 Yrs Program Size: 6 (GYT: 6)
Program ID: 745-56-44-019

Internal Medicine/Pediatrics
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm Director: Jason R Hartig, MD*
Raymond G Watts, MD
Univ of Alabama at Birmingham
1600 7th Ave S
904 AHC
Birmingham, AL 35233-0011
Tel: 205-934-5004 Fax: 205-934-9977
E-mail: uabkids@peds.uab.edu
Accred Length: 4 Yrs Program Size: 16 (GYT: 4)
Program ID: 790-01-44-115

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Prgm Director: Franklin Trimm, MD
Thomas Montgomery, MD
Univ of South Alabama
Med/Peds Pgm
1700 Center St
Mobile, AL 36604-3391
Tel: 251 415-1087 Fax: 251 415-1087
E-mail: dtcholl@jaxuar.uwfhealth.edu
Accred Length: 4 Yrs Program Size: 7 (GYT: 2)
Program ID: 780-61-44-085

Arizona
Phoenix
Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Phoenix Children's Hospital
Prgm Director: Steven J Stinner, MD
Pam Pham, MD
Maricopa Med Ctr
2601 E Roosevelt Rd 0-D-10
Dept of Med/Pediatrics
Phoenix, AZ 85008
Tel: 602 344-1218 Fax: 602 344-1488
E-mail: karen_boettcher@medprodoctors.com
Accred Length: 4 Yrs Program Size: 16 (GYT: 4)
Program ID: 780-00-44-004

Phoenix Hospitals Program
Sponsor: Banner Good Samaritan Medical Center
Maricopa Medical Center
Phoenix Children's Hospital
Prgm Director: Donna L Holland, MD
Good Samaritan Regional Med Ctr
Dept of Med
1111 E McDowell Rd
Phoenix, AZ 85006
Tel: 602 546-0754 Fax: 602 546-0806
E-mail: dholland@phoenixchildrens.com
Accred Length: 4 Yrs Program Size: 23 (GYT: 5)
Program ID: 700-03-44-001

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas Hospital
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
Prgm Director: Robert W Bradsher, MD
Helen C Farrar, MD
Univ of Arkansas for Med Sci
Internal Med Pgm Office #634
4301 W Markham St
Little Rock, AR 72205-7190
Tel: 501 501-6162 Fax: 501 686-8188
E-mail: irnresident@uams.edu
Accred Length: 4 Yrs Program Size: 16 (GYT: 6)
Program ID: 700-04-44-002

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Francis D Chan, MD
Loma Linda Univ Med Ctr
11175 Campus St Rm A1111 CP
Loma Linda, CA 92334
Tel: 909 558-4147 Fax: 909 558-4184
E-mail: fchan@ahs.loma.edu
Accred Length: 4 Yrs Program Size: 16 (GYT: 4)
Program ID: 700-05-44-003

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Brian D Kan, MD, MS
Jerome K Wang, MD
Cedars Sinai Med Ctr
Med Ped Combined Pgm
8700 Beverly Blvd Rm 4400
Los Angeles, CA 90048
Tel: 310 423-0145 Fax: 310 423-0145
E-mail: lisa.payne@csbs.org
Accred Length: 4 Yrs Program Size: 11 (GYT: 3)
Program ID: 700-05-44-004

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Prgm Director: Alice Kuo, MD
Jodi K Friedman, MD
UCLA Med Ctr
10845 Le Conte Ave
Ste 1401
Los Angeles, CA 90095-6930
Tel: 310 825-8042 Fax: 310 206-3190
E-mail: Fchan@ahs.loma.edu
Accred Length: 4 Yrs Program Size: 0 (GYT: 0)
Program ID: 700-05-44-130
Accredited Programs in Internal Medicine/Pediatrics

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Program Director: Lawrence M Opas, MD
Box 106-A5, MD
Los Angeles County-University of Southern California Medical Center
E-mail: clouds@laci.edu
Accred Length: 4 Yrs Program Size: 24 (GY: 6)
Program ID: 700-05-44-006

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Lori J Wu, MD
UCSD Med Ctr
Combined Med/Peds
190 W Arbor Dr 4245
San Diego, CA 92103-8435
Tel: 619 543-6672 Fax: 619 543-6529
E-mail: shershman@ucsd.edu
Accred Length: 4 Yrs Program Size: 15 (GY: 4)
Program ID: 700-07-44-008

Connecticut
Bridgeport
Yale University (Bridgeport) Program
Sponsor: Bridgeport Hospital
Program Director: Michael B Smith, MD
Bridgeport Hosp
267 Grant St
Bridgeport, CT 06610-2870
Tel: 203 384-3405 Fax: 203 384-3910
E-mail: medped@bpthosp.org
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-07-44-009

Farmington
University of Connecticut School of Medicine Program
Sponsor: University of Connecticut School of Medicine
Program Director: Jacqueline Nissen, MD
Mark Greenstein
Univ of Connecticut
263 Farmington Ave
Farmington, CT 06002-1235
Tel: 860 679-4458 Fax: 860 679-4613
E-mail: Handelsman@exchange.uconn.edu
Accred Length: 4 Yrs Program Size: 8 (GY: 2)
Program ID: 700-08-44-114

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Stephen J Huot, MD, PhD
Tulane Univ Sch of Med
PO Box 209868
New Haven, CT 06520-8868
Tel: 203 785-7941 Fax: 203 785-3922
E-mail: marysaarbach@yale.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-08-44-127

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Alfred I DuPont Hospital for Children
Program Director: Allen Friedland, MD
Christiana Care Health System
4755 Ogletown-Stanton Rd
PO Box 8800 Rd 3420
Newark, DE 19711
Tel: 302 733-2153 Fax: 302 733-4329
E-mail: medped.residency@christianacare.org
Accred Length: 4 Yrs Program Size: 17 (GY: 4)
Program ID: 700-08-44-109

District of Columbia
Washington
Georgetown University Program
Sponsor: Georgetown University Hospital
Program Director: Michael Adams, MD
Georgetown Univ Hosp
Dept of Med 5 PSC
2800 Reservoir Rd
Washington, DC 20007-2107
Tel: 202 444-8410 Fax: 202 444-1066
E-mail: ccmh@georgetown.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-10-44-129

Florida
Miami
University of Miami-Jackson Memorial Medical Center Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Niraj Sharma, MD, MPH
Barry Gelman, MD
Univ of Miami
Dept of Medicine (R-101)
PO Box 016660
Miami, FL 33101
Tel: 305 555-5664 Fax: 305 555-7381
E-mail: lhbo@med.miami.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-11-44-086

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Program Director: Brian B Kiss, MD
Donna Vagianis, MD
Orlando Regional Healthcare System
Int Med/Pediatric Fpg
86 W Underwood St/Ste 102
Orlando, FL 32806-2134
Tel: 407 841-5145 Fax: 407 841-5101
E-mail: irmg@ohsc.org
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-11-44-112

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Trojan General Hospital
Program Director: Lynn Ringerberg, MD
Michael Flannery, MD
Univ of South Florida Coll of Med
801 South St South Box 6680
St Petersburg, FL 33701
Tel: 727 767-4106 Fax: 727 767-8804
E-mail: slama@tsc.usf.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 3)
Program ID: 700-11-44-125

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Queen's Medical Center
St Francis Medical Center
Program Director: Irwin J Schatz, MD
Christian DelRauf, MD
Univ of Hawaii
Internal Med Residency Pgm
1359 Lusitana St 7th Fl
Honolulu, HI 96813
Tel: 808 586-2101 Fax: 808 586-7485
E-mail: uhim@hawaii.edu
Accred Length: 4 Yrs Program Size: 8 (GY: 5)
Program ID: 700-14-44-110

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stronfer Hospital of Cook County
Program Director: Darryl A Woods, MD
Cook County Hosp
1835 W Harrison St 2207
Chicago, IL 60612-5955
Tel: 312 633-7045 Fax: 312 633-8333
E-mail: lwwoods@rush.edu
Accred Length: 4 Yrs Program Size: 10 (GY: 4)
Program ID: 700-18-44-011

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Rita M Bouz-Foulkes, MD, MS
Rush Combined Int Med/Peds Pgm
Lifet ime Med Associates
1645 W Jackson Blvd Ste 215
Chicago, IL 60612
Tel: 312 942-3254 Fax: 312 942-3255
E-mail: Wendy_Shulman@rush.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-16-44-103

University of Chicago Program
Sponsor: University of Chicago Hospitals
Mercy Hospital and Medical Center
University of Chicago Children's Hospital
Program Director: Benjamin W Van Vorte, MD, MPH
Univ of Chicago Hospitals and Clinics
5841 S Maryland Ave MC70722
Chicago, IL 60637-7470
Tel: 773 702-0930 Fax: 773 702-2239
E-mail: lbsnmc@medicine.bsd.uchicago.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-16-44-112
University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Pgm Director: Saul J Weiner, MD
Univ of Illinois Med Ctr
840 S Wood St
Chicago, IL 60612-7223
Tel: 312 413-3893 Fax: 312 413-0843
E-mail: cheyens@uic.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-16-44-013

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Pgm Director: Gregory J Oraik, MD
Kevin P Simpson, MD
Loyola Univ Med Ctr
2100 S 1st Ave
Bldg 102 Rm 7611A
Maywood, IL 60153
Tel: 708 216-5038 Fax: 708 216-6456
E-mail: gozark@lumc.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-16-44-014

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Pgm Director: Richard L Kormals, MD
Univ of Illinois Coll of Med-Peoria
OSF Saint Francis Med Ctr
530 NE Glen Oak Ave
Peoria, IL 61637
Tel: 309 691-7321
Accred Length: 4 Yrs Program Size: 29 (GYJ: 8)
Program ID: 700-16-44-015

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L. Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Pgm Director: Mary B Cioccarelli, MD
Riley Hosp for Children
702 Barnhill Dr/Em 6867
Indianapolis, IN 46202-5225
Tel: 317 274-4034 Fax: 317 274-1476
E-mail: mgpr@iuui.edu
Accred Length: 4 Yrs Program Size: 53 (GYJ: 14)
Program ID: 700-17-44-018

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Pgm Director: Andreas J Daymann, MD
Pamela S Shaw, MD
Univ of Kansas Med Ctr
Dept of Pediatrics
2901 Rainbow Blvd
Kansas City, KS 66160-7339
Tel: 913 986-7399 Fax: 913 588-9675
E-mail: neubauer@ku.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-19-44-016

Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Pgm Director: Garold O Minas, MD
Katherine Melhorn, MD
Univ of Kansas Sch of Med Wichita
1010 N Kansas
Wichita, KS 67214-3199
Tel: 316 293-2531 Fax: 316 293-2889
E-mail: pediatrics@wmc.edu
Accred Length: 4 Yrs Program Size: 4 (GYJ: 2)
Program ID: 700-19-44-124

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Pgm Director: Mary B Duke, MD
Christopher A Peddock, MD
Univ of Kentucky Coll of Med
Internal Med Ed Office
K255 Kentucky Clinic Bldg
Lexington, KY 40536-0384
Tel: 859 233-3918 Fax: 859 233-1107
E-mail: medpeds@uky.edu
Accred Length: 4 Yrs Program Size: 22 (GYJ: 6)
Program ID: 700-20-44-019

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
kosair Children's Hospital (Norton Healthscare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Pgm Director: John A Wood, MD
Office of Curriculum Development & Eval
Rm 306 Instructional Bldg B
500 South Preston St
Louisville, KY 40202
Tel: 502 852-4277 Fax: 502 852-2368
E-mail: cmbake03@uwsl.edu
Accred Length: 4 Yrs Program Size: 20 (GYJ: 5)
Program ID: 700-20-44-020

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Pgm Director: Betty Lo-Biais II, MD
Louisiana State Univ Med Ctr
1541 Tulane Ave
New Orleans, LA 70112
Tel: 504 667-4800 Fax: 504 667-7885
E-mail: blo@lsuhsc.edu
Accred Length: 4 Yrs Program Size: 27 (GYJ: 7)
Program ID: 700-21-44-023

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Pgm Director: Tracy L Conrad, DO
Tulane Univ Sch of Med
1430 Tulane Ave/Box 3007
New Orleans, LA 70112-2099
Tel: 504 698-8859 Fax: 504 988-8868
E-mail: tcconrad@tulane.edu
Accred Length: 4 Yrs Program Size: 24 (GYJ: 6)
Program ID: 700-21-44-023

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Pgm Director: Jennifer S Singh, MD
Louisiana State Univ Med Ctr Hosp
Med/Peds
1501 Kings Hwy
Shreveport, LA 71130-3932
Tel: 318 677-5856
E-mail: s.jscott@lsuhsc.edu
Accred Length: 4 Yrs Program Size: 10 (GYJ: 4)
Program ID: 700-21-44-101

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Pgm Director: Ann M Lemire, MD
Maine Med Ctr
22 Bramhall St
Portland, ME 04102
Tel: 207 262-7065 Fax: 207 262-7066
E-mail: med_peds@mmcc.org
Accred Length: 4 Yrs Program Size: 5 (GYJ: 2)
Program ID: 700-22-44-128

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Susan D Wollishal, MD
Carol J. Carrasanta, MD
Univ of Maryland
22 S Greene St/Rm N3E09
Baltimore, MD 21201-1065
Tel: 410 398-3998
E-mail: ummed@medicine.umaryland.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-23-44-096
Massachusetts

Boston
Harvard Combined Program
Sponsor: Brigham and Women's Hospital Children's Hospital
Massachusetts General Hospital
Program Director: David Y Tung, MD
Massachusetts General Hosp 55 Francis St
Tel: 617 734-7712 Fax: 617 734-9869
Email: dtying@partners.org
Accred Length: 4 Yrs Program Size: 22 (GY/1: 8)
Program ID: 709-24-44-084

Springfield
Baystate Medical Center Program
Sponsor: Baystate Medical Center
Program Director: Samuel B Horden, MD
Baystate Med Ctr 750 Chestnut St
Spfd 2 Rm # S2650 Springfield, MA 01119
Tel: 413 794-1112 Fax: 413 794-4588
Email: Kathleen.O'Neil@bhs.org
Accred Length: 4 Yrs Program Size: 22 (GYI: 8)
Program ID: 708-24-44-024

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: John M Solomonides, MD
Megan Douglas, MD
Univ of Massachusetts Med Sch
Dept of Pediatrics 65 Lake Ave N
Worcester, MA 01655
Tel: 508 856-3980 Fax: 508 856-3979
Email: greichen.jones@umassmed.edu
Accred Length: 4 Yrs Program Size: 11 (GYI: 3)
Program ID: 709-24-44-111

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: John G Frohna, MD, MPH
Univ of Michigan 3115 Taubman Ctr/Box 0939
1500 E Medical Center Dr
Ann Arbor, MI 48109-0939
Tel: 734 936-4986 Fax: 734 936-3554
Email: medped@umich.edu
Accred Length: 4 Yrs Program Size: 22 (GYI: 8)
Program ID: 709-25-44-025

Detroit
St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Ronald Hertz, DO
St John Hosp and Med Ctr
Dept of Med Ed 22101 Morose Rd
Detroit, MI 48236
Tel: 313 343-3875 Fax: 313 343-7840
Email: kimberly.mahoney@stjohn.org
Accred Length: 4 Yrs Program Size: 4 (GYI: 0)
Program ID: 708-25-44-028

Wayne State University Program
Sponsor: Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Sinai-Grace Hospital (Grace Campus)
The Michigan Orthopaedic Specialty Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Eric W Ayan, MD
Wayne State Univ-Detroit Med Ctr
4201 St Antoine Blvd UHRC 5C
Detroit, MI 48201-2196
Tel: 313 557-5537 Fax: 313 745-4707
Email: Eayen@med.wayne.edu
Accred Length: 4 Yrs Program Size: 22 (GYI: 5)
Program ID: 709-25-44-029

Flint
Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Program Director: Laura A Carravallah, MD
Hurley Med Ctr
Pediatric Education Dept
One Hurley Plaza 3A
Flint, MI 48503-5993
Tel: 810 257-8283 Fax: 810 257-9736
Email: lcaravall@hurleymc.com
Accred Length: 4 Yrs Program Size: 16 (GYI: 4)
Program ID: 709-25-44-030

Grand Rapids
Spectrum Health-Butterworth Campus Program
Sponsor: Spectrum Health-Butterworth Campus
Program Director: Richard A Switzer, MD
Towers Med Bldg
21 Michigan NR
Ste 655
Grand Rapids, MI 49503
Tel: 616 391-3245 Fax: 616 391-3130
Email: Sarah.Stobie@Spectrum-Health.org
Accred Length: 4 Yrs Program Size: 13 (GYI: 4)
Program ID: 709-25-44-031

Kalamazoo
Kalamazoo Center for Medical Studies/ Michigan State University Program
Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Bronson Methodist Hospital
Program Director: Thomas Melgar, MD
Med/Pediatrics Pgm
MSU-Kalamazoo Ctr for Med Studies
1600 Oakland Dr
Kalamazoo, MI 49008-1284
Tel: 269 337-6361 Fax: 269 337-4234
Email: medped@kscms.msu.edu
Accred Length: 4 Yrs Program Size: 16 (GYI: 4)
Program ID: 709-25-44-032

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Jeffrey D Haller, MD
William Beaumont Hosp
3901 W 13 Mile Rd Royal Oak, MI 48073-6799
Tel: 313 583-6480 Fax: 313 583-8890
Email: jaedensona@beaumont.edu
Accred Length: 4 Yrs Program Size: 16 (GYI: 4)
Program ID: 709-25-44-033

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: Fairview-University Medical Center
Children's Hospitals & Clinics - Minneapolis
Children's Hospitals & Clinics - St Paul
Mn/hsnpn Medical Center
Regional Hospitals
Veterans Affairs Medical Center (Minneapolis)
Program Director: Bradley J Benson, MD
Univ of Minnesota
420 Delaware St SE
MMC 391
Minneapolis, MN 55455-0392
Tel: 612 638-5665 Fax: 612 638-7042
Email: steveF109@umn.edu
Accred Length: 4 Yrs Program Size: 44 (GYI: 10)
Program ID: 706-26-44-034

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University Hospitals and Clinics
Program Director: Jimmie Stewart, MD
Univ of Mississippi Med Ctr
2500 N State St
Jackson, MS 39216-4556
Tel: 601 894-5770 Fax: 601 894-6853
Email: jstewart@medicine.unmc.edu
Accred Length: 4 Yrs Program Size: 11 (GYI: 2)
Program ID: 708-27-44-035

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: Robert Laney, MD
D P Robinson, MD
Univ of Missouri-Columbia
Dept of Child Health
One Hospital Dr/Rm 7215
Columbia, MO 65212
Tel: 573 882-4858 Fax: 573 882-5236
Email: adamskrausp@health.missouri.edu
Accred Length: 4 Yrs Program Size: 8 (GYI: 3)
Program ID: 708-28-44-128
Kansas City
University of Missouri at Kansas City Program
Sponsor: Children's Mercy Hospital
St. Luke's Hospital
Truman Medical Center-Lakewood
Pgm Director: Brenda Rogers, MD
David M. Hamberger, MD
Univ of Missouri-Kansas City Sch of Med
Combined Int Med/Peds
2411 Holmes St
Kansas City, MO 64108
Tel: 816-404-0068  Fax: 816-404-0059
E-mail: intmed@umkc.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-28-44-035

St Louis
St Louis University School of Medicine Program
Sponsor: St. Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St. Louis)
Pgm Director: Paul G. Schmitz, MD
Marilyn M. Billingsley, MD
St Louis Univ Sch of Med
Dept of Int Med
1402 S Grand Blvd
St. Louis, MO 63104
Tel: 314-577-8762  Fax: 314-288-5108
E-mail: pbcn@slu.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-28-44-007

Nebraska
Omaha
Creighton University Program
Sponsor: Creighton University Medical Center (Temet - SJH)
Children's Hospital
Veterans Affairs Medical Center (Omaha)
Pgm Director: Theresa Townley, MD
Creighton Univ
601 N 30th St Ste SS50
Omaha, NE 68131-2107
Tel: 402-280-4258  Fax: 402-280-4158
E-mail: resapj@creighton.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-28-44-038

University of Nebraska Medical Center Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Pgm Director: Joel B. Beumer, MD
John Walburn, MD
980050 Nebraska Med Ctr
Omaha, NE 68198-3005
Tel: 402-550-4866  Fax: 402-550-6114
E-mail: rjeckelb@ummc.edu
Accred Length: 4 Yrs  Program Size: 5 (GYI: 2)
Program ID: 700-30-44-136

New Jersey
Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center
Pgm Director: Jon F. Sicat, DO
Carlo Mainardi, MD
Newark Beth Israel Med Ctr
201 Lyons Ave
Newark, NJ 07112
Tel: 973-636-7471  Fax: 973-932-2441
E-mail: jisicat@nbihcs.com
Accred Length: 4 Yrs  Program Size: 12 (GYI: 3)
Program ID: 700-35-44-041
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Newark Beth Israel Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Susan G. Mautone, MD
Jo-Ann Botzum, MD
UMDNJ-New Jersey Med Sch
Dept of Pediatrics MSB B500
PO Box 1780
Newark, NJ 07101-1709
Tel: 973-873-0740  Fax: 973-872-1019
E-mail: cherbapa@umdnj.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-35-44-010
Summit
Atlantic Health System (Overlook) Program
Sponsor: Atlantic Health System
Overlook Hospital
UMDNJ-New Jersey Medical School
Pgm Director: Rafael E. Pajaroz, MD
90 Beaumont Ave
PO Box 220
Summit, NJ 07902-0020
Tel: 908-932-2424  Fax: 908-932-0994
E-mail: elisen.jackson@ahsgrp.com
Accred Length: 4 Yrs  Program Size: 16 (GYI: 0)
Program ID: 700-35-44-119

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Ellis Hospital
St Peter's Hospital
Veterans Affairs Medical Center (Albany)
Pgm Director: Elizabeth A. Higgins, MD
Paul C. Storen, MD, PhD
724 Water Street-Shaker Rd
Latham, NY 12110
Tel: 518-783-0312  ext 0821
Fax: 518-783-7485
E-mail: biggine@alum.albanymed.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-35-44-044

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Henry A. Schadler, MD
Malcolm Rose, MD
Maimonides Med Ctr
4922 2nd Ave
Brooklyn, NY 11219
Tel: 718-283-8690  Fax: 718-655-8885
E-mail: vrwahsler@maimonidesmed.org
Accred Length: 4 Yrs  Program Size: 4 (GYI: 0)
Program ID: 700-35-44-122
New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Harvey Donik, MD
Framed Nurals, MD
New York Methodist Hosp
506 Sixth St
Brooklyn, NY 11215-5908
Tel: 718-790-5290  Fax: 718-790-5295
E-mail: hadrc004@nyep.org
Accred Length: 4 Yrs  Program Size: 2 (GYI: 2)
Program ID: 700-35-44-130
Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Pgm Director: Colin S. McMahon, MD
Children's Hosp of Buffalo
185 Bryant St
Buffalo, NY 14222
Tel: 716-878-7553
Fax: 716-888-3989
E-mail: ckozak@upa.cheb.edu
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-35-44-049
New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Eldenhurst Hospital Center-Mount Sinai Services
Englewood Hospital and Medical Center
Manhattan Vt Harbor Health Care System
Mount Sinai Medical Center
Pgm Director: Forman Joel, MD
Mount Sinai Med Ctr
One Gustave L. Levy Pl
Box 1512
New York, NY 10029
Tel: 212-241-6934  Fax: 212-241-4900
E-mail: LLorrayne@msnyhealth.org
Accred Length: 4 Yrs  Program Size: 16 (GYI: 4)
Program ID: 700-35-44-196
New York Medical College Program
Sponsor: Metropolitan Hospital Center
Pgm Director: Shobhata Chaudhari, MD
Jason S. Mack, MD
New York Med Coll Metropolitan Hosp
1901 First Ave, 49th St
Rm 704
New York, NY 1009
Tel: 212-433-6771
E-mail: shebhatia_chaudhari@nymc.edu
Accred Length: 4 Yrs  Program Size: 0 (GYI: 0)
Program ID: 700-35-44-001
Accredited Programs in Internal Medicine/Pediatrics

St Vincent's Hospital and Medical Center of New York Program
Sponsor: St Vincent Catholic Medical Centers (Manhattan)
Pgm Director: Margaret D Smith, MD
Jayne D Rosas, MD
St Vincent's Hosp - Manhattan
170 W 12th St
NR 12121
New York, NY 10011
Tel: 212 604-8886 Fax: 212 694-3134
E-mail: ycarrillo@stvmc.org
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-38-44-062

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester Rochester General Hospital
Pgm Director: Brest W Robbins, MD
Strong Memorial Hosp
601 Elmwood Ave Box Med-Peds
Rochester, NY 14642
Tel: 585 341-6771 Fax: 585 341-8935
E-mail: mnedpeds@urmc.rochester.edu
Accred Length: 4 Yrs Program Size: 32 (GY: 8)
Program ID: 700-38-44-054

Staten Island
Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Pgm Director: Thomas G McGinn, MD
Staten Island Univ Hosp
475 Seaview Ave
Staten Island, NY 10305-3498
Tel: 718 220-8506 Fax: 718 226-6594
E-mail: tmgcian@siuh.edu
Accred Length: 4 Yrs Program Size: 16 (GY: 4)
Program ID: 700-38-44-053

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital at SUNY at Stony Brook
Pgm Director: Frederick J Reindl III, MD*
Sue Ann Lane, MD
SUNY Stony Brook
Sch of Med
SUNY Stony Brook Program
Pgm Director: Frederick J Reindl III, MD*
Sue Ann Lane, MD
SUNY Stony Brook
Sch of Med
SUNY Stony Brook Program
Pgm Director: Frederick J Reindl III, MD*
Sue Ann Lane, MD
SUNY Stony Brook
Sch of Med
HSC T 11 Rm 040
Stony Brook, NY 11794-8111
Tel: 631 444-2020 Fax: 631 444-2894
E-mail: Elaine.Cromwell@stonybrook.edu
Accred Length: 4 Yrs Program Size: 8 (GY: 2)
Program ID: 700-38-44-005

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Edmund A Liles Jr, MD
Univ of North Carolina Sch of Med
Rm 30127 Women's Hosp
CB #7503
Chapel Hill, NC 27599-7393
Tel: 919 966-6700 Fax: 919 966-8419
E-mail: cliles@med.unc.edu
Accred Length: 4 Yrs Program Size: 24 (GY: 6)
Program ID: 700-38-44-005

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)
Pgm Director: Thomas A Owens, MD
Duke University Hospital
5400 Duke Hosp North
Durham, NC 27710
Tel: 919 684-2356 Fax: 919 681-8825
E-mail: duke.peds.med.res@mc.duke.edu
Accred Length: 4 Yrs Program Size: 24 (GY: 6)
Program ID: 700-38-44-056

Greenville
East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Pgm Director: Gregg M Talentera, MD, MS
East Carolina Univ Sch of Med
Dept of Pediatrics
39-139 Brody Med Sci Bldg
Greenville, NC 27834-4384
Tel: 252 744-3041 Fax: 252 744-2386
E-mail: myersre@email.ecu.edu
Accred Length: 4 Yrs Program Size: 23 (GY: 7)
Program ID: 700-38-44-067

Ohio
Akron
Akron General Medical Center/Children's Hospital Medical Center Program
Sponsor: Akron General Medical Center Children's Hospital Medical Center of Akron
Pgm Director: Paul J Leosat, MD
Akron General Med Ctr
Dept of Med
400 Eabash Ave
Akron, OH 44301
Tel: 330 334-6140 Fax: 330 535-9720
E-mail: kstith@agmc.org
Accred Length: 4 Yrs Program Size: 8 (GY: 2)
Program ID: 700-38-44-068

Summa Health System (Children's Hospital Medical Center) Program
Sponsor: Summa Health System Children's Hospital Medical Center of Akron
Pgm Director: Joseph F Myers, MD
Jeffery A Kemp, DO
Summa Hlth System
Med Ed/Mary Yanik
525 E Market St
Akron, OH 44304
Tel: 330 334-6172 Fax: 330 275-3894
E-mail: yanikm@summa-health.org
Accred Length: 4 Yrs Program Size: 8 (GY: 2)
Program ID: 700-38-44-059

Cincinnati
University of Cincinnati Hospital Group Program
Sponsor: University Hospital Inc
Pgm Director: Caroline V Mueller, MD
Univ of Cincinnati
Div of General Int Med
PO Box 670535
Cincinnati, OH 45267-0535
Tel: 513 584-0379 Fax: 513 584-0389
E-mail: caroline.mueller@uc.edu
Accred Length: 4 Yrs Program Size: 28 (GY: 7)
Program ID: 700-38-44-082

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Pgm Director: Kelly B Perry, MD
David J Mansour, MD, MA
MetroHealth Med Ctr
Dept of Med/Peds
2500 MetroHealth Dr
Cleveland, OH 44109-1998
Tel: 216 778-0882 Fax: 216 778-1834
E-mail: mwhile@metrohealth.org
Accred Length: 4 Yrs Program Size: 24 (GY: 6)
Program ID: 700-38-44-061

Case Western Reserve University Hospital of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Michael Beck, MD
Keith Armitage, MD
Pediatrics Edu
11109 Euclid Ave Rm 865
Cleveland, OH 44106
Tel: 216 644-3041 Fax: 216 644-7166
E-mail: vickie.charlton@uhhosp.com
Accred Length: 4 Yrs Program Size: 13 (GY: 4)
Program ID: 700-38-44-121

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital Children's Hospital (Columbus)
Pgm Director: Scott A Holliday, MD*
Children's Hosp
OSU Med-Peds Pgm
700 Children's Dr 305 Tikken Hall
Columbus, OH 43210
Tel: 614 722-4953 Fax: 614 722-4966
E-mail: vanoverd@pediatrics.osu-state.edu
Accred Length: 4 Yrs Program Size: 31 (GY: 8)
Program ID: 700-38-44-063

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine Children's Medical Center
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Wright-Patterson Medical Center
Pgm Director: Marc A Raslich, MD
Wright State Univ Med Peds Pgm
PO Box 322
Dayton, OH 45401-0227
Tel: 937 775-2375 Fax: 937 775-2261
E-mail: som_medpeds@wright.edu
Accred Length: 4 Yrs Program Size: 15 (GY: 4)
Program ID: 700-38-44-064
Youngstown
Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Tod Children's Hospital
Pgm Director: Mary B Toth, MD
Anita Backstoche, MD
Western Reserve Care System Forum Hlth
500 Gypsy Ln
Box 240
Youngstown, OH 44501-0240
Tel: 330 884-3832 Fax: 330 884-0516
E-mail: mehazen@forumhealth.org
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-39-44-065

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: OU Medical Center-Boettner Tower OU Medical Center-Children's Hospital
Pgm Director: Joan P Cain, MD
Brent Brown, MD
Univ of Oklahoma Coll of Med Children's Hosp
940 NE 15th/Em 3409
Oklahoma City, OK 73104
Tel: 405 271-4417 Fax: 405 271-2029
E-mail: shirley-rooms@ouhsc.edu
Accred Length: 4 Yrs Program Size: 12 (GYJ: 3)
Program ID: 700-39-44-069

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Medical East Medical Center
Saint Francis Health System
St John Medical Center
Pgm Director: Mark D Fox, MD, PhD
Univ of Oklahoma Coll of Med-Tulsa
Sect of Med/Pediatrics
4502 E 11st St
Tulsa, OK 74115-2512
Tel: 918 669-3895 Fax: 918 660-3896
E-mail: me-peds@ouhsc.edu
Accred Length: 4 Yrs Program Size: 8 (GYJ: 2)
Program ID: 700-39-44-087

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Pgm Director: Michelle Thompson, MD
Geisinger Hlth System
100 N Academy Ave
Danville, PA 17822-9139
Tel: 570 571-6787 Fax: 570 571-2734
E-mail: lmaro@geisinger.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-41-44-068

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Ronald J Williams, MD
Penn State Milton S Hershey Med Ctr
PO Box 859 HC H085
600 University Dr
Hershey, PA 17033-0850
Tel: 717 531-8003 Fax: 717 531-0856
E-mail: skoons@hmc.psu.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-41-44-491

Philadelphia
Albert Einstein Medical Center Program
Sponsor: Albert Einstein Medical Center
Pgm Director: Robert Watterson, MD
Internal Med Peds Pgm
Albert Einstein Med Ctr
5400 Old York Rd Ste 603
Philadelphia, PA 19141-3020
Tel: 215 456-8520 Fax: 215 456-7926
E-mail: sundstrm@ainstein.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-41-44-409

University of Pennsylvania Health System Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Pgm Director: Lisa Belfunt, MD
Steven Ludwig, MD
9400 Spruce St
Philadelphia, PA 19104-4283
Tel: 215 662-3924 Fax: 215 662-7919
E-mail: belfunt@uaphen.com
Accred Length: 4 Yrs Program Size: 20 (GYJ: 6)
Program ID: 700-41-44-129

Pittsburgh
UPMC Health System Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Pgm Director: Russ C Kolarik, MD*
Dena Hofbush, MD
UPMC Shadyside
3530 Centre Ave
Pittsburgh, PA 15232
Tel: 412 692-7111 Fax: 412 692-7234
E-mail: hofbuch@upmc.edu
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-41-44-128

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Pgm Director: Janice D Key, MD
Dannah Wray, MD
Medical Univ of South Carolina
165 Ashley Ave
PO Box 250561
Charleston, SC 29425
Tel: 843 792-6826 Fax: 843 792-2223
E-mail: gailsat@musc.edu
Accred Length: 4 Yrs Program Size: 8 (GYJ: 3)
Program ID: 700-45-44-127

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Pgm Director: Shawn Stoniton, MD
Cauhnaghty Taylor, MD
Palmetto Hlth-Univ of S Carolina Sch of Med
Combined Internal Med/Ped Pgm
14 Medical Park Ste 400
Columbia, SC 29203
Tel: 803 434-7886 Fax: 803 434-3855
E-mail: ashley.bms@palmettohealth.org
Accred Length: 4 Yrs Program Size: 0 (GYJ: 0)
Program ID: 700-45-44-137

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Pgm Director: L J Cochran Jr, MD
Bobin N LaCroix, MD
Greenville Hosp System
Med/Peds Ben Pgm
701 Grove Rd Toomey Tower 6th Fl
Greenville, SC 29605
Tel: 864 655-7844 Fax: 864 655-8368
E-mail: shaelwood@ghs.org
Accred Length: 4 Yrs Program Size: 14 (GYJ: 4)
Program ID: 700-45-44-136

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Pgm Director: Richard M Jordan, MD
David T Price, MD
East Tennessee State Univ
Dept of Internal Med
Box 70622
Johnson City, TN 37614-1709
Tel: 423 439-6385 Fax: 423 439-6387
E-mail: shuttleci@mail.etsu.edu
Accred Length: 4 Yrs Program Size: 1 (GYJ: 0)
Program ID: 700-47-44-092

Rhode Island
Providence
Rhode Island Hospital Program
Sponsor: Rhode Island Hospital-Lifespan
Pgm Director: Dominick Tammaro, MD
Patricia Flanagan, MD
Rhode Island Hosp
Dept of Med
593 Eddy St/Jane Brown 0100
Providence, RI 02902
Tel: 401 444-5577 Fax: 401 444-0056
E-mail: dwiley-charad@lifespan.org
Accred Length: 4 Yrs Program Size: 16 (GYJ: 4)
Program ID: 700-43-44-108
<table>
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<th>Accredited Programs in Internal Medicine/Pediatrics</th>
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<tbody>
<tr>
<td><strong>Memphis</strong></td>
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<tr>
<td>University of Tennessee Program</td>
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<tr>
<td>Sponsor: University of Tennessee College of Medicine</td>
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<tr>
<td>LeBonheur Children's Medical Center</td>
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<tr>
<td>Regional Medical Center at Memphis</td>
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<td>St Jude Children’s Research Hospital</td>
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<tr>
<td>University of Tennessee Medical Center</td>
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<tr>
<td>Veterans Affairs Medical Center (Memphis)</td>
</tr>
<tr>
<td>Prgm Director: James B Lewis, Jr, MD</td>
</tr>
<tr>
<td>Univ of Tennessee Med Education Office</td>
</tr>
<tr>
<td>842 Jefferson Ave Rm A601</td>
</tr>
<tr>
<td>Memphis, TN 38103</td>
</tr>
<tr>
<td>Tel: 901-448-5704, Fax: 901-448-7836</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:konlee@umem.edu">konlee@umem.edu</a></td>
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<td>Accred Length: 4 Yrs Program Size: 36 (GY: 9)</td>
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<td>Harris County Hospital District- Ben Taub General Hospital</td>
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<td>Michael E DeBakey VA Medical Center</td>
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<td>St Luke’s Episcopal Hospital</td>
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<td>Texas Children’s Hospital</td>
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<tr>
<td>Prgm Director: Cynthia Peacock, MD</td>
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<tr>
<td>Univ of Texas Med Sch</td>
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<tr>
<td>Dept of Int Med</td>
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<tr>
<td>6415 Fannin, Ste 1150</td>
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<tr>
<td>Houston, TX 77030</td>
</tr>
<tr>
<td>Tel: 713-793-8317, Fax: 713-793-8316</td>
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<tr>
<td>6415 Fannin Ste 1150</td>
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<tr>
<td>Houston, TX 77030</td>
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<tr>
<td>Tel: 713-600-6526, Fax: 713-600-6530</td>
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<tr>
<td>E-mail: <a href="mailto:linnes@uth.tmc.edu">linnes@uth.tmc.edu</a></td>
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<tr>
<td>Metropolitan Nashville General Hospital</td>
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<tr>
<td>Veterans Affairs Medical Center</td>
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<tr>
<td>Nashville, TN 37232-2574</td>
</tr>
<tr>
<td>Tel: 615-322-8777, Fax: 615-343-6249</td>
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<td>Center at Amarillo</td>
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<tr>
<td>Prgm Director: Fred A McCurdy, MD, PhD</td>
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<td>Bharat Khambhatiya, MD</td>
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<tr>
<td>Texas Tech Univ Amarillo HSC</td>
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<tr>
<td>400 Oustler</td>
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<tr>
<td>Amarillo, TX 79106</td>
</tr>
<tr>
<td>Tel: 806-354-5570, Fax: 806-354-5536</td>
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<tr>
<td>E-mail: <a href="mailto:donna.cecil@ttuhsc.edu">donna.cecil@ttuhsc.edu</a></td>
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<tr>
<td>Prgm Director: Noorah Khuhein, MD</td>
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<td>Univ of Texas Med Branch</td>
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<tr>
<td>Dept of Pediatrics</td>
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<tr>
<td>901 Unit Blvd</td>
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<tr>
<td>Galveston, TX 77555-0656</td>
</tr>
<tr>
<td>Tel: 409-772-2688, Fax: 409-747-8190</td>
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<tr>
<td>E-mail: <a href="mailto:Nkhuhin@utmb.edu">Nkhuhin@utmb.edu</a></td>
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<td>Primary Children’s Medical Center</td>
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<td>Veterans Affairs Medical Center (Salt Lake City)</td>
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<tr>
<td>Prgm Director: Betsy M Stulits, MD</td>
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<tr>
<td>Ronald S Bloom, MD</td>
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<tr>
<td>Univ of Utah Med Ctr</td>
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<tr>
<td>30 N 1800 E 4 C104</td>
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<tr>
<td>Salt Lake City, UT 84138</td>
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<tr>
<td>Tel: 801-585-2574, Fax: 801-585-6418</td>
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<tr>
<td>E-mail: <a href="mailto:sara.amb@hsc.utah.edu">sara.amb@hsc.utah.edu</a></td>
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<td>Virginia</td>
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<td>Commonwealth University Program</td>
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<td>Sponsor: Medical College of Virginia Hospitals</td>
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<tr>
<td>Prgm Director: Suzanne Lavoie, MD</td>
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<tr>
<td>Med Coll of Virginia</td>
</tr>
<tr>
<td>1100 F Marshall St</td>
</tr>
<tr>
<td>Box 980849</td>
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<tr>
<td>Richmond, VA 23229-0049</td>
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<tr>
<td>Tel: 804-285-0711, Fax: 804-285-0000</td>
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<tr>
<td>E-mail: <a href="mailto:dramati@hsc.wvu.edu">dramati@hsc.wvu.edu</a></td>
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<td><strong>West Virginia</strong></td>
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<td>West Virginia University (Charleston)</td>
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<td>Sponsor: Charleston Area Medical Center/West Virginia University</td>
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<tr>
<td>Prgm Director: Gregory D Clarke, MD</td>
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<td>James P Griffith, MD</td>
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<td>West Virginia Univ Health Sci Ctr</td>
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<tr>
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<tr>
<td>3110 MacCorkle Ave SE</td>
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<tr>
<td>Charleston, WV 25304</td>
</tr>
<tr>
<td>Tel: 304-247-1254, Fax: 304-247-1344</td>
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<tr>
<td>E-mail: <a href="mailto:truex@hsc.wvu.edu">truex@hsc.wvu.edu</a></td>
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<tr>
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<td>St Mary’s Hospital</td>
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<td>Marshall Univ Sch of Med</td>
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<tr>
<td>1600 Medical Center Dr</td>
</tr>
<tr>
<td>Ste 2400</td>
</tr>
<tr>
<td>Huntington, WV 25701</td>
</tr>
<tr>
<td>Tel: 304-691-1790, Fax: 304-691-1744</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:muigullf@marshall.edu">muigullf@marshall.edu</a></td>
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<tr>
<td>Prgm Director: Christine R Kincaid, MD, MS</td>
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<tr>
<td>West Virginia Univ Hosp</td>
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<tr>
<td>Dept of MedPeds</td>
</tr>
<tr>
<td>PO Box 914</td>
</tr>
<tr>
<td>Morgantown, WV 26506-9214</td>
</tr>
<tr>
<td>Tel: 304-259-1186, Fax: 304-259-1216</td>
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<tr>
<td>E-mail: <a href="mailto:mwtools@hsc.wvu.edu">mwtools@hsc.wvu.edu</a></td>
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<tr>
<td>Marshfield</td>
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<tr>
<td>Marshfield Clinic-St Joseph’s Hospital</td>
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<tr>
<td>Program Sponsor: Marshfield Clinic-St Joseph’s Hospital</td>
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<tr>
<td>Prgm Director: Jonathan A Forncrook, DO</td>
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<tr>
<td>Marshfield Clinic</td>
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<tr>
<td>Med-Peds Pgm Office 1A4</td>
</tr>
<tr>
<td>1600 N Oak Ave</td>
</tr>
<tr>
<td>Marshfield, WV 44448-6777</td>
</tr>
<tr>
<td>Tel: 309-541-2800, ext 93144, Fax: 715-389-3142</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:nanstad.nancy@marshfieldclinic.org">nanstad.nancy@marshfieldclinic.org</a></td>
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<tr>
<td>Accred Length: 4 Yrs Program Size: 8 (GY: 2)</td>
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<td>Program ID: 700-56-44-109</td>
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</tbody>
</table>
Milwaukee Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Program Director: LuAnn Moraski, DO
Med Coll of Wisconsin
Office of Med Ed
9701 Watertown Plank Rd
Milwaukee, WI 53226
Tel: 414 266-6610  Fax: 414 266-6073
E-mail: garsen@mcw.edu
Accred Length: 4 Yrs  Program Size: 14  (GYJ: 4)
Program ID: 700-56-44-096

Internal Medicine/Physical Medicine and Rehabilitation

New York

Buffalo

University at Buffalo Program
Sponsor: University at Buffalo
Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System
Program Director: Thomas Polisoto, MD
Gerald Logue, MD
Erie County Med Ctr Rm G223
402 Grider St
Buffalo, NY 14215
Tel: 716 896-4856  Fax: 716 898-3279
Accred Length: 5 Yrs  Program Size: 1  (GYJ: 1)
Program ID: 710-35-44-020

Wisconsin

Milwaukee

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
St Luke's Medical Center
Program Director: Michael O Frank, MD*
Timothy Dillingham, MD
Med Coll of Wisconsin
9200 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 456-6813  Fax: 414 456-6213
E-mail: mfrank@mail.mcw.edu
Accred Length: 5 Yrs  Program Size: 1  (GYJ: 1)
Program ID: 710-56-44-023

Internal Medicine/Preventive Medicine

Connecticut

Derby

Griffin Hospital Program
Sponsor: Griffin Hospital
Yale University School of Public Health
Program Director: Haq Nawaz, MD, MPH
Ramin Ahmadi, MD, MPH
Griffin Hosp
130 Division St
Derby, CT 06418
Tel: 203 732-7327  Fax: 203 732-7185
E-mail: mbliga@griffinhealth.org
Accred Length: 4 Yrs  Program Size: 12  (GYJ: 3)
Program ID: 751-08-44-006

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger/State of Illinois
Program Director: Rachel Rubin, MD, MPH
Peter Orris, MD, MPH
Div of Occupational Med
Stroger Hosp of Cook Cnty
1900 W Polk St Rm 500
Chicago, IL 60612
Tel: 312 633-5310  Fax: 312 633-6442
E-mail: cassandr2@aol.com
Accred Length: 4 Yrs  Program Size: 7  (GYJ: 1)
Program ID: 751-16-44-005

Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane Univ School of Public Health and Tropical Medicine
Program Director: Jeffrey G Wiese, MD
Rebecca Meriwether, MD, MPH
Tulane Univ Med Ctr
Preventive Medicine/IM Residency
1430 Tulane Ave TR-3
New Orleans, LA 70112-2699
Tel: 504 988-1143
E-mail: jwiese@tulane.edu
Accred Length: 4 Yrs  Program Size: 2  (GYJ: 0)
Program ID: 751-21-44-003

Graduate Medical Education Directory 2005-2006 1183
New York

Buffalo
University at Buffalo Program
Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Program Director: Ellen P Rich, MD*
Gerald Logue, MD
Erie County Med Ctr
Dept of Medicine
465 Grider St
Buffalo, NY 14215
Tel: 716 889-5210 Fax: 716 889-3279
E-mail: GLogue@acsu.Buffalo.edu
Accred Length: 4 Yrs Program Size: 3 (GYJ: 0)
Program ID: 751-35-44-004

Texas

Galveston
University of Texas Medical Branch at Galveston Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Thomas A Blackwell, MD
Richard T Jennings, MD, MS
301 Univ Blvd
Maurice Ewing Hall Ste 1116
Galveston, TX 77555-1150
Tel: 409 772-5846 Fax: 409 747-8129
E-mail: rychulak@utmb.edu
Accred Length: 4 Yrs Program Size: 2 (GYJ: 1)
Program ID: 751-48-44-007

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
NASA Johnson Space Center
University of Texas Medical School at Galveston
Program Director: Andrew N Avery, MD
Thomas Blackwell, MD
Preventive Med Residencies
301 University Blvd
Galveston, TX 77556-1150
Tel: 409 773-5846 Fax: 409 747-8129
E-mail: rychulak@utmb.edu
Accred Length: 4 Yrs Program Size: 1 (GYJ: 0)
Program ID: 751-48-44-009

Illinois

Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Stephanie Cavanaugh, MD
Richard Abrams, MD
Rush Univ Med Ctr
1720 W Polk St
Chicago, IL 60612
Tel: 312 926-6015 Fax: 312 926-3113
E-mail: stolisa@harthosp.org
Accred Length: 5 Yrs Program Size: 10 (GYJ: 3)
Program ID: 715-08-44-029

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St. John's Hospital
Program Director: Andrew J Varney, MD
Southern Illinois Univ Sch of Med
701 N First St
PO Box 10436
Springfield, IL 62794-6936
Tel: 217 545-0193 ext. 3 Fax: 217 545-8156
E-mail: cbover@simedmed.com
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 715-16-44-018

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: Tawana Long, MD
Barry I Liskow, MD
Univ of Kansas Med Ctr
Dept of Psychiatry
3901 Rainbow Blvd
Kansas City, KS 66160-7344
Tel: 913 588-6413 Fax: 913 588-6414
E-mail: sbuckley2@ku.edu
Accred Length: 5 Yrs Program Size: 5 (GYJ: 2)
Program ID: 715-19-44-008

Louisiana

New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: L L Weise, MD, PhD
Jeffrey G Wise, MD
Tulane Univ Sch of Med
Dept of Psychiatry 8553
1440 Canal St
New Orleans, LA 70112-2715
Tel: 504 884-7260 Fax: 504 884-7280
E-mail: psyres@tulane.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 715-21-44-010

Maryland

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Program Director: Thomas A Grieger, MD
Gregory Argiros, MD
Walter Reed Army Inst of Research
Dept of Psychiatry
430 Jones Bridge Rd
Bethesda, MD 20814
Tel: 202 785-0560 Fax: 202 785-6840
E-mail: thomas.grieger@va.mil
Accred Length: 5 Yrs Program Size: 13 (GYJ: 3)
Program ID: 715-23-44-021
US Armed Services Program

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Bradley V Watts, MD
Ronald L Green, MD
Dartmouth-Hitchcock Med Ctr
One Medical Center Dr
Lebanon, NH 03756
Tel: 603 650-6508 Fax: 603 650-5842
E-mail: Jamison.N.Jennette@dartmouth.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 715-32-44-016
### New York

**Brooklyn**

**SUNY Health Science Center at Brooklyn Program**

- **Sponsor:** SUNY Health Science Center at Brooklyn
- **Program Director:** Nyanpati Rao, MD, MS
- **Accred Length:** 5 Yrs
- **E-mail:** henrye@musc.edu
- **Fax:** 843 792-0182

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 10
- **Accred Year:** 2005-2006

**Program ID:** 715-36-3-8-065

### North Carolina

**Durham**

**Duke University Hospital Program**

- **Sponsor:** Duke University Hospital
- **Program Director:** Grace C Thall, MD
- **Accred Length:** 5 Yrs
- **E-mail:** pope0006@mc.duke.edu

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 10
- **Accred Year:** 2005-2006

**Program ID:** 715-36-3-8-065

### Tennessee

**Johnson City**

**East Tennessee State University Program**

- **Sponsor:** James H Quillen College of Medicine
- **Program Director:** Hetal K Brahmbhatt, MD
- **Accred Length:** 5 Yrs
- **E-mail:** psychresidency@viryginia.edu

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 8
- **Accred Year:** 2005-2006

**Program ID:** 715-47-4-4-028

### Virginia

**Charlottesville**

**University of Virginia Program**

- **Sponsor:** University of Virginia Medical Center
- **Program Director:** Edward M Kantor, MD
- **Accred Length:** 5 Yrs
- **E-mail:** psychresidency@virginia.edu

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 8
- **Accred Year:** 2005-2006

**Program ID:** 715-51-4-4-0002

### Roanoke

**Carilion Health System/University of Virginia (Roanoke/Salem) Program**

- **Sponsor:** Carilion Health System
- **Program Director:** Daniel P Harrington, MD
- **Accred Length:** 5 Yrs
- **E-mail:** dharrington@carilion.com

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 10
- **Accred Year:** 2005-2006

**Program ID:** 715-51-4-4-027

### West Virginia

**Charleston**

**West Virginia University (Charleston Division) Program**

- **Sponsor:** Charleston Area Medical Center/West Virginia University
- **Program Director:** James P Griffith, MD
- **Accred Length:** 5 Yrs
- **E-mail:** jgriffith@hsc.wvu.edu

**Accredited Program**

- **Program:** Medicine/Psychiatry
- **Program Size:** 7
- **Accred Year:** 2005-2006

**Program ID:** 715-55-4-4-014

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**Combined Specialty Programs**

**Graduate Medical Education Directory 2005-2006**

**Volume 1**

**1185**
Neurology/Diagnostic Radiology/Neuroradiology

**Maryland**

**Baltimore**

Johns Hopkins University School of Medicine Program

**Sponsor:** Johns Hopkins University School of Medicine/Johns Hopkins Hospital

**Prgm Director:** Justin McArthur, MD

**Stanley Singelman, MD**

600 N Wolfe St/Meyer 6-109

Baltimore, MD 21287-7608

Tel: 410 955-3730 Fax: 410 955-0672

E-mail: jm@jhmi.edu

**Accred Length:** 7 yrs Program Size: 2 (GYJ: 0)

Program ID: 760-38-44-002

**Pediatrics/Dermatology**

**California**

San Francisco

University of California (San Francisco) Program

**Sponsor:** University of California (San Francisco) School of Medicine

San Francisco General Hospital Medical Center

University of California (San Francisco) Medical Center

Veterans Affairs Medical Center (San Francisco)

**Prgm Director:** Robert Kamei, MD

**Johns J Frieden, MD**

Dept of Pediatrics

UCSF Sch of Med

505 Parnassus Ave M 686

San Francisco, CA 94143

Tel: 415 476-5001 Fax: 415 476-4009

E-mail: pedsapp@itsa.ucsf.edu

**Accred Length:** 5 yrs Program Size: 0 (GYJ: 0)

Program ID: 760-40-44-002

**Pediatrics/Emergency Medicine**

**Arizona**

Tucson

University of Arizona Program

**Sponsor:** University of Arizona College of Medicine

University Medical Center

**Prgm Director:** Dale P Woolridge, MD

**Jerry L Rashtian, MD, MPH**

Clarian Methodist Hosp

Emergency Med/Trauma Ctr

1-55 at 21st St

Tucson, AZ 85724-5687

Tel: 520 626-3480 Fax: 520 626-2309

E-mail: dwoolri@arizona.edu

**Accred Length:** 5 yrs Program Size: 0 (GYJ: 0)

Program ID: 725-03-44-009

**New York**

**New York**

New York University School of Medicine Program

**Sponsor:** New York University School of Medicine

Bellevue Hospital Center

Manhattan VA Harbor Health Care System

**Prgm Director:** Peter K Nelson, MD

**New York Med Sch of Med**

Dept of Radiology/Neuroradiology

560 First Ave/HE-208

New York, NY 10016

Tel: 212 263-6008 Fax: 212 263-9405

E-mail: neaktj@popmail.med.nyu.edu

**Accred Length:** 7 yrs Program Size: 12 (GYJ: 2)

Program ID: 760-35-44-002

**Pennsylvania**

**Philadelphia**

Children's Hospital of Philadelphia Program

**Sponsor:** Children's Hospital of Philadelphia

University of Pennsylvania Health System

Veterns Affairs Medical Center (Philadelphia)

**Prgm Director:** Brian C Yan, MD

**Section Pediatric Dermatology**

Children's Hospital of Philadelphia

34th St and Civic Center Blvd

Philadelphia, PA 19104-2600

Tel: 215 356-5572

**Accred Length:** 5 yrs Program Size: 0 (GYJ: 0)

Program ID: 760-41-44-002

**Ohio**

**Cleveland**

Cleveland Clinic Foundation Program

**Sponsor:** Cleveland Clinic Foundation

**Prgm Director:** John-Mari Ruggieri, MD

**Patrick J Sweeney, MD**

Cleveland Clinic End

Dept of Neuroradiology/L10

9500 Euclid Ave

Cleveland, OH 44195

Tel: 216 445-7035 Fax: 216 444-3466

E-mail: ruggierij@clevelandclinic.org

**Accred Length:** 7 yrs Program Size: 0 (GYJ: 0)

Program ID: 760-38-44-003

**Texas**

**Galveston**

University of Texas Medical Branch Hospital Program

**Sponsor:** University of Texas Medical Branch Hospitals

**Prgm Director:** Jose L Gonzales, MD

**Sharon S Rainier, MD**

Univ of Texas Med Branch

301 University Blvd

Galveston, TX 77555-0354

Tel: 409 747-5034 Fax: 409 747-8130

E-mail: jgonzala@utmb.edu

**Accred Length:** 5 yrs Program Size: 1 (GYJ: 0)

Program ID: 760-45-44-001
Accredited Programs in Pediatrics/Medical Genetics

California

Los Angeles

Cedars-Sinai Medical Center/Harbor-UCLA Program

Sponsor: Cedars-Sinai Medical Center
Los Angeles County-Harbor-UCLA Medical Center
UCLA Medical Center
Pgm Director: David L Rimm, MD, MS, PhD
Cedars Sinai Med Ctr Pgm
8700 Beverly Blvd Rm 4400
Los Angeles, CA 90048
Tel: 310 423-4239 Fax: 310 423-4131
E-mail: patricik.kearney@csbs.org
Accred Length: 5 Yrs Program Size: 4 (GYJ: 0)
Program ID: 765-05-44-005

UCLA School of Medicine Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Pgm Director: Stuart J Stavitsky, MD
Edward McCabe, MD
UCI Medical Center
12-355 MDCC
10833 Le Conte Ave
Los Angeles, CA 90095
Tel: 310 794-5200 Fax: 310 794-5200
Accred Length: 5 Yrs Program Size: 4 (GYJ: 0)
Program ID: 765-05-44-007

Orange

University of California (Irvine) Medical Center Program

Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Pgm Director: Maureen Bocian, MD, MS
Khanh-Van Le-Bucklin, MD
Pediatrics/Genetics Pgm
Div Human Genetics Dept Pediatrics
101 The Dr SGRH 4452 UCIMC
Orange, CA 92668-2288
Tel: 714 456-5661 Fax: 714 456-6660
E-mail: etom@uci.edu
Accred Length: 5 Yrs Program Size: 1 (GYJ: 1)
Program ID: 765-05-44-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Cedars-Sinai Medical Center
UCLA Medical Center
Pgm Director: Henry J Lin, MD
Monica Silfenstein, MD
LAC-Harbor UCLA Med Ctr
100 W Carson St
Box 465
Torrance, CA 90509-2910
Tel: 310 323-2301 Fax: 310 323-2301
E-mail: huclaped@uclln
Accred Length: 5 Yrs Program Size: 0
Program ID: 765-05-44-006

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
St Francis Hospital and Medical Center
UConn Hartford Health Care/Henriement Hospital
Pgm Director: Robert M Greenstein, MD
Edwin L Zalneraitis, MD
Univ of Connecticut Hlth Ctr
UConn Health Partners Hosp
65 Kane St
West Hartford, CT 06119
Tel: 860 523-5470 Fax: 860 523-5470
E-mail: greenstein@touche.com
Accred Length: 5 Yrs Program Size: 1 (GYJ: 0)
Program ID: 765-05-44-004

Maryland

Baltimore

John Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Julia McMillan, MD
Gary R Cutting, MD
Pediatric Residency Pgm
Institute of Genetic Medicine
600 N Wolfe St/CMSC 600
Baltimore, MD 21287-3914
Tel: 410 837-4303 Fax: 410 996-8550
Accred Length: 5 Yrs Program Size: 9 (GYJ: 2)
Program ID: 765-23-44-010

Bethesda

National Human Genome Research Institute/Children's National Medical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Children's National Medical Center
Pgm Director: Maximilian Munke, MD
Bernhard L Wiedermann, MD
Sgt of Health and Human Services
NIH Hlth 8Rm 101/CRC 10
10 Center Dr/MSC 182
Bethesda, MD 20892-1852
Tel: 301 402-3670 Fax: 301 402-3670
Accred Length: 5 Yrs Program Size: 0 (GYJ: 0)
Program ID: 765-23-44-008

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Medical Center
Pgm Director: Jannet A Gonzales-del-Rey, MD
Howard M Saal, MD
Pediatric Pgm
Children's Hospital Med Ctr
3333 Burnet Ave
Cincinnati, OH 45229-3039
Tel: 513 636-8430 Fax: 513 636-7297
Accred Length: 5 Yrs Program Size: 3 (GYJ: 1)
Program ID: 765-05-44-011

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Pgm Director: Martha S Wright, MD
Georgia L Wisner, MD
Rainbow Babies & Children's Hosp
1100 Elyria Ave
Cleveland, OH 44106
Tel: 216 844-3641 Fax: 216 844-7166
E-mail: vickie.erdhart@uhhs.com
Accred Length: 5 Yrs Program Size: 2 (GYJ: 0)
Program ID: 765-38-44-002

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Pgm Director: Hagak Kazazian, MD
Uhr Human Genetics & Molecular Biology
Children's Hosp Philadelphia 1002 ABC
3615 Civic Ctr Blvd
Philadelphia, PA 19104-6146
Tel: 215 590-3964 Fax: 215 590-3764
Accred Length: 5 Yrs Program Size: 6 (GYJ: 1)
Program ID: 765-41-44-003

New York

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Margaret M McGovern, MD
One Gustave L Levy Pl
Box 1497
New York, NY 10029-6774
Tel: 212 241-6447 Fax: 212 241-6316
E-mail: mcgovernmts@msm.edu
Accred Length: 5 Yrs Program Size: 8 (GYJ: 1)
Program ID: 765-35-44-001
## Pediatrics/Physical Medicine and Rehabilitation

### Colorado

**Denver**

**University of Colorado Program**

- **Sponsor:** University of Colorado School of Medicine
- **Program Director:** Adam Rosenberg, MD
- **Tel:** 303 747-8086
- **E-mail:** sommers.eric@tchden.org
- **Accredited Length:** 5 Yrs 
- **Program Size:** 1 (GY: 0)
- **Program ID:** 735-51-44-001

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>University Hospital Inc</th>
<th>Tel</th>
<th>Fax</th>
<th>E-mail</th>
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</thead>
<tbody>
<tr>
<td>Dept of Phys Med/Rehab</td>
<td>1-800-638-1234</td>
<td>1-800-638-1234</td>
<td><a href="mailto:mary.samuels@uhhosp.org">mary.samuels@uhhosp.org</a></td>
<td></td>
</tr>
</tbody>
</table>

### Ohio

**Cincinnati**

**University of Cincinnati Hospital Group Program**

- **Sponsor:** University Hospital Inc
- **Program Director:** Austin Nebours, MD, MPH
- **Tel:** 513 558-6500
- **Fax:** 513 555-4448
- **E-mail:** mary.duke@uc.edu
- **Accredited Length:** 5 Yrs 
- **Program Size:** 6 (GY: 1)
- **Program ID:** 735-36-44-012

### Pennsylvania

**Philadelphia**

**Temple University Program**

- **Sponsor:** Temple University Hospital
- **Program Director:** Ian B Matlin, MD, MBA
- **Tel:** 215-707-7611
- **Fax:** 215-707-7661
- **E-mail:** lemail@temple.edu
- **Accredited Length:** 5 Yrs 
- **Program Size:** 2 (GY: 1)
- **Program ID:** 735-41-44-021

**Thomas Jefferson University/duPont Hospital for Children Program**

- **Sponsor:** Thomas Jefferson University Hospital
- **Program Director:** Steven S. Selbert, MD
- **Tel:** 215-651-5000
- **Fax:** 215-651-5554
- **E-mail:** kwart@tjuhosp.org
- **Accredited Length:** 5 Yrs 
- **Program Size:** 6 (GY: 1)
- **Program ID:** 735-41-44-029

### Virginia

**Richmond**

**Virginia Commonwealth University Health System Program**

- **Sponsor:** Virginia Commonwealth University Health System
- **Program Director:** Jacob Neufeld, MD, MSFH, MSP
- **Tel:** 804 289-4836
- **Fax:** 804 289-6376
- **E-mail:** jneufeld@vcuhealth.org
- **Accredited Length:** 5 Yrs 
- **Program Size:** 2 (GY: 1)
- **Program ID:** 735-51-44-022

### Indiana

**Indianapolis**

**Indiana University School of Medicine Program**

- **Sponsor:** Indiana University School of Medicine
- **Program Director:** David Dunn, MD
- **Tel:** 317 278-3838
- **Fax:** 317 271-1128
- **E-mail:** ralme@iupui.edu
- **Accredited Length:** 5 Yrs 
- **Program Size:** 10 (GY: 2)
- **Program ID:** 730-14-44-007

### Kentucky

**Lexington**

**University of Kentucky A B Chandler Medical Center Program**

- **Sponsor:** University of Kentucky College of Medicine
- **Program Director:** Debra A Katz, MD
- **Tel:** 859 333-6262
- **Fax:** 859 333-6262
- **E-mail:** tkatz@uky.edu
- **Accredited Length:** 5 Yrs 
- **Program Size:** 2 (GY: 1)
- **Program ID:** 730-20-44-001

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**Graduate Medical Education Directory 2005-2006**
Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
DePaul/Tulane Behavioral Health Center
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane University School of Medicine
Veterans Affairs Medical Center (New Orleans)

Program Director: Brian S Stafford, MD, MPH
Tulane University School of Medicine
1440 Tulane Ave/TEB2
New Orleans, LA 70112
Tel: 504 869-7829 Fax: 504 888-4264
E-mail: loe@tulane.edu
Accred Length: 3 Yrs Program Size: 2 (GY: 2)
Program Id: 730-21-44-012

Massachusetts

Boston

Tufts University Program
Sponsor: Tufts-New England Medical Center
Program Director: Joseph J. Jankowski, MD
Tufts New England Med Ctr
750 Washington St Box 1027
Boston, MA 02111
Tel: 617 636-9002 Fax: 617 636-8420
E-mail: jjankows@tufts-nemc.org
Accred Length: 3 Yrs Program Size: 9 (GY: 2)
Program Id: 730-24-44-062

New York

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai Medical Center
Program Director: John D. O'Brien, MD
Mount Sinai Med Ctr
One Gustave L. Levy Pl Box 1230
New York, NY 10029
Tel: 212 241-0497 Fax: 212 348-8436
E-mail: john.o'brien@msm.edu
Accred Length: 3 Yrs Program Size: 10 (GY: 2)
Program Id: 730-25-44-064

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: John J. Daniel, MD
J&J Integrated Medicine Department
Cincinnati Children's Hospital Med Ctr
Dept of Pediatrics
3333 Burnet Ave ML 3014
Cincinnati, OH 45229
Tel: 513 696-8906 Fax: 513 696-4283
E-mail: johndaniel@ochmc.org
Accred Length: 3 Yrs Program Size: 11 (GY: 3)
Program Id: 730-38-44-008

Pennsylvania

Pittsburgh

University Health Center of Pittsburgh Program
Sponsor: Univ of Pittsburgh Medical Center
Program Director: Eric E. Malley, MD
Western Psychiatric Inst & Clinic
3811 O'Hara St
Pittsburgh, PA 15213-2553
Tel: 412 684-2876 Fax: 412 684-0399
E-mail: malley@wps.upmc.edu
Accred Length: 2 Yrs Program Size: 15 (GY: 2)
Program Id: 730-39-44-011

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital/Lifespan
Program Director: Henrietta L. Leonard, MD
1939 Hospital/Vcore West - 2nd Fl
539 Eddy St
Providence, RI 02903
Tel: 401 444-7676 Fax: 401 444-8879
E-mail: mspinto@lifespan.org
Accred Length: 2 Yrs Program Size: 16 (GY: 3)
Program Id: 730-40-44-003

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Douglas Gray, MD
Univ of Utah Sch of Med
Div of Child Psychiatry
241 W 1st Ave Ste 135
Salt Lake City, UT 84103-308
Tel: 801 359-9096 Fax: 801 585-9096
E-mail: gianap.evans@hsc.utah.edu
Accred Length: 2 Yrs Program Size: 10 (GY: 3)
Program Id: 730-49-44-006

Psychiatry/Family Medicine

California

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Mark Servis, MD
San Francisco, CA 94110
Tel: 916 734-6514 Fax: 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Accred Length: 2 Yrs Program Size: 8 (GY: 2)
Program Id: 730-65-44-004

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Margaret E. McCullagh, MD
San Diego, CA 92103
Tel: 619 238-8871 Fax: 619 238-8871
E-mail: cmccullagh@ucsd.edu
Accred Length: 2 Yrs Program Size: 10 (GY: 2)
Program Id: 730-65-44-005

Hawaii

Honolulu

Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Program Director: David T. Orman, MD
Dawn Uithol, MD
Tripler Army Med Ctr
Dept of Psychiatry
1 Jarrett White Rd
Honolulu, HI 96859-5000
Tel: 808 433-5790 Fax: 808 433-3384
E-mail: placiuta.mercia3@mail.dmd.army.mil
Accred Length: 2 Yrs Program Size: 5 (GY: 1)
Program Id: 730-14-44-008
US Armed Services Program
Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: George R Rergus, MD
Catherine L. Woolson, MD
Univ of Iowa Hoos & Clinics
Dept of Family Med
200 Hawkins Dr 0110-0110 PFP
Iowa City, IA 52242
Tel: 319 384-7507 Fax: 319 384-7832
E-mail: linda.hoover@uiowa.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 2)
Program ID: 720-16-44-009

Maryland

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Malcolm Grow Medical Center
Walter Reed Army Medical Center
Prgm Director: Timothy Lacy, MD
Douglas C Warren, MD
Malcolm Grow Med Ctr
1075 W Perimeter Rd/Sec A-01
Andrews AFB, MD 20755-6900
Tel: 301 357-3656 Fax: 301 357-3031
E-mail: timothy.lacy@mgmc.af.mil
Accred Length: 5 Yrs Program Size: 25 (GYJ: 5)
Program ID: 720-23-44-012
US Armed Services Program

Ohio

Cincinnati
University of Cincinnati Hospital Group Program
Sponsor: University Hospital Inc
Prgm Director: Lawson W Wissain, MD
Philip M Diller, MD, PhD
Univ of Cincinnati
Family Med/Psychiatry Res Pgm
231 Albert Sabin Way ML 0595
Cincinnati, OH 45267
Tel: 513 679-6420 ext 19 Fax: 513 679-6426
E-mail: lawson.wissain@uc.edu
Accred Length: 5 Yrs Program Size: 9 (GYJ: 2)
Program ID: 720-38-44-006

Psychiatry/Neurology

Arizona

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: David M Labineer, MD
Francisco A Moreno, MD
Dept of Neurology
1501 N Campbell Ave
Box 240023
Tucson, AZ 85724-5023
Tel: 520 626-3006 Fax: 520 626-3111
E-mail: labineer@u.arizona.edu
Accred Length: 6 Yrs Program Size: 2 (GYJ: 1)
Program ID: 785-03-44-007

Florida

Miami
University of Miami-Jackson Memorial Medical Center Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Ashok Verma, MD
Richard M Steinbrook, MD
Univ of Miami Sch of Med-Jackson Memorial
Dept of Psych/Neurology
1150 NW 14th St #669
Miami, FL 33136
Tel: 305 243-9302 Fax: 305 243-6656
E-mail: averma@med.miami.edu
Accred Length: 5 Yrs Program Size: 1 (GYJ: 1)
Program ID: 785-53-44-009

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Alan Schmetzer, MD
Robert M Paczuci, MD
Indiana Univ Sch of Med
545 Barnhill Dr EH 125
Indianapolis, IN 46202
Tel: 317 274-4455 Fax: 317 278-4918
E-mail: neurolres@iupui.edu
Accred Length: 6 Yrs Program Size: 6 (GYJ: 1)
Program ID: 705-17-44-003

Oklahoma

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Prgm Director: William R Yates, MD
Kristina M Kline, MD
Univ Oklahoma Coll Med-Tulsa
4502 E 41st St #3717
Tulsa, OK 74105-2512
Tel: 918 660-3518 Fax: 918 660-3517
E-mail: rhonda.wallace@ouhsc.edu
Accred Length: 5 Yrs Program Size: 10 (GYJ: 5)
Program ID: 720-38-44-091

West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University Hospitals
Prgm Director: Ryan Pinkenheime, MD
James G Arbogast, MD
WVU Sch of Med
Behavioral Med/Psych
800 Chestnut Ridge Rd
Morgantown, WV 26506
Tel: 304 293-3411 Fax: 304 293-8724
E-mail: seng@hsc.wvu.edu
Accred Length: 5 Yrs Program Size: 2 (GYJ: 1)
Program ID: 720-05-44-010

Wisconsin

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Prgm Director: Sandy Ward, MD
Carlyle H Chan, MD
Dept of Psychiatry
2320 N Lake Dr
Milwaukee, WI 53201
Tel: 414 291-1602 Fax: 414 291-1613
E-mail: sshaw@mcw.edu
Accred Length: 5 Yrs Program Size: 6 (GYJ: 2)
Program ID: 720-50-44-011

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Michael P Bowane, DO, MS
William H Campbell, MD, MHA
Univ Hoos of Cleveland
Dept of Family Med
1110 Euclid Ave Ste 1200 Bolwell BC
Cleveland, OH 44106-5096
Tel: 216 844-5493 Fax: 216 844-1030
E-mail: jacobyn.demirov@uhhsc.com
Accred Length: 5 Yrs Program Size: 8 (GYJ: 2)
Program ID: 720-38-44-013

Graduate Medical Education Directory 2005-2006

1190
Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics

Program: Psychiatry
Director: Patrick T O'Neill, MD
Ann L. Pournas, MD
Tulane Univ Sch of Med
Dept of Psych/Neuro 7383
1440 Canal St
New Orleans, LA 70112-3715
Tel: 504 894-7239 Fax: 504 894-7290
E-mail: psychiatry@tulane.edu
Accred Length: 6 Yrs. Program Size: 4 (GYI: 2)
Program ID: 755-24-4-002

Rhode Island

Providence

Brown University Program
Sponsor: Butler Hospital
Rhode Island Hospital-Lifespan

Program: Psychiatry
Director: Stephen P Salloway, MD
Butler Hosp
Dept of Neurology
345 Blackstone Blvd
Providence, RI 02906
Tel: 401 444-6183 Fax: 401 444-8781
E-mail: borououk@lifespan.org
Accred Length: 6 Yrs. Program Size: 5 (GYI: 1)
Program ID: 786-45-4-005

Massachusetts

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School

Program: Psychiatry
Director: Sheldon Benjamin, MD
Azar Mitchell, MD
Dept of Psychiatry
Univ of Massachusetts Med Sch
55 Lake Ave N
Worcester, MA 01655
Tel: 508 856-5000 Fax: 508 856-5000
E-mail: victoria.white@umassmed.edu
Accred Length: 6 Yrs. Program Size: 3 (GYI: 1)
Program ID: 755-24-4-010

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)

Program: Psychiatry
Director: Alberto Santos, MD
Paul B Pritchard, MD
Dept of Psych
67 President St Box 3508
Charleston, SC 29425
Tel: 843 792-0192 Fax: 843 792-8804
E-mail: santosab@musc.edu
Accred Length: 5 Yrs. Program Size: 0 (GYI: 0)
Program ID: 786-45-4-012

New York

New York

New York Presbyterian Hospital
(Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute

Program: Psychiatry
Director: Ronald G Kieder, MD
Blair Ford, MD
New York Presbyterian Hosp
Columbia Univ
1051 Riverside Dr
New York, NY 10032
Tel: 212 543-5021 Fax: 212 543-5021
E-mail: psychiatry@Columbia.edu
Accred Length: 5 Yrs. Program Size: 2 (GYI: 1)
Program ID: 755-35-4-011

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System

Program: Psychiatry
Director: Carol A Bernstein, MD
LS Bogan, MD
New York Univ Sch of Med
550 First Ave
NBV 20N11
New York, NY 10016-9196
Tel: 212 268-2362 Fax: 212 268-5580
E-mail: psychiatry@med.nyu.edu
Accred Length: 6 Yrs. Program Size: 6 (GYI: 1)
Program ID: 755-35-4-008

West Virginia

Morgantown

West Virginia University Program
Sponsor: West Virginia University Hospitals
Charleston Area Medical Center/West Virginia University

Program: Psychiatry
Director: Ryan Finkenbine, MD
Laura Gutmann, MD
West Virginia Sch of Med
Behavioral Med/Psychiatry
350 Chestnut Ridge Rd
Morgantown, WV 26505
Tel: 304 263-4141 Fax: 304 263-8724
E-mail: sengle@hs.c.wvu.edu
Accred Length: 6 Yrs. Program Size: 1 (GYI: 1)
Program ID: 786-45-4-001
Appendix B
Medical Specialty Board Certification Requirements

Twenty-four medical specialty boards have been approved by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) Council on Medical Education through the Liaison Committee for Specialty Boards (LCSB). Applications for recognition as a specialty board are submitted to the LCSB and reviewed for compliance with the requirements and criteria published in the Essentials for Approval of New Examining Boards in Medical Specialties approved by both the ABMS and the AMA. If an applicant is approved for recognition as a medical specialty board by the LCSB, the application must then be approved by the membership of the ABMS and the AMA Council on Medical Education. The Essentials may be obtained from the office of the Executive Vice President of the ABMS, 1007 Church St/Ste 404, Evanston, IL 60201-5913, or from the Council on Medical Education, AMA, 515 N State St, Chicago, IL 60610.

The primary objective of medical specialty boards is the improvement of the quality of medical education and medical care. The primary functions of each of the medical specialty boards are to evaluate candidates in a medical specialty field who voluntarily appear for examination and to certify as diplomates those candidates who are qualified. To accomplish these functions, medical specialty boards determine whether candidates have received adequate preparation in accordance with established educational standards; provide comprehensive examinations designed to assess knowledge, skills, and experience required to provide quality patient care in that specialty; and certify those candidates who have satisfied the requirements.

In collaboration with the other organizations and agencies concerned, the approved medical specialty boards assist in improving the quality of medical education by elevating the standards of graduate medical education and approving facilities for specialty training.

The actual accreditation review for the approval of residency programs in each specialty is conducted by a Residency Review Committee on which the respective specialty board has equal representation with the AMA Council on Medical Education and, in some cases, with a related specialty society.

Medical specialty board certification is an additional process to receiving a medical degree, completing residency training, and receiving a license to practice medicine.

Certification requirements of each member board of ABMS are included on subsequent pages. Inquiries regarding specialty board certification requirements should be directed to the specialty board executive offices listed in Table 1. The member boards of ABMS publish materials containing statements on the requirements for certification, which are also reprinted in each edition of the Official American Board of Medical Specialties Directory of Board Certified Medical Specialists. This publication contains certification and biographical information on each specialist who has been certified by a member board of ABMS. The Directory is available from Elsevier Science, 655 Avenue of the Americas, New York, NY 10010; 888 437-4636; fax 212 633-3820.

ABMS Information
American Board of Medical Specialties
1007 Church St/Ste 404
Evanston, IL 60201-5913
847 491-9091
847 328-3596 Fax
www.abms.org
### Table 1. Member Boards of the American Board of Medical Specialties

<table>
<thead>
<tr>
<th>Board Name</th>
<th>Executive Director</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email Address</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Anesthesiology</td>
<td>Francis P Hughes, PhD</td>
<td>410 Lake Boone Trail, Ste 510, Raleigh, NC 27607-7506</td>
<td>919 881-2570</td>
<td>919 881-2575 Fax</td>
<td><a href="mailto:abai@abai.org">abai@abai.org</a></td>
<td><a href="http://www.abai.org">www.abai.org</a></td>
</tr>
<tr>
<td>American Board of Colon and Rectal Surgery</td>
<td>Heran Abcarian, MD</td>
<td>26000 Eureka Rd, Ste 500, Taylor, MI 48180</td>
<td>313 874-1088</td>
<td>313 872-3211 Fax</td>
<td><a href="mailto:admin@abcrs.org">admin@abcrs.org</a></td>
<td><a href="http://www.abcrs.org">www.abcrs.org</a></td>
</tr>
<tr>
<td>American Board of Dermatology</td>
<td>Antoinette F Hood, MD</td>
<td>3000 Coolidge Rd, East Lansing, MI 48823-6319</td>
<td>517 332-4800</td>
<td>517 332-2704 Fax</td>
<td><a href="mailto:abderm@hfhs.org">abderm@hfhs.org</a></td>
<td><a href="http://www.abderm.org">www.abderm.org</a></td>
</tr>
<tr>
<td>American Board of Emergency Medicine</td>
<td>James C Puffer, MD</td>
<td>2228 Young Dr, Lexington, KY 40505-4294</td>
<td>850 262-9626</td>
<td>850 262-9626 Fax</td>
<td><a href="mailto:general@abfammed.org">general@abfammed.org</a></td>
<td><a href="http://www.abfammed.org">www.abfammed.org</a></td>
</tr>
<tr>
<td>American Board of Family Medicine</td>
<td>Christina K Cassel, MD</td>
<td>510 Walnut St, Ste 1700, Philadelphia, PA 19106-3699</td>
<td>215 446-2246</td>
<td>215 446-3470 Fax</td>
<td><a href="mailto:request@abim.org">request@abim.org</a></td>
<td><a href="http://www.abim.org">www.abim.org</a></td>
</tr>
<tr>
<td>American Board of Internal Medicine</td>
<td>Sharon B Robinson, MS</td>
<td>9650 Rockville Pike, Bethesda, MD 20814-3998</td>
<td>301 634-7315</td>
<td>301 634-7320 Fax</td>
<td><a href="http://www.abim.org">www.abim.org</a></td>
<td></td>
</tr>
<tr>
<td>American Board of Otolaryngology</td>
<td>DJ Paul DeRose, MD</td>
<td>400 Silver Cedar Ct, Chapel Hill, NC 27514</td>
<td>919 926-7101</td>
<td>919 926-8988 Fax</td>
<td>abo.org</td>
<td></td>
</tr>
<tr>
<td>American Board of Ophthalmology</td>
<td>Dennis M O'Day, MD</td>
<td>111 Presidential Blvd, Ste 241, Bala Cynwyd, PA 19004-1075</td>
<td>610 664-1175</td>
<td>610 664-6505 Fax</td>
<td>abop.org</td>
<td></td>
</tr>
<tr>
<td>American Board of Obstetrics and Gynecology</td>
<td>Ralph G Dacey, Jr, MD</td>
<td>2915 Vine St, Ste 300, Dallas, TX 75204</td>
<td>214 871-1619</td>
<td>214 871-1943 Fax</td>
<td>abogs.org</td>
<td></td>
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<tr>
<td>American Board of Orthopaedic Surgery</td>
<td>Norman F Grant, MD</td>
<td>400 Silver Cedar Ct, Chapel Hill, NC 27514</td>
<td>919 926-7101</td>
<td>919 926-8988 Fax</td>
<td>abo.org</td>
<td></td>
</tr>
<tr>
<td>American Board of Radiation Oncology</td>
<td>James R Vanderplog, MD</td>
<td>1617 John F Kennedy Blvd, Ste 800, Philadelphia, PA 19103-1847</td>
<td>215 568-4000</td>
<td>215 563-5718 Fax</td>
<td><a href="mailto:info@abts.org">info@abts.org</a></td>
<td></td>
</tr>
<tr>
<td>American Board of Urology</td>
<td>Robert R Hattery, Jr, MD</td>
<td>330 S Wells, Ste 1018, Chicago, IL 60606</td>
<td>312 587-9276</td>
<td>312 593-2218 Fax</td>
<td>abpm.org</td>
<td></td>
</tr>
<tr>
<td>American Board of Physical Medicine and Rehabilitation</td>
<td>John W Yunginger, MD</td>
<td>410 Lake Boone Trail, Ste 510, Raleigh, NC 27607-7506</td>
<td>919 881-2570</td>
<td>919 881-2575 Fax</td>
<td><a href="mailto:abai@abai.org">abai@abai.org</a></td>
<td><a href="http://www.abai.org">www.abai.org</a></td>
</tr>
<tr>
<td>American Board of Psychiatry and Neurology</td>
<td>James R Vanderplog, MD</td>
<td>500 Lake Cook Rd, Ste 325, Deerfield, IL 60015</td>
<td>847 945-7900</td>
<td>847 945-1146 Fax</td>
<td>abp.com</td>
<td></td>
</tr>
<tr>
<td>American Board of Preventive Medicine</td>
<td>Stephen C Scheiber, MD</td>
<td>500 Lake Cook Rd, Ste 325, Deerfield, IL 60015</td>
<td>847 945-7900</td>
<td>847 945-1146 Fax</td>
<td>abpm.com</td>
<td></td>
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<tr>
<td>American Board of Surgery</td>
<td>Robert R Hattery, Jr, MD</td>
<td>1617 John F Kennedy Blvd, Ste 800, Philadelphia, PA 19103-1847</td>
<td>215 568-4000</td>
<td>215 563-5718 Fax</td>
<td><a href="mailto:info@abts.org">info@abts.org</a></td>
<td></td>
</tr>
<tr>
<td>American Board of Thoracic Surgery</td>
<td>William A Gay, Jr, MD</td>
<td>500 Lake Cook Rd, Ste 325, Deerfield, IL 60015</td>
<td>847 945-7900</td>
<td>847 945-1146 Fax</td>
<td>abpm.com</td>
<td></td>
</tr>
<tr>
<td>American Board of Urology</td>
<td>Stuart S Howards, MD</td>
<td>500 Lake Cook Rd, Ste 325, Deerfield, IL 60015</td>
<td>847 945-7900</td>
<td>847 945-1146 Fax</td>
<td>abpm.com</td>
<td></td>
</tr>
</tbody>
</table>
American Board of Allergy and Immunology

510 Walnut St, Ste 1701
Philadelphia, PA 19106-3699
215 592-9466
215 592-9411 Fax
E-mail: abai@abai.org
www.abai.org

Thomas B Casale, MD, Chair, Omaha, Nebraska
David B Peden, MD, Co-Chair, Chapel Hill, North Carolina
Zuhair K Baallas, MD, Co-Chair Elect, Iowa City, Iowa
David H Broide, MD, Secretary, La Jolla, California
Robert A Wood, MD, Treasurer, Baltimore, Maryland
Andrea J Apter, MD, Philadelphia, Pennsylvania
Bruce S Bochner, MD, Baltimore, Maryland
Vincent R Bonagura, MD, New Hyde Park, New York
Donna Bratton, MD, Denver, Colorado
Mark L Corbett, MD, Louisville, Kentucky
Mark S Dykewicz, MD, St Louis, Missouri
James E Gern, MD, Madison, Wisconsin
Rebecca S Gruchalla, MD, Dallas, Texas
James T Li, MD, PhD, Rochester, Minnesota
Hugh A Sampson, MD, New York, New York
Dale T Umetsu, MD, PhD, Stanford, California
John W Yunginger, MD, Executive Secretary

(The American Board of Allergy and Immunology [ABAI] reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof.)

Definition of an Allergist/Immunologist

A certified specialist in allergy and immunology is a physician who previously has passed the certification examination of the American Board of Internal Medicine (ABIM) and/or the American Board of Pediatrics (ABP) with additional certification by the ABAI, a Conjoint Board of the ABIM and the ABP. Diplomates of the ABAI have detailed knowledge of the underlying pathophysiology and the diagnosis, treatment, and prevention of allergic diseases such as allergic rhinitis, allergic asthma, urticaria, anaphylaxis, hypersensitivity pneumonitis, atopic and contact dermatitis, and allergic gastrointestinal disorders, as well as compatible clinical problems without an apparent allergic etiology or component such as vasomotor rhinitis, nonallergic asthma, and idiopathic and/or hereditary forms of urticaria and angioedema. Diplomates also have expertise in the management of pulmonary complications of certain of these diseases.

Diplomates of the ABAI also possess advanced understanding of the biology of inflammation, immunochemistry, immunobiology, and pharmacology and experience in the application of this knowledge to the diagnosis, management, and therapy of immunologic diseases. This includes inborn or acquired defects of host resistance, autoimmune diseases, bone marrow and solid organ transplantation, gene replacement therapy, adverse drug reactions, and related conditions. Diplomates have demonstrated to the satisfaction of their peers that they possess the general qualifications specified and are ethical and humanistic practitioners of medicine.

The purpose of certification by the ABAI is to provide assurance to the public and the medical profession that a certified internist or pediatrician has successfully completed an accredited educational program and an evaluation, including a secure, proctored examination, and possesses the knowledge, skills, and experience requisite to the provision of high-quality patient care in allergy and immunology.

Organization and Purpose

The ABAI was established in 1971 as a nonprofit organization and is one of 24 member boards of the American Board of Medical Specialties (ABMS). The ABAI is a Conjoint Board of the ABIM and the ABP and is sponsored jointly by the American Academy of Allergy, Asthma and Immunology (AAAAI), the American Academy of Pediatrics (AAP) - Section on Allergy and Immunology, the American College of Allergy, Asthma and Immunology (ACAAI), the American Medical Association (AMA) - Section Council of Allergy and Immunology, and the Clinical Immunology Society (CIS). The Board of Directors consists of an equal number of ABAI-certified internists and ABAI-certified pediatricians, who are nominated by the AAAAI, AAP, ACAAI, AMA, CIS, and the ABAI Board of Directors themselves. The nominees are appointed by the ABIM and ABP for a 6-year term of office.

ABAI’s major purposes are to

a. establish qualifications and examine physician candidates for certification as specialists in allergy/immunology,

b. serve the public and the health care community by providing the names of physicians certified as allergists/immunologists,

c. improve the quality of health care,

d. establish and improve standards for the teaching and practice of allergy/immunology, and

e. establish standards for training programs in allergy/immunology working with the Residency Review Committee for Allergy and Immunology of the Accreditation Council for Graduate Medical Education (ACGME).

Certification

The ABAI serves candidates who have embarked on a graduate program of study with the express purpose of excelling in the practice of the subspecialty of allergy/immunology. The ABAI is responsible for the establishment and maintenance of the standards of knowledge required for certification. The ABAI anticipates that during a post-medical school training program, the candidates will acquire adequate knowledge in basic science, as applied to this discipline. In outlining its requirements, the ABAI assists the candidate to select superior educational programs that will develop his/her competency in allergy/immunology. The ABAI believes that all allergists/immunologists should have a fundamental knowledge of the biological science basic to this discipline. The responsibility of acquiring the knowledge rests with the candidate. Such knowledge is essential to the continued professional progress of any qualified allergist/immunologist.

To justify certification in allergy and immunology, each candidate must satisfy the general and professional qualifications listed below.

Content for Certification Examination

The examination covers all content areas listed in the current Program Requirements for Residency Education in Allergy and Immunology and the Content Outline determined by the Board of Directors, which is distributed with the application.

In addition, candidates must be familiar with the fundamental elements of the immune system, such as the types of immune cells and the anatomical organs that constitute the immune system, the circulation patterns of immune cells, the biologic roles of products of the immune system, the abnormal conditions of the immune system that constitute immunopathology, and the biology of inflammation. Moreover, the candidate will be expected to be proficient in understanding the molecular basis of allergic and other immune
reactions, including interaction between immune cells, cell membrane signal transduction pathways, gene expression, cytokine release, receptor targeting, cellular differentiation, and cell death. Proficiency must be demonstrated in the diagnosis and treatment of allergic and other immunologic diseases.

Because the ABAI is a joint board representing pediatric and adult medicine, the candidate must master the spectrum of allergic and immunologic diseases as it presents in children and adults. In addition to a familiarity with allergic diseases, including allergic rhinitis, asthma, atopic dermatitis, and urticaria, the candidate must be knowledgeable in autoimmune conditions. Equally important as knowledge in diseases of immune dysfunction is the knowledge of human pathology that results from an absence of immunity, whole or partial, congenital or acquired. Thus, an understanding of immunodeficiency states is required, including congenital disorders, absence of specific complement components, lack of specific neutrophil function, absence of specific adhesive cellular glycoproteins, and dysfunctional states of the immune system produced by external agents. Candidates must be familiar with the immunologic factors operative in bone marrow and solid organ transplantation. With the proliferation of immunomodulatory reagents used in other specialties, candidates are expected to be familiar with those reagents, their mechanism of action and their impact (both foreseen and unexpected) on aspects of the immune system other than the intended target.

It is important for the candidate to demonstrate proficiency in the proper selection of appropriate clinical and laboratory tests, which aid the formulation of a clinical diagnosis based upon first obtaining a detailed medical history and performing a complete physical examination. The candidate must understand the scientific basis of the following list (non-inclusive) of tests:
- serum immunoglobulin determination,
- functional antibody measurement,
- complement component and functional assays,
- lymphocyte subset analysis using monoclonal antibodies and flow cytometry,
- lymphocyte proliferation assays with mitogen and antigens, and
- assessment of neutrophil and monocyte chemotaxis, phagocytosis, and killing.

In addition, the candidate must be familiar with the use of molecular diagnostic techniques involving the binding of ligands to nucleic acid or polypeptide sequences. The importance of DNA replication technology must be understood. The molecular basis for immediate hypersensitivity skin testing must be understood in the context of the detailed molecular events occurring in the tissue mast cell and blood basophil, particularly the release of preformed mediators, and in the generation of newly formed mediators. Similarly, skin testing for T-cell competence with recall antigens must be understood in relation to antigen presentation, cytokine secretion and interaction, and lymphocyte subset activation and function. Candidates must also have familiarity with the misuse of standard tests and with controversial tests in allergy and immunology.

The candidate must understand the principles and analytic methods employed in experimental clinical studies for determining the diagnostic utility of specific tests and in evaluating the safety, toxicity, efficacy, and outcomes of treatments and drugs for allergic and immunologic disease. Candidates must be familiar with the principles and methods employed in epidemiologic studies.

A corollary of the competence of the candidate in understanding the pathophysiology, clinical presentation, and immunologic testing of allergic and other immunologic diseases is the knowledge of appropriate treatment options. For example, the common aspect of all types of asthma is the presence of airway inflammation. Definitive treatment of asthma demands interruption of the inflammatory response. Thus, candidates must understand use of drugs that decrease airway inflammation in asthma. Based upon the molecular knowledge of the allergic response, the candidate must appreciate the importance of allergen avoidance and medical treatment of allergic rhinitis before initiation of the more intense treatment of immunotherapy. In the latter therapy, candidates must have experience in allergen selection and administration in successful treatment regimens. Therapy for immunologic diseases must be understood, such as (non-inclusive): immunoglobulin therapy for antibody deficiency, treatment of immunodeficiency with biologic response modifiers, HLA-identical and HLA-haploidentical (T cell-depleted) bone marrow transplants for cellular immunodeficiencies, and gene replacement therapy currently used for the immunodeficiency associated with adenosine deaminase deficiency as well as theoretical principles/potential approaches in other congenital immune disorders.

Requirements for Certification

Candidates qualify for admittance to the examination if all the following criteria are met:
1. Certification by the ABIM and/or ABP as of the date of the ABAI examination.
2. Evidence acceptable to the Board of Directors of at least 2 years of full-time residency/fellowship in allergy/immunology programs accredited by the ACGME or other acceptable training in allergy/immunology programs. These programs are listed in the Graduate Medical Education Directory, published by the American Medical Association.
3. Documentation on file at the ABAI (available through the training program) including four Clinical Competence evaluations, one Procedural Skills Assessment Form, and a letter from the training program director substantiating clinical competence, at least 2 full-time years of allergy/immunology training, and readiness to sit for the examination. Areas to be reviewed include clinical judgment, medical knowledge, clinical skills of history taking, physical examination and procedural skills, humanistic qualities, attitudes and professional behavior, medical care (utilizing laboratory tests and diagnostic procedures), commitment to scholarship, and work habits. Procedural skills assessed include immediate hypersensitivity skin testing, delayed hypersensitivity skin testing, specific allergen immunotherapy, drug desensitization, pulmonary function testing, and immunoglobulin therapy.
4. Two recommendations from ABAI-certified diplomats in the community—Chief of Medicine or Pediatrics, chiefs of community hospitals, or officers of state or regional societies—to verify the medical, ethical, and moral standing and clinical competence of the candidate as a specialist in allergy/immunology.
5. Valid (current) unrestricted license to practice medicine in all jurisdictions of the United States, its territories, or Canada, and if licenses are held in more than one jurisdiction, all licenses held by a diplomate should meet this requirement. Should there be extenuating circumstances, a written explanation is necessary. Candidates are required to submit copies of their unrestricted, unexpired licenses with their certification application. Licenses must be unrestricted, and unexpired at the time of admission of the Certification Examination. Candidates with any revoked, suspended, probational, or conditional license at the time of application or examination will not be admitted to the Certification Examination or become certified.

Training Program Director Requirements

In addition to the four Clinical Competence evaluations and one Procedural Skills Form, the training program director must submit a letter attesting to the candidate’s clinical experience and
readiness to sit for the examination. In compliance with the ACGME Program Requirements for Residency Training in Allergy and Immunology, a semi-annual record must be maintained with copies to the ABAI for tracking purposes. If a trainee has received two consecutive evaluations with overall unsatisfactory ratings, the training program director must provide the trainee and the ABAI with a written plan for remediation of the trainee’s deficiencies. After 6 months, the training program director must provide the ABAI and the trainee with a report of the success or failure of the remediation program, as well as any additional plans for corrective action.

The Conjoint Standards Committee, with representation from the ABAI, the ABIM, and the ABF, recommends the passing grade for the Certification Examination to the Board for its determination.

Pathways for Dual Certification

Formal special pathways exist for individuals wishing to qualify for dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult hematology. Additional information regarding special pathways is available upon request to the ABAI.

Recertification/Maintenance of Certification

Since 1977, the ABAI has offered its diplomates a recertification process every other year so that the effectiveness of each diplomate’s own efforts in continuing education would be evaluated.

Beginning with 1989, new ABAI diplomates receive certificates valid for 10 years. Time-unlimited certificates were issued prior to October 1, 1989. However, all diplomates, especially those involved in training programs, are strongly encouraged to recertify at a minimum of every 10 years. Maintaining a current certificate is an expression of professional accountability. Presently, 1,918 ABAI diplomates hold time-limited certificates; renewal may be achieved in the interim.

Beginning in 2005, the ABAI will gradually transition from its current recertification program into the more comprehensive Maintenance of Certification (MOC®) program. The ABAI MOC program will have four components, which address: (1) professional standing; (2) lifelong learning and self-assessment; (3) cognitive expertise; and (4) evaluation of performance in practice. The professional standing component includes the same licensure and documentation letters presently required for certification. The lifelong learning component will require diplomates to acquire a minimum of 75 continuing medical education (CME) credits in allergy and immunology over each 3-year period. The self-assessment of knowledge will be accomplished via a 150-item home-study examination on which the diplomate must achieve at least 80% correct answers. Cognitive expertise will be assessed by a 200-item, secure, proctored final examination covering the field of Allergy and Immunology. Evaluation of performance in practice will include a Patient and Physician Peer Assessment (PAPPA) module in which the ABAI will collect feedback about a diplomate’s professionalism and communication skills through confidential patient and physician peer ratings. The ABAI anticipates that most diplomates seeking recertification will be successful. Diplomates will be required to attain an absolute minimum score on the final examination to ultimately gain recertification in allergy/immunology. Standards are established to justify public confidence.

Content for Recertification (MOC) Examination

The content of the home study examination covers the broad area of allergy and immunology listed previously under “Content for Certification Examination” and will provide diplomates to assess their knowledge in the following areas of clinical science: immediate hypersensitivity, immunological disorders, pharmacology and therapeutics, specific diagnostic modalities, and allergens and antigens. Attention will also be given to the following areas of basic science: immune mechanisms, cells involved in immune responses, specific immune mechanisms, and laboratory tests.

Both Parts I and II of the ABAI recertification examination reflect the current ABAI Content Outline, which is available on the ABAI Web site. The content of the Home Study Examination does not necessarily reflect that of the Final Proctored Examination.

Requirements for Recertification in 2005

Diplomates qualify for admittance to the examination if ALL of the following criteria are met:

1. previous certification by the ABAI (recertification in internal medicine or pediatrics is encouraged of ABAI Diplomates);
2. two recommendations from ABAI certified diplomates in the community—chief of medicine or pediatrics, chiefs of community hospitals, or officers of state or regional societies—to verify the medical, ethical, and moral standing and clinical competence of the candidate as a specialist in allergy/immunology;
3. valid (current) unrestricted license to practice medicine in all jurisdictions of the United States, its territories, or Canada, and, if licenses are held in more than one jurisdiction, all licenses held by a diplomate should meet this requirement. Should there be extenuating circumstances, a written explanation is necessary. Diplomates are required to submit copies of their unrestricted, unexpired licenses with their recertification application for Part 1 of the Recertification Examination (the Home Study Examination). Licenses must be unrestricted, and unexpired at the time of admission to Part 2 of the Recertification Examination (the Final Examination). Diplomates with any revoked, suspended, probational, or conditional license at the time of application or examination will not be admitted to the Recertification Examination or become recertified;
4. satisfactory completion of the PAPPA module described above.

Examination Methodology

Announcements

The proctored Certification and Recertification Examinations are now computer-based and administered at Pearson Professional Centers in multiple US locations. The Certification and Recertification Examinations will be administered annually beginning in 2005. The times and places are determined by the ABAI and announced in the appropriate specialty journals, in the ABAI newsletter, and on the ABAI Web site (www.abai.org).

Applications

The act of filing an application is the candidate’s responsibility. The application form is available on the ABAI Web site (www.abai.org). Two recent signed photographs and the necessary fees must be received with the completed application on or before the close of registration (postmark applicable). In order to completely process and approve applications, all certification and/or recertification requirements must be met prior to examination application approval.

Board Review Courses

The ABAI does not sponsor or maintain any records on any courses nor does it offer or endorse any specific publications or courses to prepare for its examinations, nor does it offer or endorse any specific publications or courses to prepare for its examinations.

Cancellations

Certification Examination fee is refundable in full if written notification of withdrawal is received prior to the cancellation deadline listed. Recertification Examination fee is refundable in full if
written notification of withdrawal is received prior to mailing of the Home Study Examination, or in part if written notification of withdrawal is received after the Home Study Examination is mailed.

Certificates
Candidates/diplomates who pass the examinations will be certified or recertified in the specialty of allergy/immunology as of the date of the examination and receive a time-limited certificate (subject to revocation by the ABAI for cause) expiring December 31 10 years later. This information becomes public information and will be listed in The Official ABMS Directory of Board Certified Specialists.

Description
The proctored examinations vary in length; the Certification Examination is administered in two 3.5-hour sessions totaling 8 hours, including 1 hour for lunch, and recertification is administered in one 4-hour session. The multiple-choice questions are objective and designed to test the individual's knowledge through recall, interpretation, and problem solving. Each examination may contain both previously used and new questions, as well as questions undergoing field testing.

Disabled Candidates
Individuals who may need accommodation during the examination must provide written details to the ABAI at the time of application for examination in order to receive information about ABAI's disability policy and accommodation approval from the Credentials Committee.

Fees
The fees are set forth in the instruction sheet included with the application. Candidates whose applications are rejected will receive a refund of the examination fee; however, the ABAI will retain the registration fee to cover the processing and credentialing costs. A non-refundable late fee will apply to those applications received after the close of registration and prior to the cancellation deadline.

Irregular Behavior
All Board examinations are supervised by proctors, who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of the ABAI is forbidden.

Re-examination
Candidates who are unsuccessful on any examination may re-apply for subsequent scheduled examinations; there is no restriction on the number of opportunities for re-examination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examination in that discipline. All candidates for re-examination must meet the current requirements for licensure and professional standing.

Results
Individuals will be informed of the results of the examinations within 3 months of administration. The validity of the individual's performance on the examination is secured by every means available.

Special Policies
Verification of Board Status
Based on ABMS recommended policy, the ABAI does not issue statements of or implying "Board Eligibility" for any reason. Medical specialty certification is a process of advancement through several individual steps, including examination. Having completed one step, such as the minimal educational requirements, should not imply that a candidate is now possessed of some special qualification which is more or less equivalent to certification. For written verification of the status of an allergist/immunologist, the ABAI charges a nominal fee per name.

Revocation of Certificate
Certificates issued by the ABAI will be subject to revocation for cause, including but not limited to a state medical license revocation or revocation of certification by either the ABIM or ABP.

Absences During Residency
Absences in excess of a total of 2 months over the 2-year allergy/immunology training program, whether for vacation, sick leave, maternity leave, etc, should be made up. If training program directors believe that an absence of more than 2 months is justified, they should send a letter of explanation to the ABAI for review and approval by the Credentials Committee.

Changes in Policies and Procedures
The ABAI reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof.

Examination Schedule
Certification
Date: October 10-14, 2005
Registration period: January 1-April 2, 2005
Fee: $2,400
Cancellation Date: June 30, 2005

Recertification
Home Study Examination: January 15-March 31, 2005
Proctored Final Examination: November 14-18, 2005
Registration period: December 15, 2004-January 31, 2005
Fee: $2,400
Cancellation date: May 15, 2005
American Board of Anesthesiology

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Orin P Guidry, MD, New Orleans, Louisiana
Patricia A Kapur, MD, Los Angeles, California
Cynthia A Lien, MD, New York, New York
Mark A Rockoff, MD, Boston, Massachusetts
Mark A Warner, MD, Rochester, Minnesota
Francis P Hughes, PhD, Executive Vice President, Raleigh, North Carolina
John Markey, MBA, CPA, Director, Finance and Administration, Raleigh, North Carolina

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Anesthesiology [ABA] to ascertain whether the information below is current.)

Introduction

The American Board of Anesthesiology (ABA) publishes its Booklet of Information to inform all interested individuals of the policies, procedures, regulations, and requirements governing its certification programs.

A copy of the booklet is sent annually to the chairs of anesthesiology departments and the directors of Accreditation Council for Graduate Medical Education (ACGME)-accredited anesthesiology residency programs and to every resident in those programs who is properly registered by the program with the ABA.

The chair of the anesthesiology department is ultimately responsible for the residency program. The ABA corresponds officially about training matters only with the department chair. If the chair notifies the ABA that a faculty member has been appointed program director with responsibility for administering the program, the ABA corresponds with the program director about training matters and sends the department chair a copy of the correspondence.

The program must ensure that each resident’s training fulfills all criteria for entering the ABA examination system. However, it is crucial that the resident know the requirements described in this document, since the resident ultimately bears responsibility for compliance with the requirements and bears the consequences if one or more aspects of training prove unacceptable. This is especially important when requests are made for special training sequences or sites or for exemptions. If, after speaking with the department chair, there is any question about the acceptability of any portion of training, the resident should write the Secretary of the ABA directly at the ABA office.

Applicants and candidates for ABA examinations have the ultimate responsibility to know and comply with the Board’s policies, procedures, requirements, and deadlines regarding admission to and opportunities for examination.

Primary Certification in Anesthesiology Certification Requirements

At the time of certification by the ABA, the candidate shall be capable of performing independently the entire scope of anesthesiology practice and must:

A. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional, and unrestricted.

B. Have completed all the requirements of the Continuum of Education in Anesthesiology.

C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final 6-month period of Clinical Anesthesia training in each anesthesiology residency program.

D. Have satisfied all examination requirements of the Board.

E. Have a moral, ethical, and professional standing satisfactory to the ABA.

ABA certificates in anesthesiology issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties (ABMS) and the American Society of Anesthesiologists (ASA).

Continuum of Education in Anesthesiology

The continuum of education in anesthesiology consists of 4 years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a Clinical Base Year (CBY) and 36 months of approved training in anesthesia (CA-1, CA-2, and CA-3 years).

A. During the Clinical Base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education.

Acceptable clinical base experiences include training in internal or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine, or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The Clinical Base year must include at least 10 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most 1 month may involve the administration of anesthesia. At most, 2 months of the Clinical Base year may involve training in
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specialties or subspecialties that do not meet the aforementioned criteria.

The resident must complete the Clinical Base year before beginning CA-3 year clinical rotations.

B. The 3-year Clinical Anesthesia curriculum (CA-1-3) consists of experience in basic anesthesia training, subspecialty anesthesia training, and advanced anesthesia training. It is a graded curriculum of increasing difficulty and learning that is progressively more challenging of the resident's intellect and technical skills.

1. Experience in Basic Anesthesia Training is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-3 years be spent in basic anesthesia training, with a majority of this time occurring during the CA-1 year.

2. Subspecialty Anesthesia Training is required to emphasize the theoretical background, subject material, and practice of subspecialties of anesthesiology. These subspecialties include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, regional anesthesia, and pain medicine. It is recommended that these experiences be subspecialty rotations and occupy 7 to 12 months of the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the program director.

In addition to the above requirements for subspecialty experiences, 2 months of training in critical care medicine are required during Clinical Anesthesia training. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients. Experience in short-term overnight post-anesthesia units, intermediate step-down units, or emergency rooms does not fulfill this requirement.

3. Experience in Advanced Anesthesia Training constitutes the CA-3 year. The CA-3 year is a distinctly different experience from the CA-1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. Residents must complete the Clinical Base and CA-1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.

The program director, in collaboration with the resident, will design the resident's CA-3 year of training. They will select one of two tracks designated as the advanced clinical track and the clinical scientist track. Regardless of the track selected, resident assignments in the CA-3 year should include the more difficult or complex anesthetic procedures and care of the most seriously ill patients.

Residents in the Advanced Clinical Track are required to complete a minimum of 6 months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training, in one to three selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at least 6 months during the CA-3 year and no more than 12 months during the CA-1-3 years.

The Clinical Scientist Track consists of clinical training in combination with research experience. Research may occur at any time during residency training although often it will be conducted in the CA-3 year. The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research. There are two options for fulfilling the requirements of this track.

Option A of the Clinical Scientist Track may be fulfilled by completing 6 months of clinical or laboratory research experience during 48 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia.

Option B of the Clinical Scientist Track, intended for residents who plan careers as academic investigators, may be fulfilled by completing 18 months of clinical or laboratory research at any time during 60 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia. They are eligible for entrance into the ABA examination system after they have completed their Clinical Base requirement, 30 months of Clinical Anesthesia satisfactorily, and a minimum of 6 months of research experience.

The anesthesiology program director may request 6 months of credit toward the research component of Option B for a resident with a PhD degree in a discipline relevant to Anesthesiology. Documents supporting this request should include documentation of the PhD degree, a description of the current research, and a copy of the resident's curriculum vitae. Approval is at the discretion of the Credentials Committee and must be obtained prior to the start of the last 12 months of residency training. Credit will be granted only upon completion of all other requirements of Option B of the clinical scientist track.

Regardless of which CA-3 Track is chosen, a resident must have a satisfactory Clinical Competence Committee report for 6 months of Clinical Anesthesia training immediately preceding any research period.

C. The ABA grants a resident credit toward the CA-1-3 year requirements for Clinical Anesthesia training that satisfies all four of the following conditions:

1. The CA-1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited residency programs in the United States or its territories. An ACGME-accredited program includes the parent institution and institutions that have an RRC-approved integration or affiliation agreement with the parent institution.

2. The period of Clinical Anesthesia training as an enrolled resident of any single program is at least 6 months of uninterrupted training.

3. The 6-month period Clinical Anesthesia training in any one program ends with receipt of a satisfactory Certificate of Clinical Competence. To receive credit from the ABA for a period of Clinical Anesthesia training that is not satisfactory, the resident must immediately complete an additional 6 months of uninterrupted clinical anesthesia training in the same program with receipt of a satisfactory Certificate of Clinical Competence. If a resident receives consecutive Certificates of Clinical Competence that are not satisfactory, additional training is required. When a resident receives a satisfactory Certificate of Clinical Competence immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.

4. Training away from the resident's ACGME-accredited anesthesiology program cannot occur until completion of at least 1 year of Clinical Anesthesia or during the last 3 months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

Current RRC requirements limit training in institutions not integrated with the resident's ACGME-accredited program to a
maximum of 12 months throughout the CA I-3 years. The ABA will accept no more than 6 of these months in institutions not affiliated with the ACGME-accredited program. Therefore, residents must complete a minimum of 24 months of Clinical Anesthesia training in their ACGME-accredited program’s parent and integrated institutions and may complete at most 6 months of Clinical Anesthesia training away from their ACGME-accredited program.

The Credentials Committee of the ABA must prospectively approve Clinical Anesthesia training away from the ACGME-accredited program, even if the training will occur in another ACGME-accredited program. The request for approval must include a chronological description of the rotations, information about the supervision of the resident, and assurances that the resident will be in compliance with the limits on training away from his/her ACGME-accredited program. Further, the resident must remain enrolled in his/her program while training away from the ACGME-accredited program, and his/her program must report the training on the Clinical Competence Committee report filed for the period involved.

D. Prospective approval is required for exceptions to policies regarding the training planned for residents. The Credentials Committee of the ABA considers requests for prospective approval on an individual basis. The ABA office must receive the request from the program director on behalf of a resident at least 4 months before the resident begins the training in question. It is the responsibility of the program director and the resident to assure that the request is received in a timely manner.

Principal Objectives

The examination system for the ABA’s primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

A Board-certified anesthesiologist is a physician who provides medical management and consultation during the perioperative period in pain medicine and in critical care medicine. A diplomate of the Board must possess knowledge, judgment, adaptability, clinical skills, technical facility, and personal characteristics sufficient to carry out the entire scope of anesthesiology practice. An ABA diplomate must logically organize and effectively present rational diagnoses and appropriate treatment protocols to peers, patients, their families, and others involved in the medical community. A diplomate of the Board can serve as an expert in matters related to anesthesiology, deliberate with others, and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A Board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

Because of the nature of anesthesiology, the ABA diplomate must be able to manage emergent life-threatening situations in an independent and timely fashion. The ability to independently acquire and process information in a timely manner is central to assure individual responsibility for all aspects of anesthesiology care. Adequate physical and sensory faculties, such as eyesight, hearing, speech, and coordinated function of the extremities, are essential to the independent performance of the Board-certified anesthesiologist. Freedom from the influence of or dependency on chemical substances that impair cognitive, physical, sensory, or motor function also is an essential characteristic of the Board-certified anesthesiologist.

Irregular Behavior

The Board acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates. Information about behavior the Board considers a violation of the integrity of its examination and certification process is sent to all candidates scheduled for examination. Statistical analyses may be conducted to verify observations and reports of suspected irregularities in the conduct of an examination. The examination of a candidate whose conduct, in the Board’s judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. Furthermore, the candidate will be subject to punitive action as determined by the Board. In that event the candidate would be informed of the reasons for the Board’s actions and could request an opportunity to present information deemed relevant to the issue and to petition the Board to reconsider its decision.

Nonstandard Examination Administration

The ABA supports the intent of the Americans with Disabilities Act (ADA) and has a process for considering requests that its assessment programs be modified to accommodate an individual with a disability. Anyone having questions about the process should write or call the Executive Vice President of the Board at the ABA office.

Unforeseeable Events

In the event a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities, or other unforeseeable events make it inadvisable, illegal, or impossible for the ABA to administer an examination to a candidate at the appointed date, time, and location, or to conclude a candidate’s examination, the ABA is not responsible for any personal expense the candidate may have incurred to be present for the examination or for any such expense the candidate may incur for any subsequent examination.

Application Form

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

Filing and Documentation Deadlines

The standard deadline for the ABA to receive the completed application and the application fee is December 15 of the year immediately preceding the year in which the written examination is to be administered.

The late deadline by which the ABA must receive the completed application with the application fee and a late fee is January 15 of the examination year.

The January 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider an application it receives after January 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant’s qualifications for admission to examination no later than March of the year in which the written examination is to be administered. This includes but is not limited to references and evidence of medical licensure or of having qualified for such licensure. An application will not be accepted if the required documentation is not received by that date. It ultimately is
the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

**Applicant Acknowledgement and Release**

The application form includes the following Acknowledgement, which the applicant shall be required to sign:

I, the undersigned applicant ("Applicant"), hereby apply to the American Board of Anesthesiology, Inc. ("ABA"), for entrance into its examination system for the purpose of obtaining ABA certification status ("Certification"). I acknowledge that my application is subject to the ABA rules and regulations. I further acknowledge and agree that if I withdraw my application or the ABA does not accept it, the ABA will retain the administrative services fee and all late fees and refund only the remainder of my application fee.

I represent and warrant to the ABA that all information contained in this application ("Application") is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this Application shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

I understand that if the Application is electronically submitted to the ABA, the Acknowledgement portion of the Application will be assigned a number (#________), which will match the portion of the Application submitted electronically. I agree that the Acknowledgement shall survive the electronic submission of the Application, regardless of whether or not the information or data provided in the Application has been aggregated or reformatted in any manner by the ABA. I also agree that this Acknowledgement precludes me from claiming the Acknowledgement does not relate to the Application.

I acknowledge that I have received a copy of the applicable ABA Booklet of Information and read the Booklet. I agree to be bound by the policies, rules, regulations and requirements published in the applicable Booklet, in all matters relating to consideration of and action upon this Application and Certification should it be granted. In addition, I understand and acknowledge that in the event I have violated any of the ABA rules governing my Application and/or Certification, or in the event I fail to comply with any provisions of the ABA Certificate of Incorporation or Bylaws, such violations shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

The application form also includes the following Release, which the applicant shall be required to sign:

I, the undersigned applicant ("Applicant"), hereby apply to the American Board of Anesthesiology, Inc. ("ABA") for entrance into its examination system for the purpose of obtaining ABA certification status ("Certification"). I acknowledge that this application ("Application") is subject to the ABA rules and regulations.

In connection with my Application, (if electronically submitted, Application [#________], I authorize all persons holding testimony, records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Information") to release such Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my Application. The Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any treatment or rehabilitation related thereto. The purpose of releasing such Information is to determine or verify my qualifications for entrance into the ABA entrance examination and ABA Certification. A copy of this release may accompany any request made by the ABA for such Information.

I authorize the ABA to: (1) report my status in the examination system, including the results of any written or oral examination, to the Director of the program from which I completed my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system. I also authorize the ABA to use any and all Information for the purpose of conducting longitudinal studies to assess the ABA certification process. Such Information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my Application or Certification status. Subject to applicable state and federal law requirements, the ABA shall hold all Information in confidence.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of Information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the Information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my Application, provided such acts or proceedings are made or conducted in good faith.

**Entrance Requirements**

At the time of application to enter the examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology practice and must:

A. Have graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the Liaison Committee on Medical Education or by the Canadian Medical Association, or the American Osteopathic Association. Graduates of medical schools outside the jurisdiction of the United States and Canada must have one of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Graduates of Medical Schools, or a certificate from the Medical Council of Canada, or documentation of training for those who entered postdoctoral medical training in the United States via the Fifth Pathway as proposed by the American Medical Association.

B. Provide evidence satisfactory to the Board of having been awarded a medical or osteopathic degree acceptable to the Board.

C. Provide evidence acceptable to the Board of having satisfied the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

Residents in training may submit evidence with their application of having qualified on examinations that provide eligibility for medical licensure on file in the ABA office by November 30 of the year in which the written examination for which they applied is administered.

D. Have on file in the Board office evidence of having satisfactorily fulfilled all requirements of the curriculum of education in anesthesiology before the date of examination and after receiving a
medical or osteopathic degree acceptable to the ABA. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final 6 months of clinical anesthesia training in each residency program. A grace period will be permitted so that applicants completing this requirement by August 31 may apply for the immediately preceding July written examination.

E. Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of his or her current practice of anesthesiology. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by spending, on average, 1 day per week during 1 of the previous 3 years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the applicant's current practice of anesthesiology and use them in determining the applicant's qualifications for admission to the examination system. The Clinical Competence Committee report from the department and the evaluation of the program director and others will be used as the basis for assessing admission qualifications.

F. If residency training was completed more than 12 years before the date of application or if a second or subsequent application has been declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the examination system.

Acceptable proof consists of documentation of having qualified on an entry examination designated by the Board. The Board has designated the examination administered annually by the Joint Council on In-Training Examinations as the entry examination. Information about the entry examination and a registration form may be obtained by writing the Joint Council c/o the American Society of Anesthesiologists.

Alternatively, the applicant may complete 12 consecutive months of additional clinical training in anesthesia as a CA-3 year resident in one ACGME-accredited program with receipt of a satisfactory Certificate of Clinical Competence covering the final 6 months.

The applicant must qualify on the entry examination or satisfactorily complete the year of additional training after the date the ABA declared her or his most recent application void. The applicant must complete the requalifying examination before applying to the ABA. If the applicant will complete the year of additional training by August 31, he or she may apply to the ABA for the immediately preceding July written examination. The applicant must apply to the ABA within 3 years of having reestablished her or his qualifications for admission to examination.

The ABA will not validate or report the results to applicants who sit for the written examination and do not fulfill those conditions by the deadlines.

After an applicant has met all of the entrance requirements listed above, the Board shall determine that entry into the examination system is merited when a judgment of adequate levels of scholarship and clinical competence can be made from the information submitted. The ABA will notify an applicant who is accepted as a candidate for certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

**Certificate of Clinical Competence**

The Board requires every residency training program to file, on forms provided by the Board, an Evaluation of Clinical Competence in January and July on behalf of each resident who has spent any portion of the prior 6 months in clinical anesthesia training in or under the sponsorship of the residency program and its affiliates. The program director (department chair) must not chair the Clinical Competence Committee.

Entry into the examination system is contingent upon the applicant having a Certificate of Clinical Competence on file with the Board attesting to satisfactory clinical competence during the final period of clinical anesthesia training in or under the sponsorship of each program. The Board, therefore, will deny entry into the examination system until this requirement is fulfilled.

**Absence From Training**

The total of any and all absences during the Clinical Anesthesia 1 to 3 years of training may not exceed the equivalent of 20 working days per year, or 60 days total. Attendance at scientific meetings, not to exceed 5 working days per year, shall be considered a part of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

A lengthy interruption in training may have a deleterious effect on the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of 6 months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

**Entrance Into the System**

The examination system for the ABA's primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

The **written examination** is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. Written examinations are held annually in locations throughout the United States and Canada on a Saturday in July. A passing grade, as determined by the Board, is required. It is necessary for candidates to pass the written examination to qualify for the oral examination. Candidates must wait at least 6 months after passing the written examination to be eligible to appear for the oral examination.

The **oral examination** is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision-making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The oral examination emphasizes the scientific rationale underlying clinical management decisions. The ABA conducts oral examinations in the spring and fall of each year at a single location in the United States. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. A passing grade, as determined by the Board, is required.

The ABA will not schedule candidates to appear at consecutive oral examinations. Candidates who do not take or do not pass an oral examination for which they are scheduled, for whatever reason,
are not eligible to appear at the next regularly scheduled oral examination.

A. The duration of candidate status is limited. Every candidate is given one opportunity per calendar year, for 3 years, to successfully complete each examination requirement. All candidates must satisfy the written examination requirement within 3 years of the date of the first examination that follows acceptance of the application. All candidates must satisfy the oral examination requirement within 3 years of the date of the first oral examination for which they become eligible. The ABA will declare the candidate's application void if the candidate does not satisfy an examination requirement within the prescribed number of opportunities or time, whichever comes first.

B. The ABA sends notification of examination opportunity and a reply form to every candidate eligible to appear for the examination at least 4 months prior to the examination date. The notification is sent to candidates at their address of record on file in the Board office.

Candidates are required to respond to every written and oral examination notice by the response date established by the ABA, whether or not they accept the examination opportunity.

The ABA notifies candidates of the exact date, time, and location of their examination and the rules for its conduct at least 2 months before the date of examination.

The Board office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control. Candidates must send the Board written notice of an address change immediately. Candidates must call the Board office if they do not receive an examination notice they are expecting within the timeframe described above. The candidate's social security number is used by the Board for identification purposes and should be included on all correspondence with the Board.

C. The ABA requires every candidate to accept each examination opportunity. The ABA must receive the candidate's reply to the notice of an examination opportunity by the deadline specified in the notification. The candidate forfeits the examination opportunity if the ABA does not receive acceptance of the examination opportunity or a request to be excused from the examination by the response deadline.

The ABA will excuse a candidate from at most one opportunity to satisfy an examination requirement without forfeiture of the opportunity. The candidate must send the ABA a written request to be excused from the examination opportunity. The ABA must receive the written request and the reason for it by the date the reply to the examination opportunity notice is due.

Canceling or not keeping an examination appointment results in forfeiture of the examination opportunity and the examination fee. If an event over which the candidate had no control prevented the candidate from keeping the examination appointment, the candidate may request to be excused from the examination without forfeiting the examination opportunity or examination fee. The candidate's written request must include an explanation and independent documentation of the event.

The ABA must receive the candidate's request no later than 3 weeks after the examination date. The ABA will consider the request only if it is the candidate's first request to be excused from an opportunity to satisfy the examination requirement.

The Board reserves the right to limit the number of candidates to be admitted to any examination. Places in the oral examination schedule are assigned randomly when more candidates request the examination than can be accommodated. Candidates who are not given an examination appointment, whether or not they accepted the examination opportunity, are required to appear at the next examination for which they are eligible.

Fees

A $550 non-refundable administrative services fee and a $400 written examination fee must accompany the application for primary certification in anesthesiology.

A $350 non-refundable late fee must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the fee it received. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first written examination for which they are eligible.

A $1,725 oral examination fee is assessed when candidates are notified of their successful completion of the written examination requirement.

The reexamination fee is $400 for the anesthesiology written examination and $1,725 for the oral examination. The reexamination fee will be charged candidates whether they have failed a previous examination, canceled a scheduled appointment for examination, or failed to appear for any examination for which they were properly scheduled.

A charge of $50 will be made whenever a check is returned for nonpayment.

The ABA is a nonprofit organization. The fees for application and examination are computed on a basis of cost of maintaining the functions of the Board. The Board reserves the right to change the fees when necessary.

Reapplication

The ABA declares void the application of a candidate who does not satisfy the examination requirements in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who meets existing requirements will be readmitted into the examination system.

The re-applicant for primary certification who has had a second or subsequent application declared void for any cause, or has completed anesthesia residency training more than 12 years before the date of reapplication, must reestablish his or her qualifications for admission to the examination system before filing another application. In all instances, the candidate must pass both the written and oral examinations under the new application.

Status of Individuals

The ABA reserves to itself exclusively the right to define and confer Board eligible status whenever such status refers to an individual's relationship to the ABA examination and certification system. The ABA shall confer Board eligible status only on physicians who are candidates in the ABA examination and certification system. The ABA does not confer Board eligible status indefinitely.

Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries with one of the following statements:

- The physician is certified by the ABA.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and presently is a candidate in the ABA recertification system.
The physician was certified by the ABA from (date of certification) to (date certification expired) and is not recertified at this time.

The physician is Board eligible in anesthesiology.

The physician has applied to the ABA, and the ABA is determining whether the applicant meets its requirements to be Board eligible.

The physician is neither certified by the American Board of Anesthesiology nor Board eligible.

The fee for written confirmation of an individual's status is $35.

Alcoholism and Substance Abuse
The Americans with Disabilities Act (ADA) protects individuals with a history of alcohol or substance abuse who are not currently abusing alcohol or using drugs illegally. The ABA supports the intent of the ADA.

The ABA will admit qualified applicants and candidates with a history of alcohol abuse to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they do not currently pose a direct threat to the health and safety of others.

The ABA will admit qualified applicants and candidates with a history of illegal use of drugs to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they are not currently engaged in the illegal use of drugs.

After a candidate with a history of alcohol abuse or illegal use of drugs satisfies the examination requirements for certification, the ABA will determine whether it should defer awarding its certification to the candidate for a period of time to avoid certifying a candidate who poses a direct threat to the health and safety of others. If the ABA determines that deferral of the candidate's certification is appropriate because the candidate does currently pose a threat to the health and safety of others, the ABA will assess the specific circumstances of the candidate's history of alcohol abuse or illegal use of drugs to determine when the candidate should write the Board to request issuance of its certification.

Revocation of Certificate
A certificate is issued by the Board with the understanding that it remains the property of the Board during the life of the diplomate. Any certificate issued by the Board shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this Board or its By-Laws; or

B. The person certified shall not have been eligible to receive such certificate whether or not the facts making him or her ineligible were known to, or could have been ascertained by, the Board or any of the directors at the time of issuance of such certificate; or

C. The person certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The person certified shall fail to maintain a moral, ethical, or professional standing satisfactory to the Board.

The Board shall be the sole judge of whether or not the evidence or information before it is sufficient to require or permit revocation of any certificate issued by the Board, and the decision of the Board shall be final. The individual has the right to seek review of such decision.

Certification by Other Organizations
The ABA will make no statement about the comparability of the ABA certificate and another organization's certificate. The ABA will not accept certification by another entity as meeting the requirements for entrance into the ABA examination system for specialty or subspecialty certification or recertification.

Records Retention
The ABA retains documents pertaining to an individual's residency training, application for certification, examination opportunities, and examination results for the sole purpose of determining that its requirements for admission to examination and for certification are fulfilled.

In the absence of an application for certification, documents pertaining to the ABA entrance requirements are retained for 7 years from the date of the most recent correspondence to or from the ABA regarding the requirements. Documents pertaining to an unsuccessful application are retained until the individual submits another application to the ABA or the aforementioned 7-year period expires, whichever occurs first. Documentation corroborating the results of a candidate's examination is retained until 6 months after the date of the most recent correspondence to or from the ABA regarding the results. Documentation corroborating the candidate's fulfillment of the ABA certification requirements is retained until 1 year after the date of the most recent correspondence to or from the ABA regarding the candidate's certification by the ABA. The ABA sees to the secure destruction of the documents in its file for an individual when the period specified for retention of the documents has expired.

The ABA retains indefinitely an electronic record for residents who trained in an ACGME-accredited anesthesiology program. This record includes entries that identify the training program, the dates of training, and the faculty's overall evaluation of the resident's performance during training.

The ABA retains indefinitely microfiche and electronic records for candidates issued its certification. These records include documents and entries attesting that each certification requirement was met.

Formal Review Process
The only actions of the ABA that are subject to formal review are a decision not to accept an application, a decision not to grant a request for an examination under nonstandard testing conditions, and a decision to revoke a certificate issued by the ABA.

The individual must give the ABA written notification of the intention to seek formal review within 30 days of receiving notification of the Board's decision. The individual shall address the notice to the ABA Secretary at the Board office and shall set forth the grounds upon which the request for formal review is based. If the individual does not give the ABA written notification of the intent to seek formal review within the time and in the manner prescribed, the individual shall be considered to have accepted the decision of the Board and the decision shall become final.

Upon receipt of notice of a request for formal review within the time and in the manner prescribed, the request will be screened to determine whether or not it meets the standards for a formal review to occur. Minimum criteria for a formal review are grounds that the Board's action was inconsistent with ABA policies or not supported by the evidence available to the Board when the action was taken. If it is determined that there are grounds for a formal review, the ABA shall form a Review Panel and schedule a hearing. Otherwise, the decision of the Board shall become final.
Subspecialty Certification in Critical Care Medicine

A. Definition of Critical Care Medicine

The discipline of critical care medicine has evolved over the last few decades parallel with the development of techniques and technology for acute and long term life support of patients with multiple organ system derangement. Because problems encountered in the critically ill patient encompass aspects of many different specialties, critical care medicine is a multidisciplinary endeavor that crosses traditional department and specialty lines.

The critical care medicine physician is a specialist whose knowledge is of necessity broad, involving all aspects of management of the critically ill patient, and whose primary base of operation is the intensive care unit (ICU). This physician has completed training in a primary specialty and has received additional training in critical care medicine aspects of many disciplines. This background enables the physician to work in concert with the various specialists on the patient care team in the ICU; to utilize recognized techniques for vital support; to teach other physicians, nurses, and health professionals the practice of intensive care; and to foster research.

B. Certification Requirements

At the time of subspecialty certification in critical care medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be a diplomate of the ABA.
- Fulfill the licensure requirement for certification.
- Have fulfilled the requirement of the continuum of education in critical care medicine as defined by the ABA.
- Have satisfied the critical care medicine examination requirement of the ABA.
- ABA subspecialty certificates in critical care medicine issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

C. Continuum of Education in Critical Care Medicine

The continuum of education in critical care medicine consists of 12 months of full-time training in critical care medicine. The training must be in an anesthesiology critical care medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (ie, Clinical Base and CA 1-3 years) unless the Credentials Committee of the ABA prospectively approves a different training sequence for the fellow.

The ABA will accept no more than 2 months of training in institutions not recognized by the RRC as part of the accredited subspecialty program. Therefore, the ABA requires that fellow complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

The total of any and all absences during the critical care medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in critical care medicine must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 2 months, the Credentials Committee of the ABA shall determine the number of months subsequent to resumption of the program that are necessary to satisfy the training requirements for admission to the ABA subspecialty examination system.

D. Entrance Requirements

At the time of application to enter the critical care medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be certified by the ABA.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the ABA office documentation of having fulfilled the requirement of the continuum of education in critical care medicine.
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of anesthesiology critical care medicine. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by practicing the subspecialty of critical care medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant's qualifications for admission to its critical care medicine examination system.
- If an applicant completed anesthesiology critical care medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology critical care medicine program and be completed satisfactorily before applying for examination.

The ABA shall determine that entry into the critical care medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for critical care medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

E. Application Procedure

1. Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. The application form includes the identical Acknowledgement and Release statements included in the application for primary
certification. The applicant for examination in critical care medicine shall be required to sign each statement.

F. Filing and Documentation Deadlines

The standard deadline for the ABA to receive a completed application and the application fee for the critical care medicine examination is February 15 of the examination year.

The late deadline for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a critical care medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.

G. Fees

The application fee for admission to the critical care medicine examination system is $1,000. It includes a nonrefundable $250 administrative services fee and must accompany the application.

The late fee for critical care medicine application is $200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first critical care medicine examination for which they are eligible.

The reexamination fee for the critical care medicine examination is $750.

A charge of $50 will be made whenever a check is returned for nonpayment.

H. Examination System

The written examination in critical care medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of critical care medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

The critical care medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the critical care medicine examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the critical care medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individual

Inquiries about the current status of physicians relative to the ABA critical care medicine certification system should be addressed to the ABA office. The ABA will confirm the status of physicians who are certified in critical care medicine by the ABA. For others, the response to the inquiry will be in keeping with the ABA policy.

J. Reapplication

The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for any reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1-year continuum of education in critical care medicine before reapplying for the subspecialty certificate.

Subspecialty Certification in Pain Medicine

A. Definition of Pain Medicine

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialise in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

B. Certification Requirements

At the time of subspecialty certification in pain medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

- Be a diplomate of the ABA.
- Fulfill the licensure requirement for certification.
- Have fulfilled the requirement of the continuum of education in pain medicine as defined by the ABA.
- Have satisfied the pain medicine examination requirement of the ABA.

The ABA subspecialty certificate in pain medicine is valid for a period of 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

C. Continuum of Education in Pain Medicine

The continuum of education in pain medicine consists of 12 months of full-time training in acute, chronic, and oncology pain medicine. The training must be in a pain medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (ie, Clinical Base and CA 1-3 years), unless the Credentials Committee of the ABA prospectively approves a different training sequence for the fellow.

The ABA will accept no more than 2 months of training in institutions not recognized by the RRC as part of the accredited
subspecialty program. Therefore, the ABA requires that fellows complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

The total of any and all absences during the pain medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in pain medicine must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 2 months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to reumption of the program that are necessary to satisfy the training requirements for admission to the ABA subspecialty examination system.

D. Entrance Requirements
At the time of application to enter the pain medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

- Be certified by the ABA.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the Board office documentation of having fulfilled the requirement of the continuum of education in pain medicine.
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of anesthesiology pain medicine. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by practicing the subspecialty of pain medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant's qualifications for admission to its pain medicine examination system.
- If an applicant completed anesthesiology pain medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology pain medicine program and be completed satisfactory before applying for examination.

The ABA shall determine that entry into the pain medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for pain medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right to not accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

E. Application Procedure
1. Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board. An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. The application form includes the identical Acknowledgement and Release statements in the application for primary certification. The applicant for examination in pain medicine shall be required to sign each statement.

F. Filing and Documentation Deadlines
The standard deadline for the ABA to receive a completed application and the application fee for the pain medicine examination is February 15 of the examination year.

The late deadline for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a pain medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

G. Fees
The application fee for admission to the pain medicine examination system is $1,000. It includes a nonrefundable $250 administrative services fee and must accompany the application.

The late fee for pain medicine application is $300 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first pain medicine examination for which they are eligible.

The reexamination fee for the pain medicine examination is $750. A charge of $50 will be made whenever a check is returned for nonpayment.

H. Examination System
The written examination in pain medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of pain medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.
The pain medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the pain medicine examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the pain medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate’s application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individuals

Inquiries about the current status of physicians relative to the ABA pain medicine certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in pain medicine by the ABA. For others, the response to the inquiry will be in keeping with ABA policy.

J. Reapplication

The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1-year continuum of education in pain medicine before reapplying for the subspecialty certificate.

Recertification and Maintenance of Certification

A. Background

Initiatives at federal, state, and local levels convinced the ABA that some of its diplomates would need or desire a mechanism to demonstrate their continuing qualifications. In May 1989, the ABA announced its intent to develop a program for continued demonstration of qualifications (CDQ), which would afford its diplomates the opportunity to voluntarily demonstrate current knowledge and quality of practice. The ABA approved a policy of time-limited certification in 1989-1995. All certificates issued by the ABA on or after January 1, 2000, will expire 10 years after the year the candidate passed the certification examination. The ABA took this step to reassure the public that the diplomate continues to demonstrate the attributes of a Board-certified anesthesiologist. The American Board of Medical Specialties (ABMS) approved the ABA recertification proposal in March 1996. Subsequently, the ABA changed the name of the CDQ program to recertification.

In 1998, the ABMS approved the ABA proposals for recertification in the subspecialties of critical care medicine and pain medicine. The credentialing requirements, examination, and passing standard are the same for certification and recertification. The ABA administers the subspecialty examinations to recertification candidates annually.

The ABA Recertification Programs include a commitment to continuing education, assessment of the quality of practice in the local environment, and an evaluation of knowledge. Diplomates who hold a certificate that is not time-limited may voluntarily elect to apply to the ABA for recertification. The ABA will not alter the status of their certification if they do not recertify.

The ABMS approved the concept of maintenance of certification (MOC) in 2000. The 24 ABMS Member Boards subsequently endorsed the concept. MOC is a program of continual self-assessment and lifelong learning, along with periodic assessment of professional standing, cognitive expertise, and practice performance. The ABA is committed to evolving its recertification programs to MOC programs.

The ABA presented a proposal for Maintenance of Certification in Anesthesiology (MOCA™) to ABMS in 2002. The transition from the current recertification program to MOCA™ began in 2004. This allows adequate time for diplomates issued a time-limited certificate to satisfy all MOCA™ requirements. The maximum interval between initial certification that is time-limited and successful completion of the requirements to maintain certification for the first time, as well as each time MOC is required thereafter, is 10 years.

B. Voluntary Anesthesiology Recertification Program

The ABA established the voluntary recertification program for diplomates before it began issuing time-limited certificates in anesthesiology. Only diplomates certified in anesthesiology by the ABA before January 1, 2000, are eligible to apply for the recertification program.

The ABA recertification program will not remain open indefinitely. Diplomates certified before 2000 who might have a future need to recertify should consider participating in the program before it closes in 2009. Participation will not jeopardize a participant's diplomate status.

The ABA recertification programs include two major components: an evaluation of the quality of current practice conducted at the local level and a secure written examination.

To be admissible to an ABA recertification examination, the applicant shall be capable of performing independently the entire scope of specialty or subspecialty practice and must:

- Be a physician to whom the ABA previously awarded certification in the specialty or subspecialty.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the ABA office documentation solicited by the ABA from the hospital/facility chief of staff, or equivalent, attesting to the applicant's current privileges where a substantial portion of the applicant's practice takes place. The documentation includes evaluations of various aspects of the applicant's current practice and verification that the applicant meets the Board's clinical activity requirement by practicing the medical discipline for which recertification is being sought, on average, 1 day per week during 1 of the previous 3 years. If the applicant's practice is entirely office-based, three letters of reference solicited by the ABA from referring physicians should be on file.

The ABA shall issue a recertification certificate to the applicant who is accepted for and satisfies the recertification examination requirement established by the ABA.

C. Application Procedure

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.
A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

The application form includes the identical Acknowledgement and Release statements included in the application for initial certification. The recertification applicant shall be required to sign each statement.

D. Filing and Documentation Deadlines

The standard deadline for the ABA to receive a completed anesthesiology recertification application and the application fee is December 15 of the year prior to the examination. The late deadline for the ABA to receive a completed application with the application fee and a late fee is January 15 of the examination year.

The standard deadline for the ABA to receive a completed subspecialty recertification application and the application fee is February 15 of the examination year. The late deadline for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The late deadlines for receipt of a completed anesthesiology or subspecialty recertification application and the appropriate fee are absolute. Regardless of the reason, the ABA will not consider a recertification application it receives after the late deadline for the examination.

The ABA must receive all the documentation it requires to make a determination about an applicant's qualifications for admission to the anesthesiology recertification examination no later than March 15 of the examination year. The ABA must receive all the documentation it requires to make a determination about an applicant's qualifications for admission to a subspecialty recertification examination no later than May 15 of the examination year. Documentation includes but is not limited to evidence of medical licensure and verification of current credentialing/hospital privileges. An application will not be accepted if the required documentation is not received by that date. Ultimately, the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

E. Fees

The application fee is $700 for admission to the voluntary anesthesiology recertification program. It includes a nonrefundable administrative service fee of $200. The fee must accompany the anesthesiology recertification application.

The application fee is $1,000 for admission to a subspecialty recertification program. It includes a nonrefundable administrative service fee of $250. The fee must accompany the subspecialty recertification application.

The late fee for anesthesiology and subspecialty recertification applications is $200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be refunded if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of testing center for the first recertification examination for which they are eligible.

The reexamination fee is $500 for the anesthesiology recertification examination and $750 for a subspecialty recertification examination.

A charge of $50 will be made whenever a check is returned for nonpayment.

F. Examination System

The ABA shall determine that admission to the recertification examination is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for recertification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

The specialty recertification examination is designed to assess current knowledge of the breadth of anesthesia practice and presents clinically relevant items that apply to all types of anesthesia practice. The subspecialty recertification examinations are designed to test for the presence of knowledge considered essential for the ABA diplomate to function as a practitioner of the subspecialty.

The recertification examinations are administered once each year. The ABA will mail notice to all eligible candidates announcing the location(s) and date of a recertification examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the recertification examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

G. Status of Individuals

Inquiries about the current status of physicians should be addressed to the ABA office. For physicians certified by the ABA who subsequently complete the recertification program, the ABA will affirm their diplomate status and the year of their recertification. For others, the response to the inquiry will be in keeping with ABA policy.

H. Reapplication

Physicians, whether previously recertified or not, may apply for recertification at whatever interval they prefer. To reapply, the physician must submit a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be accepted as a candidate for recertification.

Maintenance of Certification in Anesthesiology Program

The ABA issued diplomates certified on or after January 1, 2000, a certificate that is valid for 10 years. The voluntary recertification program is not open to holders of a time-limited anesthesiology certificate. They must satisfactorily complete Maintenance of Certification in Anesthesiology (MOCA™) before their time-limited certificate expires to maintain diplomate status in the specialty.

MOCA™ is a 10-year program of ongoing self-assessment and lifelong learning, continual professional standing assessment, periodic practice performance assessments, and an examination of cognitive expertise. Each 10-year MOCA™ cycle begins the year after certification or the year the diplomate registers for MOCA™, whichever occurs later. Therefore, if a diplomate does not register for MOCA™ before the end of the first calendar year following his or her
Physicians should maintain competency in the following general areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The MOCA™ requirements for Professional Standing, Lifelong Learning and Self-Assessment, Cognitive Expertise, and Practice Performance are designed to provide assessments of these six general competencies.

A. Professional Standing Assessment
ABA diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada. Further, all US and Canadian medical licenses that a diplomate holds must be unrestricted at all times.

The ABA assesses a diplomate's professional standing continually. ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Diplomates discovered not to have made disclosure may be subject to sanctions on their diplomate status in the primary specialty. Professional standing acceptable to the ABA is a prerequisite qualification for cognitive examination and for maintenance of certification.

B. Practice Performance Assessment
The ABA practice performance assessment process consists of attestations of clinical activity, acceptable clinical practice, and participation in practice improvement activities. The ABA minimum clinical activity requirement is the practice of anesthesiology or a recognized anesthesiology subspecialty, on average, at least 1 day per week during 1 of the previous 3 years.

During the 5th and 9th years of a candidate's 10-year MOCA™ cycle, the ABA solicits attestations about a diplomate's clinical practice participation in practice improvement activities from individuals identified by the diplomate as being familiar with his or her current practice of the specialty. Attestations of practice performance will be solicited more frequently if an assessment is not acceptable to the ABA.

Practice performance assessments acceptable to the ABA are a prerequisite qualification for cognitive examination and for maintenance of certification.

C. Lifelong Learning and Self-Assessment
ABA diplomates should continually seek to improve the quality of their clinical practice and patient care through self-directed professional development. This should be done through self-assessment and learning opportunities designed to meet the diplomate's needs and the MOCA™ requirement for Lifelong Learning and Self-Assessment (LL-SA).

The LL-SA requirement for maintenance of certification is 350 credits for continuing medical education (CME) activities. Of the 350 credit total:
1. At least 250 credits must be Category 1 credits for ACCME-approved programs or activities.
2. At most 100 credits may be for programs and activities for which Category 1 credit is not awarded.

The prerequisite qualification for cognitive examination is at least 200 credits.

Diplomates should complete some LL-SA activity in at least 5 years of each 10-year MOCA™ cycle. They are encouraged to complete some LL-SA activity in each of the six general competencies for physicians.

MOCA™ registrants submit their CME activities and credits to the ABA electronically. CME activities are subject to audit and verification by the ABA within 3 years of their submission. Therefore, diplomates must keep documentation of a CME activity for at least 3 years after they submit it to the ABA for LL-SA credit.

D. Cognitive Expertise Assessment
MOCA™ registrants must demonstrate their cognitive expertise by passing an ABA examination administered via computer under standardized testing conditions. They may take the examination no earlier than the 7th year of their 10-year MOCA™ cycle.

Examination pre-requisites are:
1. Professional standing acceptable to the ABA.
2. Practice performance assessments acceptable to the ABA.
3. At least 200 LL-SA credits submitted to the ABA prior to the examination year.

MOCA™ participants may take the examination at most twice during a calendar year. There is no limit to the number of years they may take the examination.

E. Registration Procedure
Registration for MOCA™ must be made electronically via the ABA Web site at www.abanes.org. Diplomates who are not able to register for MOCA™ electronically should contact the ABA office.

The registration form includes the identical Acknowledgement and Release statements included in the application for initial certification. The MOCA™ registrant shall be required to electronically sign each statement.

A diplomate may register to participate in the MOCA™ system at any time after the ABA confers primary certification. Diplomates with a time-limited certificate must register no later than the year after their certification or their certification status will expire before they complete the MOCA™ program.

The ABA must receive all required information before a diplomate is registered in the MOCA™ system. This includes, but is not limited to, information on professional activities and medical licensure. The ABA also must receive the registration fee. Registration will not be accepted if the required information and payment is not received. It is ultimately the responsibility of every registrant to assure that the ABA receives all required information and payments.

F. Fees
The registration fee for a MOCA™ cycle is $200. The registration fee is non-refundable. The fee must be submitted electronically during the registration process.

The fee for each secure examination opportunity is $500.

G. Status of Individuals
The ABA reserves to itself exclusively the right to define an individual's relationship to the ABA maintenance of certification system. Information about a physician's ABA certification status may be obtained at no charge via the ABA Online Diplomate Directory at www.abanes.org or by telephoning the ABA office.

There is a $35 charge for written confirmation of a physician's ABA certification status. Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries about current and former diplomates with one of the following statements:

- The physician is certified by the ABA.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and is a candidate for Maintenance of Certification in Anesthesiology.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and is not a candidate for Maintenance of Certification in Anesthesiology.

Test Dates and Deadlines

Written Examination

2005 Examination
October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9, 2005—Examination date

2006 Examination
October 15, 2005—Application cycle begins
December 15, 2005—Standard application deadline
January 15, 2006—Late application deadline
March 15, 2006—Documents deadline
July 8, 2006—Examination date

Anesthesiology Recertification Examination

2005 Examination
October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9-23, 2005—Examination dates

2006 Examination
October 15, 2005—Application cycle begins
December 15, 2005—Standard application deadline
January 15, 2006—Late application deadline
March 15, 2006—Documents deadline
July 8-22, 2006—Examination dates

Oral Examination

2005 Examinations
October 15, 2004—Application deadline
April 11-15, 2005—Examination dates
February 1, 2005—Application deadline
September 26-30, 2005—Examination dates

2006 Examinations
October 15, 2005—Application deadline
April 24-28, 2006—Examination dates
February 1, 2006—Application deadline
September 11-15, 2006—Examination dates

Critical Care Medicine and Pain Medicine Certification Examinations

2005 Examination
December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 17-October 1, 2005—Examination dates

2006 Examination
December 15, 2005—Application cycle begins
February 15, 2006—Standard application deadline
March 15, 2006—Late application deadline
May 15, 2006—Documents deadline
September 16-30, 2006—Examination dates

Critical Care Medicine and Pain Medicine Recertification Examinations

2005 Examination
December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 17-October 1, 2005—Examination dates

2006 Examination
December 15, 2005—Application cycle begins
February 15, 2006—Standard application deadline
March 15, 2006—Late application deadline
May 15, 2006—Documents deadline
September 16-30, 2006—Examination dates
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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Colon and Rectal Surgery [ABCRS] to ascertain whether the information below is current.)

Qualifications of Candidates
All candidates shall comply with the following regulations:

General Requirements
1. A candidate shall appear personally before the Board and shall submit to the required examinations.
2. A candidate shall limit the majority of his/her practice to colon and rectal surgery.
3. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
4. A candidate must submit to the Board a statement of the theory and practice of colon and rectal surgery, with a bibliography of books and papers published by the candidate.
5. The moral and ethical fitness of a candidate must be satisfactory to the Board and in conformity with the Statements on Principles of the American College of Surgeons and the Principles of Medical Ethics of the American Medical Association. Practices not conforming therewith may result in rejection of an application or in deferral of examination until such matters have been resolved satisfactorily.

Professional Qualifications
1. A candidate must have completed an accredited residency program in colon and rectal surgery following successful completion of general surgical training in an ACGME-accredited residency program.
2. All candidates must have a currently valid registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province and must continue to be licensed throughout the certification process.
3. A candidate must successfully complete the Qualifying Examination of the American Board of Surgery before being admitted to the ABCRS Written Examination (Part I).
4. A candidate must achieve certification by the American Board of Surgery before being admitted to the ABCRS Oral Examination (Part II).

Application for Examination
Each candidate for examination must complete and submit an Application for Examination, which may be obtained from the secretary of the Board. Applications must be submitted before July 15 of each year.

The application must be accompanied by two unmounted, recent photographs of the applicant and the required application fee.

Within 2 weeks after conclusion of the training program, the applicant must submit to the secretary of the Board a prescribed form, listing all operative procedures performed during the training period. This form is available from the secretary of the Board and must be countersigned by the program director.

The acceptability of a candidate for examination depends not only upon completion of the requirements listed under "Qualifications for Candidates" but also upon information available to the Board regarding the candidate's professional maturity, surgical judgment, and technical competence.

Examinations
To achieve certification by the ABCRS, a candidate must pass a Written Examination (Part I) and an Oral Examination (Part II).

The Written Examination is offered in the spring of the year, and a candidate is required to pass this examination before being permitted to take the Oral Examination, which is given in the fall of the year.

Examinations are conducted at times and places determined by the Board, and this information may be obtained from the Board office. It is also published in Diseases of the Colon and Rectum and in the Journal of the American Medical Association. Examinations will be held in one designated city in the United States.

Part I—Written Examination
The Written Examination is an assessment of a candidate’s knowledge of the theory and practice of colon and rectal surgery, with a separate Visual Diagnostic examination. The written portion of the examination is a 4-hour test of multiple-choice questions covering the spectrum of colon and rectal surgery and the body of basic science pertinent to it. The Visual Diagnostic portion is a 2-hour test consisting of questions and slide presentations.

Part II—Oral Examination
The Oral Examination is conducted by members of the Board or its designated examiners. Its objective is to evaluate the candidate's clinical experience, problem-solving ability, and surgical judgment and to ascertain the candidate's knowledge of current literature on colon and rectal diseases and surgery. Each candidate will undergo at least three 30-minute oral examinations by three 2-member examining teams.

Examination Results
The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and letters of notification may be expected within 4 to 6 weeks following the examination.

Reexaminations
A candidate who has failed either the written or oral part of the examination may be reexamined after 1 year has elapsed.
A candidate who fails to pass either the written or oral portion of the examination may repeat that part of the examination twice, thus offering the candidate three opportunities to pass each part of the examination.

A candidate who fails to pass either the written or oral portion of the examination three times may not repeat the examination without satisfactory completion of an approved remedial colon and rectal surgery residency program and submission of a new application for examination. A copy of the Remedial Training Guidelines may be obtained from the Board office upon request.

**Status of Applicant**

The Board does not use or sanction the terms "Board eligible" or "Board qualified." The status of an applicant with the Board is determined by and varies with the current status of his/her credentials.

A candidate must apply to the Board's certification process within 5 years after completion of approved colon and rectal surgery training.

Applicants who apply after the prescribed 5-year period (late applicants) must observe the Board's late entry policy.

The requirements include submission of a standard Application for Examination, with the required $750 fee ($400 regular/$350 special processing fee). The applicant must also provide updated background and training information, a current list of operative procedures, and documentation of 100 Category I CME credit hours (2 years prior to the application date). Late applicants will undergo a licensure verification to ensure there are no restrictions. Also, a statement of professional and moral character will be requested from the Chief of Surgery of the applicant's institution/hospital.

An Application for Examination may be requested from the ABCRS Administrative Office. The fully completed application and required fees must be submitted by July 15 of each year.

The entire certification process with the Board must be successfully completed within 7 years following approval of the formal application. In addition, a candidate whose application for examination has been approved but who does not take the examination within 3 years must submit a new application.

In exceptional or unusual circumstances, the Board may, at its discretion, waive one or more of the limitations specified under "Status of Applicant."

**Fees**

Application fee: A nonrefundable fee of $400 shall accompany the application.

Written Examination fee (Part I): A fee of $500 is due and payable when the candidate is notified of approval to take the Written Examination.

Oral Examination fee (Part II): A fee of $700 is due and payable when the candidate is notified of approval to take the Oral Examination.

Reexamination fee: Fees for reexamination are the same as shown above for each examination.

Withdrawal from examination: A candidate who withdraws must notify the Board office at least 10 business days before a scheduled examination. A candidate who fails to appear for examination or who withdraws without giving at least 10 days' notice as defined above will forfeit $200 of the designated examination fee and will have to resubmit the forfeited amount before being admitted to the next scheduled examination.

Late applications: Recognizing that a situation may arise that prevents an applicant from meeting the July 15 deadline, the Board has a provision for late applications. Late applications are those that are postmarked from July 16 through August 15 each year.

There is a nonrefundable late application fee of $200, bringing the total processing fee for a late application to $600. No applications postmarked after August 15 will be accepted.

Fees are subject to change as directed by the Board.

**Reconsideration and Appeals**

The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants. A request for reconsideration, which is the first step, must be made in writing and received by the Board office within 60 days of the date of notice from the Board of the action in question. A copy of the Reconsideration and Appeals Policy may be obtained from the Board office upon request.

**Certification**

A candidate who has met all the requirements and successfully completed the examinations of the ABCRS will be issued a certificate attesting to his/her qualifications in colon and rectal surgery. The certificate shall be signed by the president or vice president and the secretary and shall bear the corporate seal of the Board.

The certificate granted by the Board does not confer privilege or license to practice colon and rectal surgery but is evidence that a physician's qualifications for specialty practice are recognized by his/her peers. It is not intended to define the requirements for membership on hospital staffs, to gain special recognition or privileges for its diplomates, to define the scope of specialty practice, or to state who may or may not engage in the practice of the specialty.

Unless the candidate specifies otherwise, the Board forwards the names of candidates who have achieved certification to the American Board of Medical Specialties (ABMS) for publication in the Official ABMS Directory of Board Certified Medical Specialists, published jointly by the ABMS and Elsevier Science.

**Time-Limited Certification**

Beginning with those candidates who passed the certifying examination in 1990 and thereafter, the ABCRS will issue time-limited certificates. Certificates will be valid for 10 years from the date of certification, after which the certificates will no longer be valid.

[Note: Time-limited certification will not affect diplomates holding certificates issued prior to 1990.]

**Recertification**

The ABCRS offers recertification in the specialty. Certificates can be renewed prior to expiration by fulfilling the requirements for recertification specified by the Board. The recertification examination is offered annually, on a voluntary basis, to all certified colon and rectal surgeons who apply and meet the Board's requirements. A recertification information booklet, which outlines the requirements and procedures, is available by writing to the Board office.

**Revocation of Certificates**

The filing of an application for examination, participating in examination, and accepting a certificate are voluntary acts. Therefore, the Board assumes no responsibility for any effect that certification or failure to obtain certification may have on the private or professional activities of candidates.

When an application is submitted, candidates are required to sign an agreement, a portion of which reads as follows: "I agree to disqualification from examination or from the issuance of a certificate, and I agree to the forfeiture and redelivery of such certificate in the event that any of the statements herein made by me at this time or at any time in the past or future in regard to my application for a certificate are false or in the event that any of the rules and regulations of the Board governing such examinations and certificate are violated by me."
Certificates that have been issued are subject to the provisions of the Articles of Incorporation and the Constitution and Bylaws of the American Board of Colon and Rectal Surgery, Inc, and may be revoked for violation of any of these provisions.

**Examination of Candidates With Disabilities**
The ABCRS supports the intent of the Americans with Disabilities Act. The Board will make a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test.

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*(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Dermatology [ABD] to ascertain whether the information below is current.)*

**Requirements for Eligibility to Take the Examination**
Each applicant must satisfy the following requirements before he/she is eligible to take the certifying examination of the Board.

**General Qualifications**

1. The candidate must have graduated from a medical school in the United States accredited by the Liaison Committee for Medical Education (LCME), an accredited medical school in Canada, or an accredited osteopathic school in the United States; if a graduate of a foreign medical school, the candidate must possess the standard certificate of the Educational Commission for Foreign Medical Graduates (ECFMG). If, however, the foreign medical school graduate is in training in an accredited program in Canada, the Board will recognize the certificate of the Medical Council of Canada.

2. The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada, but may be denied certification if the candidate's license has been revoked, suspended, restricted, or surrendered in any jurisdiction or if the candidate is subject to adverse licensure proceedings.

3. The candidate must not have engaged in conduct that, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the candidate to practice dermatology in the best interests of patients.
Residency Training Requirements

1. Candidates for certification by the ABD are required to have a total of 4 years of postgraduate training, as described below in Sections (a) and (b).

a. The first year must consist of clinical training in one of the following types of broad-based programs in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a similar program in Canada accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC): transitional year (formerly called flexible first postgraduate year) or a first-year residency in emergency medicine, family practice, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.

b. Three years of full-time training as a resident in a dermatology residency training program in the United States accredited by the ACGME or 3 years of full-time training as a resident in a dermatology residency training program in Canada accredited by the RCPSC. Accreditation of dermatology training programs in the United States is the responsibility of the Residency Review Committee (RRC) for Dermatology acting with authority delegated to it by the ACGME (accredited dermatology residency training programs and clinical programs for first postgraduate year credit are listed in this Directory).

c. At least 75% of the resident’s time throughout each year (PGY-2, PGY-3, PGY-4) of dermatology residency training must be related to the direct care of dermatologic outpatients and inpatients; this includes clinical conferences and didactic lectures related to patient care, consultations, and inpatient rounds. During the 3 years of dermatology residency, therefore, 225% of the 300% (100% per year) of training must involve these direct patient care activities. In special training tracks, which are discussed further under d. below, residents must satisfy the 225% requirement over the 3 years (PGY-2, PGY-3, PGY-4), 4 years (PGY-2, PGY-3, PGY-4, PGY-5), or 5 years (PGY-2, PGY-3, PGY-4, PGY-5, PGY-6) of dermatology training. In addition, special-training tracks must include the equivalent of one ½ day clinic per week each year until the 225% requirement is met. Continuity of patient care should be stressed as much as possible in this clinic experience. Rotations on the consultation service, for a period comparable to the time similarly scheduled for general dermatology residents, may be substituted for the clinic time during the special training track years of the residency.

Dermatopathology, microbiology, and other basic science lectures, seminars, and conferences are essential components of the resident’s training (see the Program Requirements for Residency Education in Dermatology).

The Board also emphasizes the importance of basic and clinical investigation in the educational experience of trainees. Accordingly, all residents should participate in basic and/or clinical research during their training.

d. For those candidates whose career plans involve a primary commitment to investigative or academic dermatology, a special training track, which must assure adequate clinical education and experience in accordance with the general requirements described above, may also be acceptable. Program directors should contact the executive director of the Board for information concerning this special track, such as eligibility requirements and when and how to submit applications to the Board. The essential elements of such training tracks are as follows:

1) The first year (PGY2) of this track must be at least 75% clinical in character.

2) Investigative or academic experience can be integrated with the required additional clinical training during the second (PGY3) and/or third (PGY4) year(s).

3) Please refer to c. above.

4) Requests for approval of this special track must be submitted prospectively, at least 4 months prior to the beginning of such training. This will be on or before March 1 of the PGY2 year for a special track beginning on July 1 of the PGY3 year, or later if a special training track is to begin later. Requests earlier than January 1 of the PGY2 year will not be considered because the program director must have had an opportunity to judge the clinical potential of the trainee.

The request for consideration of this investigative/academic track must include details of the scheduled program and time commitments during the entire training period of these candidates. It is incumbent upon program directors to select candidates for this special training track whose skills and learning capabilities permit the acquisition of clinical competence as well as the execution of their investigative or academic responsibilities. Moreover, the program director must monitor the training of these residents throughout their residency and must validate their clinical experience at the completion of their residencies.

2. A preliminary registration form must be filed by the candidate and signed by his/her training director shortly after the resident begins residency training in dermatology (ie, by August 1 or within 30 days of the start of training).

3. It is mandatory that the training director submit a yearly report form for each resident to the Board office by August 1 after completion of the first and second year of training and by May 15 for residents who will complete their third year of training on June 30. In order for a candidate to take the certifying examination, the training director must certify that each year of training was completed in a satisfactory manner.

4. Training must be completed within 5 years after the beginning of dermatology residency, except when military service or other compelling circumstances intervene.

5. It is the responsibility of the residency program director to determine if a resident has satisfactorily completed the required 3 years of dermatology training and is therefore eligible to sit for the certifying examination of the ABD.

Guidelines for Determining Adequacy of Clinical Training

The following guidelines are designed to assist program directors in their determination of the adequacy of the clinical training of residents and to assure satisfaction of the eligibility requirements for certification by the ABD. Of special concern are those residents on the special investigative/academic track or those residents whose training experience differs from the standard 36 months of full-time clinical training, as approved for each program by the RRC of the ACGME:

a. In general, high priority should be given to completing 36 continuous months of full-time dermatology training. For most residents, this will consist of full-time clinical training; for residents with a primary commitment to investigative or academic dermatology, this may be a special training track, as defined previously.

b. Any departure from (a), as required, for example, for a medical leave of absence, should be documented and fully justified in the resident evaluation forms filed annually with the Board by the training program director.

c. An absence exceeding 6 weeks in any 1 academic year or a total of 14 weeks over 3 years, including vacation, should be approved only under truly exceptional circumstances. In addition, any resident approved to sit for the certifying examination despite such
an absence should have completed each year of training in an above-average or excellent manner.

d. Any resident who will have been absent more than 6 weeks in 1 year or 14 weeks over 3 years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. If the program director anticipates that this additional training will be completed in a satisfactory manner before August 1, the director may approve the resident to sit for the certifying examination in that year, just as if training had been completed by July 1.

In-Training Examination

An in-training examination (ITE) is administered annually online in April (usually the third Thursday in April) to dermatology residents. The intent of the ITE is to identify knowledge-based strengths and weaknesses in both the training program and the residents in a non-punitive manner. Although participation in the in-training examination program is voluntary, most training programs participate annually because both training directors and residents find the ITE to be a valuable educational experience. The format of the ITE includes only the types of multiple-choice questions that appear on the certifying examination, i.e., one best answer, matching, and identification of images.

The examination is a 4-hour Web-based proctored examination administered through the individual dermatology residency training programs. Contact the Board office for the optimal computer requirements.

In 2005, the In-Training Examination will be given on Thursday, April 21. Applications are mailed to training programs in December and the deadline for returning the applications to the Board office is February 1.

Registration for the Examination of the Board

Candidates who have completed the training requirements as outlined above are eligible to apply for examination by the Board. Candidates should request an Application for Certification Form from the office of the executive director of the Board. However, for those candidates who are completing their residency training, application forms will be sent to the program directors for distribution to each candidate. The completed application must be filed with the Board office before March 1 of the year in which the candidate plans to take the examination. Physicians who complete their residency training in dermatology by July 1 of a given year are eligible to apply to take the examination in August of that year. Under the special conditions described previously ("Guidelines for Determining Adequacy of Clinical Training"), candidates completing additional (make-up) training before September 1 may also be eligible to take the certifying examination. It is emphasized that it is the candidate's responsibility to send a completed application form to the Board if he/she plans to take the certifying examination of the Board.

A candidate is not considered an "active" candidate until his/her application has been received and approved by the Board. This approval includes a review of the application and annual evaluation reports from the candidate's training director. After the application is approved, the candidate is required to take the examination within 2 years. Candidates who do not exercise the examination privilege within 2 years of the date they are declared eligible will be required to file a new application and have their eligibility for examination reviewed by the Requirements Committee. If the reapplication is approved by the Board, the candidate is again eligible to take the examination for another 3-year period. It should be noted that candidates who have had an extended lapse in clinical practice or in other activities related to dermatology may be required to submit evidence of their continued involvement with the specialty of dermatology. Alternatively, it may be necessary for such individuals to spend at least 1 year in clinical practice or with an academic department in order to become eligible for the certification examination.

The Board does not use the term "Board eligible" in corresponding with directors of hospitals or others who send inquiries to the Board office. On written request by a candidate and payment of a fee, the Board will send to the candidate a letter stating his/her status with the Board at any given time.

Combined Training in Dermatology and Internal Medicine

The ABD and the American Board of Internal Medicine have conjointly approved the Guidelines for Combined Training in Dermatology and Internal Medicine, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Internal Medicine. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Combined Training in Dermatology and Pediatrics

The ABD and the American Board of Pediatrics have conjointly approved the Guidelines for Combined Training in Dermatology and Pediatrics, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Pediatrics. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Board Examination

The certifying examination in dermatology, which is administered over a period of 2 days, includes the following:

1. Comprehensive Multiple-Choice Examination in Dermatology (Part I): This is a 3-hour comprehensive examination, and was formerly referred to as the Written examination. It tests the candidate's knowledge of the basic science and clinical aspects of dermatology, including all the related disciplines. Among the topics included in this part of the examination are clinical dermatology, pediatric dermatology, preventive dermatology, entomology, epidemiology, dermatoepathology, cutaneous allergy and immunology, dermatologic surgery, cutaneous oncology, sexually transmitted diseases, internal medicine as it pertains to dermatology, medical ethics, photobiology, and cutaneous microbiology, as well as anatomy, physiology, biochemistry, molecular biology, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, and electron microscopy as related to dermatology. Considerable emphasis is placed on comprehensive knowledge of the literature.

2. Examination in Clinical and Laboratory Dermatology (Part IIa): Projected Kodachrome slides are utilized in this part of the examination. Candidates must answer multiple-choice-type questions about the projected pictorial material, which is drawn from all areas of clinical and laboratory dermatology. Examples of the types of slides used include photographs of patients; diagrams and illustrative drawings and pictures of dermatologic surgical procedures (including Mohs micrographic surgery, hair transplantation, dermabrasion, sclerotherapy, liposuction, chemical
peels, and tissue augmentation), histopathologic sections, fungal cultures, culture mounts, bacterial cultures, Trancck preparations, skin scrapings and smears, roentgenograms, histochemical and fluorescent photomicrographs, electron micrographs, dark-field micrographs, and drawings or photographs of organisms, including viruses, rickettsiae, bacteria, and parasites that affect the skin.

3. Examination in Dermatopathology (Part IIB): In this section, candidates are questioned on histopathologic slides that they examine microscopically on microscopes provided by the Board. This section of the examination encompasses the entire spectrum of dermatopathology.

For the purposes of scoring, the Part IIA and Part IIB examinations are combined with the Part IIC examination. Candidates must pass this combined Part II examination as well as the Part I examination in order to be certified. If a candidate fails either the Part I or Part II examination, only the failed component must be repeated.

Upon completion of the certifying examination, candidates will receive a letter notifying them whether they passed or failed. A pass/fail notification letter will also be sent to the candidate’s training director.

The examination is given annually over a 2-day period and lasts a total of approximately 10 hours. In 2005, it will be held on August 14 and 15 at the Holiday Inn O’Hare in Rosemont, Illinois, which is in the O’Hare International Airport area of Chicago. In 2006, it will be held on August 12 and 13 at the Holiday Inn O’Hare in Rosemont, Illinois.

Reexamination

With their initial examination application, candidates have a 2-year period during which they may take the examination or any necessary reexamination on either a failed part (see above) or both parts of the examination. For a reexamination, they must notify the Board office by March 1 of the year they plan to retake the examination. If a candidate has not passed or does not take the examination during this 2-year period, he/she must reapply and complete the necessary forms, after which he/she will have another 2-year period of eligibility during which to take the examination or reexamination. For further information concerning this as well as the appropriate fees required, the Board office should be contacted.

Candidates With Disabilities

The ABD supports the intent of the Americans with Disabilities Act (ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program is intended to test. In order to implement this policy, notification of the need for special testing circumstances must be given to the ABD by a candidate for certification at the time that he/she submits the application for any of the Board’s certifying examinations. This deadline is necessary in order to allow the Board to request the necessary documentation, to review the records, and to verify the disability, if necessary. In addition, since this policy also applies to the In-Training Examination, which is under the jurisdiction of the ABD, appropriate advance notification of the need for special testing circumstances must be provided when the application for the In-Training Examination is submitted by the department.

Upon receipt of such request, the ABD will initiate the appropriate procedural steps, but it should be understood that all special arrangements must be made and agreed upon in advance; special arrangements cannot be made at the time the examination is given. Therefore, early notification of the need for special testing circumstances is encouraged.

Chemical Dependency or Substance Abuse

A candidate with a chemical dependency or substance abuse problem will not be permitted to take the examination unless he/she can submit evidence, which must be verifiable, that the disorder is being treated and is under control. Individuals with such problems or a history thereof must provide the necessary documentation at the time of application to take the examination. A confirmatory letter from a licensed physician within 1 month of the examination stating that the disorder no longer exists or is currently controlled is also necessary.

Certification

After meeting the above requirements and passing the examination, the candidate will be awarded a certificate that acknowledges that he/she has completed the required course of graduate study and clinical training, has met other standard qualifications, and has passed the examination conducted by the Board. The candidate is then referred to as a diplomate of the American Board of Dermatology, Inc. The names of diplomates of the Board appear in The Official ABMS Directory of Board Certified Medical Specialists, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS). The certificate is issued for a 10-year period. Renewal is subject to completion of Maintenance of Certification requirements.

Each certificate is subject to revocation in the event that (a) the diplomate was not eligible to receive the certificate, whether or not the facts concerning ineligibility were known to the Board when the certificate was issued; (b) the diplomate has made any material misrepresentation or omission in the application for certification or in any other statement to the Board or has failed in timely fashion to supplement any response to any question on any application for certification or recertification with respect to criminal conduct, loss or suspension of a medical license, medical staff privileges, or medical society membership; (c) the diplomate is convicted of or pleads nolo contendere to a crime that, in the judgment of the Board, relates to the practice of medicine; (d) the diplomate is found to have engaged in conduct which, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the diplomate to practice medicine in the best interests of patients; or (e) the diplomate is found by the Board to have (i) engaged in irregular behavior in connection with the examination, (ii) had a license to practice medicine revoked or suspended, (iii) been expelled from a medical society for reasons other than nonpayment of dues or failure to attend meetings, (iv) has had medical staff privileges revoked or suspended for reasons relating to the practice of medicine, (v) taken other action reasonably deemed by the Board to be inconsistent with diplomate status, or (vi) willfully and materially violated any rule or policy of the Board.

Review of Adverse Decisions

The ABD recognizes a candidate’s right of appeal following an adverse action at any stage of the certification process. Within the residency program, trainees must be accorded due process in compliance with provisions established by the parent institution and as stipulated in the Essentials of Accredited Residencies in Graduate Medical Education (July 1, 1982) of the ACGME.

Any candidate for certification (primary specialty or subspecialty) or recertification shall be given prompt written notice of any adverse decision by the Board. Such notice shall briefly state the reason for the adverse decision. It shall advise whether or not the
A candidate has a right to appeal the decision and shall include a copy of this document.

A candidate found to have engaged in cheating or other irregular behavior in connection with an examination may appeal the Board's finding, any consequent invalidation of the candidate's examination, and any disbarment from future examinations. Such appeal must be received in the Board office within 30 days of mailing the notification of the finding by the Board.

A. Appealable Decisions

1. Request for Appeal

Any physician (a) whose credentials for eligibility to sit for an ABD examination have not been approved, or (b) who has been denied certification for a reason other than receipt of a failing grade on the examination, or (c) whose certification or recertification has been revoked, or (d) whose application for reinstatement has been denied, shall have a right to appeal the adverse decision by submitting a written request for appeal in compliance with this policy on Review of Adverse Decisions. Such request must contain a concise statement of why the physician believes that the adverse decision was improper, must include any supporting material that the physician wishes to have considered, and must be received in the Office of the Board within 30 days after the date of the Board's notice of an adverse decision. The request may also include a request for a hearing. If a proper request for appeal is not received within 30 days, the adverse decision shall constitute the final decision of the Board.

2. Review by Appeals Committee

Each proper and timely request for appeal will be reviewed by an Appeals Committee consisting of three individuals appointed by the President. No member of the Appeals Committee shall have participated in the adverse decision under review unless that decision was made by the full Board of Directors. The Appeals Committee, after reviewing the request for appeal, shall either (a) affirm, reverse, or modify the adverse decision or (b) grant a hearing if one has been requested and the Committee determines that a hearing might be useful.

If the Appeals Committee determines that a hearing might be useful, it shall schedule a hearing within 60 days after that determination. Not less than 30 days prior to the scheduled date of the hearing, the Appeals Committee shall notify the physician in writing of the date, time, and place of the hearing. The Appeals Committee, at its sole discretion, may determine whether legal counsel for the physician may be present at the hearing and the extent to which such counsel may participate. The physician's written intent to appear at the hearing must be received in the Office of the Board not later than 14 days before the scheduled date of the hearing. A physician who chooses to appear shall be given the opportunity to make a statement summarizing his/her position. The Appeals Committee shall not be bound by technical rules of evidence usually employed in legal proceedings, but may consider any evidence it deems appropriate. A record of the proceedings shall be kept. A copy of the hearing record shall be made available to the physician upon payment of the cost of reproduction. All expenses incurred by the physician in connection with the hearing shall be borne by the physician.

Following the hearing, the Appeals Committee shall determine whether to affirm, reverse, or modify the adverse decision. The physician shall be promptly notified in writing of the action of the Appeals Committee and the reason for the action. The Committee's action in affirming, reversing, or modifying the adverse decision shall be subject only to ratification by the Board of Directors.

3. Review by the Board of Directors

The action of the Appeals Committee shall be reviewed no later than the next regularly scheduled meeting of the Board of Directors. The Board of Directors shall ratify the action of the Appeals Committee unless it finds that action to have been arbitrary, unreasonable, or not sustained by the record. The physician shall be promptly notified of the Board's decision. The decision of the Board of Directors shall constitute the final action of the Board on the matter.

B. Nonappealable Decisions

1. Decisions by Residency Program or Program Director

Decisions by a physician's residency program, program director, or sponsoring institution regarding credit for training or any other matter shall not be appealable to the Board. Any disagreement by a physician with such decisions should be communicated to the residency program, program director, or sponsoring institution. The Board will not second-guess judgments of these entities. However, the physician may contact the Board to determine what further steps, if any, may be available.

2. Decisions Based on Failure of the Certifying Examination

Adverse decisions based on a physician's receipt of a failing grade on an ABD examination shall not be appealable. Instead, the physician may, within 30 days after the mailing of the examination results, request rescoring of the examination by hand. Such request must be accompanied by payment of a fee of $35. Upon receipt of a proper and timely request for rescoring, the Board shall have the examination rescoring by hand. It shall communicate the rescoring results to the physician promptly after receiving those results.

Reapplication After Revocation of Certification or Recertification

A physician whose certification or recertification has been revoked may apply for reinstatement as a diplomate when the physician believes that the circumstances underlying the Board's action have been satisfactorily resolved. The physician shall apply by providing a written statement setting forth in detail the changes in circumstances. The Board shall consider such statement and determine whether to reinstate the physician's certification or recertification. The physician shall be promptly notified of the Board's decision.

Maintenance of Certification/Recertification

The Board began issuing time-limited certificates, valid for 10 years, in 1991, and its process of voluntary recertification was approved by the ABMS in 1994. Recertification examinations were administered in 1999, 2001, 2003, and 2004. The American Board of Medical Specialties (ABMS) has recently introduced the concept of Maintenance of Certification, a program of continuous professional development that is intended to replace the current process of recertification. Maintenance of certification is an ongoing process through which a diplomate's credentials, licensure, and professional standing are verified and his or her knowledge are evaluated. In the future, when reliable methods are available, practice performance will be evaluated as well. The maintenance of certification process is composed of four components:

1. Evidence of professional standing
2. Evidence of commitment to lifelong learning and periodic self-assessment
3. Evidence of cognitive expertise
4. Evaluation of performance in practice

The ABD is committed to the gradual conversion of its current process of recertification to a process of maintenance of certification that is consistent with guidelines established by the ABMS and
with the distinctive nature and elements of the specialty of dermatology. In so doing, the Board will strive to plan and implement maintenance of certification as a fair and credible process that will withstand public and professional scrutiny, will be properly considerate of the concerns and responsibilities of its diplomates, and will preserve the high standards of the specialty of dermatology. As the various phases of the maintenance of certification process are being developed and put into place, diplomates will be informed in newsletters and other communications.

At present, the requirements for qualification for Components 1 (Evidence of Professional Standing) and 3 (Evidence of Cognitive Expertise) have been defined and are listed below. The resources of the American Academy of Dermatology and other dermatological organizations will be utilized to ensure adequate opportunities for diplomates to satisfy the requirements of Component 2 (Commitment to Lifelong-Learning and Periodic Self-Assessment). The implementation of Component 4 (Evaluation of Practice Performance) must await the definition of appropriate standards and methods of assessment.

Component 1: Evidence of Professional Standing

- Valid time-limited or lifetime certification in dermatology from the ABD.
- Currently valid, full, and unrestricted license to practice medicine or osteopathy in the candidate's state or province of residence in the United States or Canada.
- Listing of other current or past state licenses.
- Past or present restrictions, modifications, or suspensions of any state license.
- Letter(s) verifying hospital privileges from the chief of the department/staff at each hospital where privileges are granted, if applicable.
- Letter(s) from local medical society, hospital chief of staff, personal physician, comparable professional society, or ABD-certified dermatologist attesting to the diplomate's moral and ethical character and lack of drug dependency.
- The diplomate should report any changes in professional standing, such as any incidence of expulsion or suspension from a medical society for reasons other than nonpayment of dues, loss of DEA license, and/or conviction for criminal conduct.

Component 2: Commitment to Lifelong Learning and Periodic Self-Assessment

- 90 hours of documented Category I CME credit are required in the 3 years preceding the date of the application for recertification but including also the first 3 months of the year of administration of the recertification examination. This CME should be acquired in educational programs that are related to dermatology, such as, but not limited to, those that would be approved by the AAD for its CME award.

Component 3: Cognitive Expertise

- Successful completion of an examination. The current examination is a clinically focused, take-home, open-book examination that is administered online annually.
- The examination is clinically focused and is tailored to the candidate's practice profile through selection of applicable examination modules. In addition to the required General Dermatology module, the candidate must select an elective module from one of the four listed below. In other words, the recertification examination consists of the successful completion of two modules (one required and one elective):
  1. General Dermatology (required)
  2. Medical Dermatology (elective)
  3. Dermatopathology (elective)
  4. Dermatologic Surgery (elective)
  5. Pediatric Dermatology (elective)
- Candidates may choose to take additional elective modules for self-assessment for an additional fee.
- The ABD will modify the recertification examination in the future as required in order to conform to the standards of the maintenance of certification process and to permit the equitable and effective evaluation of its diplomates.

Component 4: Evaluation of Practice Performance

- Implementation currently on hold (see above).

Deadline for receipt of applications for the recertification examination is January 1. Requests for applications should be directed to the office of the ABD. Applications may also be downloaded from the Board's Web site (www.abderm.org). The examination will be available to approved candidates from May 2 to June 16, 2005. Notification of performance on the examination and other pertinent related information will be mailed to the candidates approximately 8-10 weeks later. Diplomates with time-limited certificates may apply to take the recertification examination any year in which it is offered. However, for formal (official) completion of the recertification process, candidates must take either of the two recertification examinations that immediately precede the expiration of their time-limited certificate. In other words, a diplomate will only be granted a new 10-year certificate after passing the recertification examination in year 9 or 10 of his/her 10-year cycle.

Diplomates with lifetime certification may elect to pursue voluntary recertification in any year the examination is offered. Any questions or correspondence relating to the recertification process should be directed to the executive director of the ABD. Successful completion of the recertification process also provides diplomates with the equivalent of 3 years or 150 hours (90 hours of Category I) of continuing medical education, qualification for the CME Award of the AAD and for the Physician's Recognition Award (PRA) of the AMA. Eligibility for the 3-year AMA PRA certificate is contingent upon and reflects verification of completion of at least 90 hours of AMA PRA Category 1 education. Candidates are responsible for contacting the AAD or AMA for more information.

If the candidate does not successfully complete the recertification process prior to expiration of his/her time-limited certificate, he/she will remain eligible to participate in the recertification process but will cease to be Board-certified until the process is successfully completed and a new time-limited certificate is issued. If the candidate successfully completes the recertification process before expiration of his/her certificate, eg, in year 9 or 10 of the 10-year certificate, the new certificate will be issued for 10 years commencing January 1 of the year immediately following the expiration date of the prior certificate.

Should a diplomate with a time-limited certificate not be recertified by the end of the tenth year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified until successfully recertified by the ABD. The physician may reapply for a future recertification examination, but must meet all the criteria in effect at that time.

Diplomates who require a proctored recertification examination to satisfy state medical licensure requirements may elect to take the Part IIA portion of the certifying examination of the Board. Contact the Board office for further details.

Fees for Examination and Reexamination

The directors of the Board serve without compensation. Fees are based on the actual expenses incurred in administration of the Board office and related activities and on the costs of development...
and administration of the Board examinations. For current applicable fees, contact the Board office or go to the Web site
(www.abderm.org).

All fees are payable when the application for an examination is submitted and are applied to the first examination of that type given after approval of the application. Except as indicated below, or because of verifiable extenuating circumstances, there will be no refunds of any of these fees. Contact the Board office for the current fee schedule.

All checks to be made payable to The American Board of Dermatology, Inc.

When a candidate’s application for the certifying examination in dermatology or a subspecialty certification examination is disapproved, the Board retains an administrative fee of $100 and will refund the balance to the candidate.

If a candidate withdraws within 10 days of the examination or fails to appear for the examination and does not provide verifiable evidence of extenuating circumstances that prevented him or her from appearing for the examination, the Board will retain the entire examination fee. On reapplying, such candidates will be required to again submit the examination fee in effect at the time of the application.

Candidates who fail the certifying examination in dermatology retain the right to apply to retake the examination in subsequent years. For further information concerning Board policy in effect and for the applicable examination fee, candidates are advised to write or call the Board office (313-874-1088). Candidates who do not take the certifying examination at the first opportunity after completion of their training are also advised to contact the Board office for clarification of Board policy and the examination fee if they intend to apply to take the certifying examination in any given year.

Publication
The ABD publishes a booklet of information, which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

All correspondence should be sent to
Antoinette F. Hood, MD
Executive Director
The American Board of Dermatology, Inc
Henry Ford Health System
One Ford Place
Detroit, MI 48202-3150

Subspecialty Certification
The ABD has established certification processes for the subspecialties of dermatopathology, clinical and laboratory dermatological immunology, and pediatric dermatology. These subspecialty certifications have been approved by the American Board of Medical Specialties and its 24 member boards. Surveillance and periodic reviews of the training programs are carried out by the respective RRCs, under the auspices of the ACGME, and/or by the ABD. Although all general dermatology residents receive comprehensive training in each of these subspecialties, candidates who pursue the additional year(s) of training in subspecialty fellowships will have met additional standards and qualifications that will prepare them for specialized careers in teaching, research, and/or the practice of these subspecialties. [Note: It is emphasized also that the additional year(s) of training in clinical and laboratory dermatological immunology and pediatric dermatology must be taken after the candidate has met the full training requirements for certification in the primary specialty of dermatology. Similarly, the additional year(s) of training in dermatopathology must be taken after the candidate has met the full training requirements for certification in the primary specialty of dermatology or pathology.]

In 2003, a 1-year PGY-5 level fellowship program in procedural dermatology achieved accreditation status by the ACGME. Procedural dermatology includes dermatologic surgery which may be learned in an ACGME-accredited dermatology residency training program. This fellowship program builds on the experience of a dermatology resident and provides surgical training beyond the scope which is expected in a dermatology residency training program (PGY-2 to PGY-4). At the present time, a certification examination in procedural dermatology has not been developed.

Certification in Dermatopathology
Subspecialty certification in Dermatopathology is a joint and equal function of the ABD and the American Board of Pathology (ABP). Such function will relate to qualifications of candidates, standards of examination, and the form of the certificate.

All candidates applying to sit for this certifying examination must have a current valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.

All candidates for this certification must satisfy the following requirements:

Prerequisites
1. Primary certification by both the ABD and the ABP (anatomic pathology or anatomic and clinical pathology).
2. Primary certification by either the ABD or the ABP (anatomic pathology or anatomic and clinical pathology) and the satisfactory completion of 1 year of training in dermatopathology in a program accredited for such training (see below) by the ACGME.

This additional training must be taken after the candidate has met the full training requirements for certification in dermatology or pathology. The dermatologist applicant must spend one-half of the required training time in pathology. The pathologist applicant must spend one-half of the required training time in clinical dermatology.

Training
Accredited institutional training programs in dermatopathology are an equal and joint function of the departments of dermatology and pathology of that institution. Training programs in dermatopathology are reviewed and accredited by the Residency Review Subcommittee for Dermatopathology, which includes three members from the RRC for Dermatology and three members from the RRC for Pathology. Upon recommendation by this subcommittee, training programs in dermatopathology are accredited by joint action of the RRCs for Dermatology and Pathology acting with authority delegated by the ACGME. Information concerning accredited dermatopathology training programs may be found in this Directory.

Examination: Deadline for Application and Date of Examination
Candidates who have satisfied the above requirements are eligible to apply to the Board to take the examination for subspecialty certification in dermatopathology, which is a comprehensive assessment of the candidates’ knowledge of dermatopathology, including the related basic sciences, and laboratory and clinical areas pertaining to this discipline.

Candidates planning to take the subspecialty certification examination should request an application from the office of the executive director of the ABD. The deadline for receipt of applications is May 1 of the year in which the candidate plans to take the
examination. In 2005, the examination will be held on Thursday, September 15, in Tampa, Florida.

**Pediatric Dermatology Subspecialty Certification**
All candidates for subspecialty certification in pediatric dermatology must meet the following requirements:

**A. Prerequisites**
1. Possession of a medical degree or its equivalent, and a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification in dermatology by the ABD.

**B. Education, Training, Experience**
Additional specific education and training or experience that must be completed:
1. One or more years of ACGME-accredited residency training in pediatrics followed by the requisite training and certification in dermatology and 1 additional year of fellowship training in pediatric dermatology;
   or
2. An ACGME-accredited transitional year or an ACGME-accredited broad-based year of residency training in internal medicine, family practice, obstetrics and gynecology, general surgery, or emergency medicine, followed by the requisite training and certification in dermatology. This track also requires the completion of a final 2 additional years of fellowship training in pediatric dermatology;
   or
3. Special interest, experience, and expertise in pediatric dermatology for at least 5 years. This pathway will be open for only 5 years, commencing with the year of the first certifying examination (2004) in this subspecialty.

In the initial phase of certification in this subspecialty, qualified practicing physicians will be eligible for subspecialty certification with a minimum of 5 years of clinical practice in which pediatric dermatology comprises at least 50% of the total practice. Publications and invited lectures in pediatric dermatology may also be submitted as documentation of special expertise. Individuals intending to sit for the certification examination along this pathway would be approved on a case-by-case basis upon application to the ABD. Candidates who trained in pediatric dermatology fellowships prior to the development of approved fellowship training programs would be permitted to sit for the certification examination after approval on a case-by-case basis upon application to the ABD.

The ABD wishes to emphasize that in the pathway described under (B2), sufficient education and experience in pediatrics (equivalent to 6 months of residency training in pediatrics) will be required during the pediatric dermatology fellowship. The entire curriculum outline for subspecialty training in pediatric dermatology is available on the ABD Web site (www.abderm.org).

**C. Examination – Date of Examination**
Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in pediatric dermatology. The deadline for receipt of applications is April 1 of the year in which the candidate plans to take the examination. The next examination will be administered in 2006.

**D. Appeals Process**
An appeals procedure similar to that described for the certification process in dermatology (“Review of Adverse Decisions”) is available for candidates for subspecialty certification in pediatric dermatology who were declared ineligible by the Board for pediatric dermatology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.

**Clinical and Laboratory Dermatological Immunology Subspecialty Certification**
The requirements for subspecialty certification in clinical and laboratory dermatological immunology are as follows:

**A. Prerequisites**
1. A currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification by the ABD and the satisfactory completion of at least 1 year of training in an accredited fellowship in clinical and laboratory dermatological immunology.

**B. Training**
Information concerning accredited training programs in clinical and laboratory dermatological immunology is available from the office of the ABD. As stated above, a minimum of 1 year of full-time training in a clinical and laboratory dermatological immunology training program is required of all candidates. A preliminary registration form must be filed with the Board by each trainee.

**C. Examination**
Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in clinical and laboratory dermatological immunology.

**D. Appeals Process**
An appeals procedure similar to that described for the certification process in dermatology (“Review of Adverse Decisions”) is available for candidates for subspecialty certification in clinical and laboratory dermatological immunology who were declared ineligible by the Board for clinical and laboratory dermatological immunology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.
American Board of Emergency Medicine

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Emergency Medicine [ABEM] to ascertain whether the information below is current.)

Requirements for Certification in Emergency Medicine

An applicant must satisfy all credential requirements at the time the application is submitted. Requirements fulfilled after the date of application will not be considered.

The applicant must have graduated from a medical school approved by the Liaison Committee on Medical Education.

1. Graduates of approved schools of osteopathic medicine in the United States are considered when they have satisfactorily met the credential requirements as outlined.
2. An applicant graduating from a medical school other than one in the United States, its territories, or Canada must provide the Board with a verified and translated diploma.

It is the policy of ABEM that applicants, candidates, diplomates, and former diplomates participating in the Emergency Medicine Continuous Certification (EMCC) process must hold a current, active, valid, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which they practice. Every license an applicant, candidate, diplomat, or former diplomat participating in the EMCC process must continuously fulfill these criteria.

The applicant must have successfully completed a total of 36 months of postmedical school training, under the control of an accredited emergency medicine residency program. Emergency medicine programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada for Canadian programs.

If the emergency medicine residency training program is structured so that it exceeds the length of training specified above, the resident must successfully complete the requirements of this/her residency program to apply under the emergency medicine residency category of application.

[Note: For residents who began their emergency medicine training prior to July 1, 1987, the candidate must have successfully completed a total of 36 months of postmedical school training, at least 24 months of which were under the control of an accredited emergency medicine residency program at the PGY2 level and above.] The applicant must submit evidence of 50 hours of continuing medical education in emergency medicine annually, acceptable to the Board, starting 1 year from the date of graduation from the emergency medicine residency program and continuing until the date of application. If a resident applies to the Board within 1 year of graduation, no continuing medical education is required.

Combined Training Programs

A special agreement exists between the ABEM and the American Board of Pediatrics whereby an applicant may fulfill the training requirements of both boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

A special agreement exists between the ABEM and the American Board of Internal Medicine whereby an applicant may fulfill the training requirements of both Boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

The American Board of Internal Medicine and the ABEM have approved guidelines for 6-year training that, upon completion, will provide physicians the option for certification in internal medicine, emergency medicine, and critical care medicine. These guidelines, approved by both boards in February 1999, are applicable to ACGME-accredited programs and residents entering training in July 1999 and after. The guidelines are available from both Board offices. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

Applications

Applications are distributed in the spring of each year (mid April) and are available from the Board office. Applications are accepted from April 15 through July 31 of each year. A mailing list is maintained throughout the year for requests received during times when applications are not available.

A nonrefundable processing fee must accompany the application at the time it is submitted.

Applicants wishing to be considered for examination must submit a fully completed application form to the Board. The Board will not be responsible for any opinion expressed concerning the individual's credentials for the examination unless it is in writing and over the signature of the president or secretary of the Board.

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American Board of Emergency Medicine

Examination Information
The certification examination in emergency medicine is composed of two parts, a written examination and an oral examination.

The written certification examination is a 6.5-hour comprehensive examination that is administered once a year. It includes approximately 355 single-best-answer, multiple-choice test items. Approximately 10% to 15% of the items have a pictorial stimulus.

The oral certification examination is administered twice a year. It includes five simulated patient encounters, each involving one patient, and two simulated situation encounters, each involving more than one patient.

A candidate must successfully complete the fall written examination to be scheduled for either the spring or fall oral examination the following year.

Examination fees are due upon assignment to an examination administration.

Certification
All candidates who successfully complete both the written and the oral certification examinations shall be known as diplomates of the ABEM. Diplomates receive an appropriate certificate, which shall remain the property of ABEM. Certification is for a period of 10 years.

Any certificate issued by the Board shall be subject to revocation at any time, should the Board determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to receive or retain it.

Emergency Medicine Continuous Certification
Emergency Medicine Continuous Certification (EMCC) began in 2004.

All diplomates who want to maintain their certification with ABEM beyond the current expiration date must participate fully in the EMCC program.

A full description of EMCC, including details of diplomates' participation requirements, is available on the ABEM Web site at www.abem.org. Questions should be directed to the ABEM office.

American Board of Family Medicine
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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Family Medicine [ABFM] to ascertain whether the information below is current.)

ABFM Official Definition of Family Medicine
Family medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.

Board Eligibility
The ABFM does not recognize or use the term “board eligible” and does not issue statements concerning “board eligibility.” The Board informs an applicant of admissibility to an examination to be given on a specified date after a formal application has been reviewed and approved.

Certification Process
The ABFM administers the certification and recertification examinations in various centers throughout the United States on multiple dates in July-August. A second administration is offered in December with limited eligibility. The ABFM certification and recerti-
Candidates must complete all training requirements of the Board no later than June 30 of the year of the examination. On-line applications are made available to the residents. Complete written documentation from the program director that the resident has, or is expected to have, satisfactorily completed the residency must be received by the Board by June 30. Any such documentation that is received beyond June 30 will result in the candidate being deferred to the following year’s examination off-cycle residents who complete their training must contact the Board for an application.

Continuing Medical Education (CME)
Candidates who apply for the Certification Examination within 3 years of completion of an ACGME-accredited family medicine residency are not required to document any continuing medical education. Candidates who apply after the 3-year period must provide documentation of 50 hours of CME for each subsequent year. A form for documentation of CME and an explanation of the types of CME acceptable to the Board will be provided with the application for those candidates applying after the 3-year period.

Licensure Requirements
All candidates must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by the candidate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the candidate in effect practices in such state, territory, or province. Candidates shall be required to maintain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician that revokes, restricts, or suspends the physician’s medical license is a violation of ABFM policy.

Any candidate whose license to practice medicine has been revoked, suspended, or restricted in any state or territory of the United States or province of Canada shall be ineligible for certification until such time as the encumbered license is reinstated in full. Should a license be revoked, restricted, or suspended following the submission of an application for certification but prior to the notification of examination results, the application and certification will be simultaneously invalidated.

It is the responsibility of the candidate to inform the Board immediately upon a change in licensure status. If the candidate fails to notify the Board of any suspension, revocation, restriction, or probation within 60 days after the effective date, he/she shall be ineligible to seek certification for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates should be aware that the ABFM receives periodic Disciplinary Action Reports from the American Medical Association of actions by states against medical licenses.

In cases where a physician has changed his or her residency deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomate status, and/or prohibit application for certification.

An opportunity for certification will be denied to any physician otherwise eligible who has been involved in the fraudulent misrepresentation of certification by the ABFM. Eligibility to make application for certification will be denied to the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the declaration of ineligibility, the 6-year period shall be postponed until the action of the Board is determined to be final and
enforceable. Questions about licensure should be presented to the Board in writing.

**Osteopathic Physicians**

Physicians who have graduated from an American Osteopathic Association (AOA)-approved school of osteopathic medicine in the United States may qualify for certification if they meet all the same requirements as specified for allopathic medical school graduates. They may apply to ACGME-accredited family medicine programs for entry into the first year (G1). Osteopathic physicians who have documented satisfactory completion of an AOA-approved internship (G1) year may receive credit for that portion of the G1 year which meets the American Board of Family Medicine guidelines for Advanced-Level Entry or Interprogram Transfers.

All candidates (MD or DO) must satisfactorily complete at least 36 calendar months of accredited graduate medical education. Only the G1 year may be fulfilled by an AOA-approved internship year. The training beyond the G1 year must be completed in continuity in an ACGME-accredited family medicine residency program.

**Reciprocity Agreements**

The American Board of Family Medicine has reciprocity agreements with the College of Family Physicians of Canada, the Royal New Zealand College of General Practitioners, and the Royal Australian College of General Practitioners. Diplomates of the ABFM may be eligible to seek certification by these colleges. Members in good standing of these colleges (and the Royal College of General Practitioners of Great Britain) who meet all of the other requirements of the ABFM and reside in the United States may be eligible to take the Certification Examination. Eligibility to sit for the American Board of Family Medicine Certification Examination through reciprocity is available only to physicians who have satisfactorily completed formal family medicine training accredited by a nationally recognized accrediting organization within the country in which they are certified. Effective August 2000, diplomates of the American Board of Family Medicine are no longer eligible to seek certification by the Royal College of General Practitioners of Great Britain.

**Canadian Applicants**

The following two options are available:

1. Physicians who have satisfactorily completed 2 years of training in a family medicine residency program accredited by the College of Family Physicians of Canada may apply for certification by the ABFM upon the successful completion of a third year of accredited family medicine residency. The third year of training must be satisfactorily completed in an ACGME-accredited family medicine program or, if taken in Canada, must be approved by the College of Family Physicians of Canada. The third year must have prior approval of the American Board of Family Medicine and bring the total residency experience into compliance with the ACGME Program Requirements for Residency Education in Family Medicine. The request must be accompanied by documentation of satisfactory performance of the first two years of training (including a description of the curriculum) signed by the program director.

2. Physicians who have passed the College of Family Physicians of Canada Certification Examination in Family Medicine may apply to sit for the American Board of Family Medicine Certification Examination, if they:
   - are members in good standing of the College of Family Physicians of Canada;
   - have completed postgraduate residency training in family medicine accredited by the College of Family Physicians of Canada;
   - have been residents of the United States for at least 6 months;
   - hold a valid and unrestricted license to practice medicine in the United States; and
   - are actively involved in family medicine in the United States.

**Registants of the Royal College of General Practitioners (Great Britain)**

Physicians who have been certified by the Royal College of General Practitioners by examination may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal College of General Practitioners;
- possess a Certificate of Prescribed/Equivalent Experience issued by the Joint Committee on Postgraduate Training for General Practice;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

**Members of the Royal New Zealand College of General Practitioners**

Physicians who are members of the Royal New Zealand College of General Practitioners may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal New Zealand College of General Practitioners;
- have completed the General Practice Vocational Training Program;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

**Fellows of the Royal Australian College of General Practitioners**

Physicians who are fellows of the Royal Australian College of General Practitioners may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal Australian College of General Practitioners;
- have completed the Royal Australian College of General Practice Training Program;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

**Recertification Process**

The American Board of Family Medicine confers diplomate status for the 7-year period specified on the certificate. In order to maintain diplomate status, the physician must be recertified before the certificate expires. Although the certificate is dated for 7 years, the Board offers the recertification process electively on a 6-year cycle. This allows a reserve year for those diplomates who for some reason are unable to participate in the sixth year, or in cases where the diplomate fails to receive a satisfactory score in the sixth year. For diplomates who participate in the recertification process during the sixth year and pass, the new certificate of 7 years' duration is dated from the time of that examination.

Should a diplomate not be recertified by the end of the seventh year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified unless and until successfully recertified by the American Board of Family Medicine. The physician may reapply for
a future recertification examination, but must meet all criteria in effect at that time.

Requirements for Recertification
A. Submission of a formal online application.
B. Documentation of 300 hours of approvable continuing medical education.
C. Submission of statement of acknowledgment and compliance with Board policy regarding medical licensure.
D. Satisfactory performance on the written test of cognitive knowledge.

Diplomates will be given advance notice of any changes in the recertification requirements.

Reexamination
Candidates who fail the examination may apply for admission to the December examination or to the next annual examination. There is no limit to the number of times a qualified candidate may take the examination when it is offered, provided the qualifications are met with each reapplication. In addition to valid and unrestricted licensure status, 50 hours per year of CME since the last application are required for reexamination. Full fees are charged for each examination.

Maintenance of Certification for Family Physicians (MC-FP)
The Maintenance of Certification Program for Family Physicians (MC-FP) began in 2004 for those diplomates of the American Board of Family Medicine who certified or recertified in 2003. All other diplomates will continue with the current recertification process until they successfully complete the Recertification Examination and will then enter MC-FP. All diplomates are expected to be in the MC-FP program by 2010.

The MC-FP program is composed of four parts: Part I: Professionalism, Part II, Lifelong Learning; Part III, Cognitive Expertise, and Part IV, Performance in Practice.

The requirements for MC-FP include:
- Part I (Professionalism): The diplomate must show evidence of a full and unrestricted license to practice medicine in the US or Canada;
- Part II (Lifelong Learning): The diplomate must successfully complete one Self Assessment Module (SAM) composed of an online, 60-question assessment and patient simulation on a specific topic each year for 6 years;
- Part III (Cognitive Expertise): The diplomate must successfully complete a cognitive examination;
- Part IV (Performance in Practice): One Performance in Practice Module (PPM) must be completed during the 7-year MC-FP cycle. This module utilizes a Web-based instrument that assists diplomates with a mini-audit focusing on quality indicators for a specific disease entity, the development of a quality improvement plan, and a repeat audit to measure their improvement.

Certificates of Added Qualifications (CAQs)
The American Board of Family Medicine currently offers Certificates of Added Qualifications (CAQs) in Geriatrics, Sports Medicine, and Adolescent Medicine. These CAQs are offered in conjunction with other medical boards. Successful CAQ candidates will be awarded the ABFM Certificate of Added Qualifications. The certificate will be valid for 10 years, at which time recertification is required for renewal of the certificate.

If for any reason primary certification in family medicine is lost (e.g., expiration, revocation, etc), the certificate of added qualification will be simultaneously withdrawn. With restoration of the primary certificate, the CAQ will be reinstated for any remaining period of time on the CAQ certificate.

Questions or comments about the CAQ may be addressed to ABFM staff at 888 995-5700, extension 300.

Geriatric Medicine
In a joint venture, the American Board of Family Medicine and the American Board of Internal Medicine offer a Certificate of Added Qualifications in Geriatric Medicine. The "added certificate" is designed to recognize excellence among those diplomates who provide care to the elderly. Geriatric Medicine Examinations are given annually. Announcements will be made in the Journal of the American Board of Family Medicine and on the ABFM Web page concerning exact dates and the application process.

Certification Requirements
1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may qualify by satisfactory completion of an ACGME-accredited fellowship training program in geriatric medicine.
4. Diplomates must achieve a satisfactory score on the 1-day Geriatric Medicine Examination.

Recertification Requirements
The recertification process for the geriatric medicine certificate is completed over a 2-year period. It may begin in the eighth year of the 10-year certificate and includes the following requirements:

1. current primary certification in family medicine at the time of the examination;
2. completion of a geriatric medicine recertification preapplication form and submission of a self-evaluation fee;
3. completion of three Self-Evaluation Process (SEP) modules. The SEP modules are at-home, open book examinations of 60 questions each. All candidates must complete three modules to be eligible to sit for the examination. The SEP modules will be scored and incorrect answers will be identified. No references to the literature will be given with the score report. Should a candidate be unsuccessful on any of the SEP modules, the candidate will be required to repeat the particular module until successful;
4. completion of a formal geriatric medicine examination application form and submission of an examination fee;
5. verification that all licenses held in the United States and Canada are currently valid, full, and unrestricted; and,
6. successful completion of a half-day written examination.

Sports Medicine
The American Board of Family Medicine offers certification in sports medicine. The Certificate of Added Qualifications in Sports Medicine is offered annually in conjunction with the American Board of Emergency Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics.

Certification Requirements
1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Family physicians must have satisfactorily completed, or will have completed by June 30 of the examination year, a minimum of 1 year in an ACGME-accredited sports medicine fellowship.
program associated with an ACGME-accredited residency in family medicine, emergency medicine, internal medicine, or pediatrics.

4. Diplomates must achieve a satisfactory score on a half-day written examination.

Recertification Requirements

All candidates for recertification must provide documentation which indicates that the immediate past 5 years of their practice consisted of at least 20% professional time devoted to sports medicine, defined as one or more of the following:

1. Field supervision of athletes
2. Emergency assessment and care of acutely injured athletes
3. Diagnosis, treatment, management, and disposition of common sports injuries and illness
4. Management of medical problems in the athlete
5. Rehabilitation of ill and injured athletes
6. Exercise as treatment

A completed Verification of Medical Practice Form, available upon request from the American Board of Family Medicine, must be submitted. This form should be completed by a person in a position such as a coach, high school or college administrator, hospital director, county medical society administrator, or other practitioner who is knowledgeable of the candidate’s practice.

Adolescent Medicine

The American Board of Family Medicine offers certification in adolescent medicine. The Certificate of Added Qualifications in Adolescent Medicine will be offered biennially in odd-numbered years in conjunction with the American Board of Pediatrics and the American Board of Internal Medicine.

Certification Requirements

1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may apply through one of the plans described below.
4. Diplomates must achieve a satisfactory score on a half-day written examination.

Qualifying Plans for Adolescent Medicine CAQ

Plans II-A, II-B, and III will be available through the 2005 examination only. Currently exams are scheduled for 2003 and 2005. Candidates applying after the 2005 examination must have completed 2 years of approved full-time fellowship training in adolescent medicine. The approval of fellowships not accredited by the ACGME will be the responsibility of the ABFM until such time as accreditation of adolescent medicine fellowships is established by the Residency Review Committee. Adolescent medicine fellowship programs in pediatrics or internal medicine commencing on or after July 1, 2000, must be accredited by the ACGME.

Plan I—Adolescent Medicine Fellowship Training

A candidate must have completed a minimum of 2 years in an adolescent medicine fellowship program approved by the ACGME or by the American Board of Family Medicine until such time as accreditation of all programs is established by the Residency Review Committee. A Verification of Fellowship Training Form must be completed by the program director. No credit will be given for fellowship training and/or practice experience in adolescent medicine obtained during the core family medicine residency. All training must be completed by September 30, 2001, in order to qualify for the 2001 examination.

Plans II-A and II-B—Partial Adolescent Medicine Fellowship and Practice Route

Candidates may qualify by documenting a combination of approved adolescent medicine fellowship training and practice experience (a minimum of 25% of professional time devoted to the care of adolescents) equal to 5 years as outlined in the two plans listed below. For Plans II-A, II-B, and III, a Verification of Medical Practice Form (provided with the application) must be completed by the chief of family medicine at the hospital or outpatient setting where the applicant practices. Also, for plans I, II-A, and II-B a Verification of Fellowship Training Form (provided with the application) must be completed by the fellowship program director.

II-A—This plan is intended for those physicians who have completed less than 12 months of fellowship training in adolescent medicine acceptable to the ABFM. Following ABFM approval, practice credit will be awarded on a month-for-month basis. For example, a 10-month fellowship would be credited as 10 months of experience; this, added to 4 years and 2 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

II-B—This plan is intended for those physicians who have completed 12–23 months of fellowship training in adolescent medicine acceptable to the ABFM. Following ABFM approval, practice credit will be awarded on a two-for-one basis. For example, a 19-month fellowship would be credited as 38 months of experience; this, added to 1 year and 10 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

Plan III—Practice Route

Five years of practice experience with substantial portions (a minimum of 25% of professional time devoted to the care of adolescents) is required. A Verification of Medical Practice Form (provided with the application) must be completed by the chief of family medicine at the hospital or outpatient setting where the applicant practices.

Revocation of Diplomate Status

Authority to Revoke Certification

The Board of Directors of the American Board of Family Medicine shall have sole power and authority to determine whether or not the evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by the Board. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors, upon not less than 30 days’ written notice by registered mail, and to show cause, at the time and place specified in such notice, why the certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of the certificate. The decision of the Board of Directors in all such matters shall be final.

Misrepresentations by the Candidate

Each certificate issued by the Board of Directors shall be subject to revocation in any of the following circumstances:

1. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Family Medicine, Inc., or of the Bylaws of the American Board of Family Medicine.
2. The person so certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting such ineligibility were known to, or could have been ascertained by, the Directors of the Corporation or its representatives.
3. The person so certified shall have made a misstatement of fact in the application for such certificate or in any other statement or representation to the Board or its representatives.

4. The person so certified shall at any time have neglected to maintain the degree of competency in the field of family medicine as established by the Board.

5. The person so certified has fraudulently altered, copied, or changed a certificate of the American Board of Family Medicine, or has fraudulently presented, or allowed to be presented on behalf of the individual, an altered, copied or changed certificate of the Board. In such cases, the Board reserves the right to revoke, suspend, and/or prohibit subsequent certification of the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the suspension, the 6-year period shall be postponed until the action of the Board is determined to be final and enforceable.

Licensure Status

A diplomate of the American Board of Family Medicine is required to hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by a diplomate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the diplomate in effect practices in such state, territory, or province. Diplomates shall be required to retain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Failure to retain a license will result in loss of diplomate status and will result in loss of the ability to make application for certification, recertification, or other examinations offered by the Board.

In the event a diplomate's license to practice in any state or territory of the United States or province of Canada is revoked, restricted, or suspended, the diplomate's certificate is simultaneously rescinded at the time of the licensure revocation, restriction, or suspension. The physician must advise the American Board of Family Medicine within 60 days and cease immediately identifying himself/herself in any way directly or indirectly as a diplomate of the American Board of Family Medicine. If the physician fails to notify the American Board of Family Medicine of any revocation, restriction, or suspension within 60 days after the effective date, he/she shall be ineligible to seek reinstatement of diplomate status for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates for recertification and diplomates of the ABFM should be aware that the ABFM receives periodic Disciplinary Action Reports from the American Medical Association of actions by states against medical licenses.

Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician, that revokes, restricts, or suspends the physician's medical license is a violation of ABFM policy. In cases where a physician has changed his or her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomate status and/or prohibit application for certification. Questions about licensure should be presented to the Board in writing.

If and when the physician's revoked, restricted, or suspended license is reinstated in full (with no restrictions) and official written documentation of reinstatement is provided, the ABFM will honor the remainder of the current certificate and the diplomate will not be required to be reexamined. If the current certificate has expired prior to the reinstatement of the license, the physician may make application for the next annual examination. Successful compliance with all application requirements in effect at that time will be expected.

Applications and Additional Information

Applications and additional information may be obtained by writing to:

James C Puffer, MD, Executive Director
American Board of Family Medicine
2228 Young Dr
Lexington, KY 40505-4294
American Board of Internal Medicine

510 Walnut St, Ste 1700
Philadelphia, PA 19106-3899
800 441-ABIM (2246), Ext 3593
215 446-3500
215 446-3590 Fax
E-mail: request@abim.org
www.abim.org

Preface

The Board's decision about a candidate's eligibility for certification is determined by the policies and procedures described in this document. This edition of policies and procedures supersedes all previous publications. The Board reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice. Admission to the Board's examinations will be determined under policies in force at the time of application.

Introduction

The American Board of Internal Medicine (ABIM) was established in 1936 and is a private, not-for-profit corporation. Board members are elected by the Board of Directors and serve 2-year terms. The Board receives no public funds and has no licensing authority or function.

The mission of the ABIM is to enhance the quality of health care available to the American public by continuously improving the process and maintaining high standards for certifying internists and subspecialists who possess the knowledge, skills, and attitudes essential for the provision of excellent care.

Certification by the ABIM recognizes excellence in the discipline of internal medicine, its subspecialties, and areas of added qualifications. Certification is not a requirement to practice internal medicine, and the Board does not confer privileges to practice. The ABIM does not intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

The ABIM administers the certification and maintenance of certification processes by (1) establishing requirements for training and self-evaluation, (2) assessing the professional credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and recertification.

All ABIM certificates issued in 1980 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter are valid for 10 years. Dates of validity are noted on the certificates. Certificates issued before these dates are valid indefinitely.

For information about Maintenance of Certification, visit the ABIM Web site, www.abim.org, or contact the Board.

Requirements for Certification in Internal Medicine

To receive a certificate in internal medicine, a physician must complete the required predoctoral medical education, meet the postdoctoral training requirements, demonstrate clinical competence in the care of patients, meet the licensure requirements, and pass the Certification Examination in Internal Medicine.

Predoctoral Medical Education

Candidates who graduated from medical schools in the United States or Canada must have attended a school that was accredited at the date of graduation by the Liaison Committee on Medical Education (LCME), the Committee for Accreditation of Canadian Medical Schools, or the American Osteopathic Association. Graduates of international medical schools must have one of the following: (1) a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates; (2) comparable credentials from the Medical Council of Canada; or (3) documentation of training for those candidates who entered postdoctoral medical training in the United States via the Fifth Pathway, as proposed by the American Medical Association.

Graduate Medical Education (GME)

To be admitted to the Certification Examination in Internal Medicine, physicians must have satisfactorily completed, by August 31 of the year of examination, 36 months of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. Residency or research experience occurring before completion of the requirements for the MD or DO degree cannot be credited toward the ABIM's requirements.

The 36 months of residency training must include a minimum of 12 months of accredited internal medicine training at each of three levels: R-1, R-2, and R-3.
Content of Training
The 36 months of full-time medical residency education must include:
1. At least 30 months of training in general internal medicine, subspecialty internal medicine, critical care medicine, geriatric medicine, and emergency medicine. Up to 4 months of the 30 months may include training in primary care areas (eg, neurology, dermatology, office gynecology, or office orthopedics).
2. Up to 3 months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.

Training may include up to 3 months of other electives approved by the internal medicine program director.

In addition, the following requirements for direct patient responsibility must be met:
1. At least 24 months of the 36 months of residency education must occur in settings where the resident personally provides, or supervises junior residents who provide, direct care to patients in inpatient or ambulatory settings.
2. At least 6 months of the direct patient responsibility on internal medicine rotations must occur during the R-1 year.

Clinical Competence Requirements
The Board requires documentation that candidates for certification in internal medicine are competent in: (1) patient care (medical interviewing, physical examination, and procedural skills); (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice.

Throughout its tracking process, the Board requires program directors to complete clinical competence evaluations each spring for internal medicine residents. A candidate may be excluded from an ABIM examination if the required components of clinical competence are not satisfactorily documented by the training program.

As outlined in the table below, all residents must receive satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training. In addition, residents must receive satisfactory ratings in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training required.

Program Director Ratings of Clinical Competence

<table>
<thead>
<tr>
<th>Components and Ratings</th>
<th>R-1</th>
<th>R-2</th>
<th>R-3</th>
<th>(Any Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Clinical Competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Full credit</td>
<td>Full credit</td>
<td>Full credit</td>
<td></td>
</tr>
<tr>
<td>Marginal</td>
<td>Full credit for 1 marginal year; repeat 1 year if both R-1 and R-2 are marginal</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>No credit, must repeat year</td>
<td>No credit, must repeat year</td>
<td>No credit, must repeat year</td>
<td></td>
</tr>
<tr>
<td>Moral and Ethical Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Full credit</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Competence*

| Satisfactory | Full credit | Full credit | Full credit |
| Unsatisfactory | Full credit | No credit, must repeat year | Must repeat year if during final year of required training |

*The six required components are: (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Procedures Required for Internal Medicine

For certification in internal medicine, the ABIM requires that candidates must be judged competent by their program director in the procedures listed below:
1. Interpreting electrocardiograms; and
2. Performing the following procedures, understanding their indications, contraindications, and complications, and interpreting their results:
   • Advanced cardiac life support
   • Abdominal paracentesis
   • Arterial puncture
   • Arthrocentesis
   • Central venous line placement
   • Lumbar puncture
   • Nasogastric intubation
   • Pap smear and endocervical culture
   • Thoracentesis

The Board recommends three to five as the minimum number of directly supervised, successfully performed procedures; confirmation of proficiency is not credible with fewer procedures.

Credit in Lieu of Standard Training for Internal Medicine Candidates

Training Completed Prior to Entering Internal Medicine Residency

The Board may grant credit for some or all of the 12-month requirement at the R-1 level for training taken prior to entering training in internal medicine, as outlined below. The program director of an accredited internal medicine residency program must petition the Board to grant credit in lieu of standard R-1 internal medicine training. No credit will be granted to substitute for 24 months of accredited R-2 and R-3 internal medicine training.

1. Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during an accredited non-internal medicine residency program if all of the following criteria are met:
   a. the internal medicine training occurred under the direction of a program director of an accredited internal medicine program;
   b. the training occurred in an institution accredited for training internal medicine residents; and
   c. the rotations were identical to the rotations of the residents enrolled in the accredited internal medicine residency program.

2. For trainees who have satisfactorily completed at least 12 months of accredited training in another specialty, the Board may grant:
   a. month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above; plus
   b. a maximum of 6 months of credit for the training in a family practice or pediatrics program; or
c. a maximum of 3 months of credit for training in a non-internal medicine specialty program.
3. Up to 12 months of credit may be granted for at least 3 years of US or Canadian accredited training in another clinical specialty, and certification by an ABMS member Board in that specialty.*
4. Up to 12 months of credit may be granted for at least 3 years of verified internal medicine training abroad.*

* Requires a fee of $300. Guidelines for proposals are available from the Board.

Training Completed Abroad by Current Full-Time US or Canadian Faculty

Full-time internal medicine faculty members in an LCME-accredited medical school or an accredited Canadian medical school may qualify for admission to the Certification Examination in Internal Medicine if they:
1. are proposed by the chair or program director of an accredited internal medicine residency program;*
2. have completed 3 or more years of verified internal medicine training abroad;
3. hold an appointment at the level of associate professor or higher at the time of proposal; and
4. have completed 8 years, after formal training, as a clinician­educator or a clinical investigator in internal medicine with a full-time appointment on a medical school faculty.

* Requires a fee of $300. Guidelines for proposals are available from the Board.

Training in Combined Programs

The ABIM recognizes internal medicine training combined with training in the following programs:
- Dermatology
- Emergency medicine
- Emergency medicine/critical care medicine
- Family practice
- Medical genetics
- Neurology
- Nuclear medicine
- Pediatrics
- Physical medicine and rehabilitation
- Preventive medicine
- Psychiatry

Guidelines for the combined training programs and requirements for credit toward the ABIM Certification Examination in Internal Medicine are available upon request.

* Requires a fee of $300. Guidelines for proposals are available from the Board.

Requirements for Certification in Subspecialties and Added Qualifications

General Requirements

In addition to the primary certificate in internal medicine, the Board offers subspecialty certificates and certificates of added qualifications (AQs). Subspecialty certificates are offered in cardiovascular disease; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.

Certificates of added qualifications recognize special expertise in areas that have a fundamental practice-oriented relationship to an underlying discipline and are offered currently in adolescent medicine, clinical cardiac electrophysiology, critical care medicine, geriatric medicine, interventional cardiology, and sports medicine. Diplomates must maintain a valid underlying certificate to obtain certification and be eligible for recertification in an added qualification. Information regarding each of the added qualifications examinations is available upon request.

To become certified in a subspecialty, physicians must have been previously certified in internal medicine by the ABIM. To certify in an added qualification, a physician must hold a currently valid certificate in the underlying discipline. For all subspecialties and areas of added qualifications, a physician must also have completed the requisite training, demonstrated clinical competence in the care of patients, met the licensure requirements, and passed the secure examination for that discipline.

No credit will be granted toward certification in a subspecialty or area of added qualifications for training that is not accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.

Fellowship training taken before completing the requirements for the MD or DO degree, training as a chief medical resident, practice experience, and attendance at postgraduate courses may not be credited toward the requirements for subspecialty certification.

To be admitted to an examination, candidates must have completed the required training in the subspecialty or area of added qualifications by October 31 of the year of examination.

Candidates for certification in the subspecialties must meet the Board's requirements for duration of training as well as minimum duration of clinical training. Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months. Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.

Training and Procedural Requirements

The total months of training required, including specific clinical months, and requisite procedures for each subspecialty and area of added qualifications are outlined by discipline below.

Minimum Months of Training/Clinical Months Required

<table>
<thead>
<tr>
<th>Subspecialty/AQs</th>
<th>Total Training</th>
<th>Clinical Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>36</td>
<td>24</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>Critical Care Medicine; Endocrinology, Diabetes, and Metabolism; Hematology; Infectious Disease; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>24</td>
<td>—</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>12</td>
<td>—</td>
</tr>
<tr>
<td>Clinical Cardiac Electrophysiology; Geriatric Medicine; and Interventional Cardiology</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

1 Two years of accredited cardiovascular disease training are required for candidates who initiated fellowship training prior to June 1990.
2 Two years of accredited gastroenterology training are required for candidates who initiated fellowship training prior to June 1996.

Adolescent Medicine

No required procedures.
Cardiovascular Disease
Advanced cardiac life support (ACLS), including cardioversion; electrocardiography, including ambulatory monitoring and exercise testing; echocardiography; arterial catheter insertion; and right-heart catheterization, including insertion and management of temporary pacemakers.

Clinical Cardiac Electrophysiology
Electrophysiologic studies both with a catheter and intraoperatively; catheter-based and other ablation procedures; and implantation of pacemakers, and cardioverters-defibrillators (a minimum of 150 intracardiac procedures in at least 75 patients, of which 75 are catheter-based ablation procedures, including postdiagnostic testing, and 25 are initial implantable cardioverter-defibrillator procedures, including programming).

Critical Care Medicine
Maintenance of open airway; oral/nasal intubation; ventilator management, including experience with various modes; insertion and management of chest tubes; advanced cardiac life support (ACLS); placement of arterial, central venous, and pulmonary artery balloon flotation catheters; and calibration and operation of hemodynamic recording systems.

Endocrinology, Diabetes, and Metabolism
Thyroid aspiration biopsy.

Gastroenterology
Proctoscopy and/or flexible sigmoidoscopy; diagnostic upper gastrointestinal endoscopy; colorectal, including biopsy and polypectomy; esophageal dilation; therapeutic upper and lower gastrointestinal endoscopy; and liver biopsy.

Geriatric Medicine
No required procedures.

Hematology
Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears; bone marrow aspirates, and touch preparations of bone marrow biopsies; measurement of complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Infectious Disease
Microscopic evaluation of diagnostic specimens including preparation, staining, and interpretation; management, maintenance, and removal of indwelling venous access catheters; and administration of antimicrobial and biological products via all routes.

Interventional Cardiology
A minimum of 250 therapeutic interventional cardiac procedures during 12 months of accredited interventional cardiology fellowship training.

Medical Oncology
Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Nephrology
Placement of temporary vascular access for hemodialysis and related procedures; acute and chronic hemodialysis; peritoneal dialysis (excluding placement of temporary peritoneal catheters); continuous renal replacement therapy (CRRT); and percutaneous biopsy of both autologous and transplanted kidneys.

Pulmonary Disease
Oral/nasal intubation; fiberoptic bronchoscopy and accompanying procedures; ventilator management; thoracentesis and percutaneous pleural biopsy; arterial puncture; placement of arterial and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; supervision of the technical aspects of pulmonary function testing; progressive exercise testing; and insertion and management of chest tubes.

Rheumatology
Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures; and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.

Sports Medicine
No required procedures.

Clinical Competence Requirements
The Board requires documentation that candidates for certification in the subspecialties are competent in (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Through its tracking process, the Board requires verification of subspecialty fellows' clinical competence from both the subspecialty training program director and the chair of the department of medicine.

As outlined in the "Program Director Ratings of Clinical Competence" table (see "Clinical Competence Requirements" above), all fellows must receive satisfactory ratings of overall clinical competence and moral and ethical behavior in each of the required years of training. In addition, fellows must receive satisfactory ratings in each of the components of clinical competence and the requisite procedures during the final year of required training. It is the fellow's responsibility to arrange for any additional required training.

Dual Certification Requirements
Hematology and Medical Oncology
Dual certification in hematology and medical oncology requires 3 years of accredited training which must include: (a) a minimum of 18 months of clinical training; (b) a minimum of 12 months in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies; and (c) a minimum of 6 months of training in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders.

During the entire 3 years, the fellow must attend a minimum of ½ day per week in continuity outpatient clinic.

The ABIM recommends that the 3 years of training be taken in a combined program in the same institution which is accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. If the combined training must be taken in two different programs, 24 continuous months must be in one institution, and both institutions must be accredited in both hematology and medical oncology.

Candidates must complete all 3 years of required combined training before being admitted to an examination in either subspecialty. Those who elect to undertake an examination in one subspecialty following only 2 years of fellowship training will be required to complete 4 years of accredited training for dual

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certification. Candidates who have completed all 3 years of required combined training may take the hematology and medical oncology examinations in the same year or in different years.

**Pulmonary Disease and Critical Care Medicine**

Candidates seeking dual certification in pulmonary disease and critical care medicine must complete a minimum of 3 years of accredited combined training, 18 months of which must be clinical training. Critical care medicine is an added qualification to the subspecialty of pulmonary disease; thus, certification in pulmonary disease must be achieved before the candidate is eligible to apply for admission to the critical care medicine examination.

**Rheumatology and Allergy and Immunology**

Dual certification in rheumatology and allergy and immunology requires a minimum of 5 years of training which must include: (a) at least 12 months clinical rheumatology supervised by the director of an accredited rheumatology training program, (b) weekly attendance for 18 consecutive months in an ambulatory care program supervised by rheumatology faculty which must include continuity of patient care within ambulatory clinics, and (c) at least 18 months of allergy and immunology training supervised by the training program director of an accredited program in allergy and immunology.

Plans for combined training should be prospectively approved in writing by both the rheumatology and the allergy and immunology training program directors and by the ABIM and the American Board of Allergy and Immunology. Admission to either examination requires (1) certification in internal medicine, (2) satisfactory clinical competence, and (3) completion of the entire 3-year combined program.

Candidates seeking dual certification for other subspecialty combinations should contact the ABIM for information.

**Special Candidates for Subspecialties and Added Qualifications**

ABIM Diplomates in internal medicine may be proposed for special consideration for admission to a subspecialty or added qualifications examination by the program director of an accredited fellowship program if they:

1. have completed the full training required by ABIM in the subspecialty or area of added qualifications in another country;
2. are a full-time associate professor or higher in the specified subspecialty division of the department of medicine in an LCME-accredited medical school or an accredited Canadian medical school;
3. have served 8 years, after formal training, as a clinician-educator or clinical investigator with a full-time appointment on a medical school faculty; and
4. possess a valid, unrestricted license to practice medicine in a state, territory, commonwealth, province, or possession of the United States or Canada.

Guidelines for proposing candidates for special consideration for admission to the subspecialty and added qualifications examinations are available upon request. Proposals require a fee of $300.

**Certification Using the Research Pathway**

The Research Pathway is intended for trainees planning academic careers as investigators in basic or clinical science. The pathway integrates training in clinical medicine with 3 years of training in research methodology. Although prospective planning of this pathway by trainees and program directors is necessary, prospective approval by the Board is no longer a requirement. However, program directors must document the clinical and research training experience each year through the Board's tracking program. The chart below describes the Research Pathway requirements.

The Research Pathway requires a minimum of 36 months of research training in which 80% of time is devoted to research and, at most, 20% of time to clinical work. During the entire 3 years the trainee must attend a minimum of 1/2 day per week in continuity outpatient clinic.

The Board defines research as scholarly activities intended to develop new scientific knowledge. The research experience of trainees should be monitored and reviewed. Unless the trainee has already achieved an advanced graduate degree, training should include completion of work leading to one or its equivalent. The last year of research training may be taken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

During internal medicine research training, 20% of each year must be spent in clinical experiences including a 1/4 day per week in a continuity clinic. During subspecialty research training, at least 1/4 day per week must be spent in an ambulatory clinic. Ratings of satisfactory clinical performance must be maintained annually for each candidate in the ABIM Research Pathway.

For additional information, contact the Board.

**Internal Medicine Research Pathway**

- Internal medicine training: 24 months
- Research training (80%): 36 months
- Ambulatory clinics during research training (10%): app 1/4 day per week
- Additional clinical training during research (10%): app 1/4 day per week

**Total training**: 5 years

**Internal Medicine examination**: August, R-5

**Subspecialty Research Pathway**

- Internal medicine training: 24 months
- Subspecialty clinical training (80%): 12-24 months*
- Research training (80%): 36 months
- Ambulatory clinic during research training (10%): app 1/2 day per week

**Total training**: 6 or 7 years*

**Internal medicine examination**: November, R-6 or 7*

*Based on subspecialty

**Special Training Policies**

**Disclosure of Performance Information**

For trainees planning to change programs, the Board expects the trainee to request that a written evaluation of past performance be sent by the previous program to the new program. Upon receipt by the new program director, the Board will provide (when available) a summary of the previous performance ratings and the total credits accumulated toward the Board's training requirements for certification. At the trainee's request, the Board will provide the new program director with comments or other information obtained from previous training programs.

**Due Process for Evaluations**

The responsibility for the evaluation of a trainee rests with the program, not with the Board. The Board is not in a position to re-examine the facts and circumstances of an individual's performance. As required by the ACGME in its *Essentials of Accredited Residencies in Graduate Medical Education*, the educational institution must provide adequate due process for its decisions regarding a trainee's performance.
Leaf of Absence and Vacations
Trainees may take up to 1 month per year of training for vacation, parental or family leave, or illness (including pregnancy-related disabilities). Training must be extended to make up any absences exceeding 1 month per year of training. Vacation leave is essential and cannot be forfeited to make up for a late start to training.

Reduced-Schedule Training
Interrupted full-time training is acceptable, provided that no period of full-time training is shorter than 1 month. In any 12-month period, at least 6 months should be spent in training. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year. Board approval must be obtained before initiating an interrupted training plan. Part-time training, whether or not continuous, is not acceptable.

Other Policies
Board Eligibility
The Board does not use, define, or recognize the term "Board Eligible."

Reporting Certification Status
The Board will routinely report through its Web site, mail, or fax whether candidates are certified (including dates) or not certified. If a diplomate was previously certified, this fact and dates of former certification will be reported. If certification is revoked, the Board will report certification status as "Revoked." If certification is suspended, the Board will report "Not Certified."

On a candidate's written request to the Board, the following information will also be provided in writing: (1) that an application is currently in process and/or (2) the year the candidate was last admitted to examination.

Professional Standing of Practitioners
Every 4 years following formal training, the Board requires verification that candidates for certification are recognized as specialists or subspecialists in good standing. Verification is sought from the chief of the medical service at the institution(s) where the candidate's principal staff appointment is held. Any challenge to good standing, including charges made by a licensing board, must be resolved locally to the Board's satisfaction before admission to the examination. For example, substance abuse, criminal convictions related to medical practice, or substantial disciplinary action by the institution may lead to deferred admission or rejection.

Confidentiality Policy
The ABIM considers the certification or recertification status of its diplomates to be public information.

The ABIM provides a diplomate's certification status and personal identifying information, including city and state of residence and social security number, to the Federation of State Medical Boards (FSMB) and the American Board of Medical Specialties (ABMS), which publishes the Official ABMS Directory of Board Certified Medical Specialists. The FSMB and ABMS use personal identifying information, including social security numbers, as a unique internal identifier and do not provide them to anyone with out the authorization of the diplomate.

The ABIM provides residency training directors with information about a resident's prior training and pass/fail status on certifying examinations. The ABIM uses performance on examinations and other information for research purposes. In these instances, the Board does not identify specific individuals, hospitals, or practice associations.

The ABIM reserves the right to disclose information it possesses about any individual whom it judges has violated ABIM rules, engaged in misrepresentation or unprofessional behavior, or shows signs of impairment.

Licensure
All candidates for certification and maintenance of certification must possess a valid, unrestricted, and unchallenged license to practice medicine in the jurisdiction where they practice. Candidates with licenses that are restricted, suspended, revoked, or voluntarily surrendered in lieu of disciplinary action in a jurisdiction will be denied admission to a certifying examination or denied recertification. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

Disabled Candidates
The Board recognizes that some candidates have physical limitations that make it impossible for them to fulfill the requirement for proficiency in performing procedures. For such individuals, the procedural skills requirement may be waived. Program directors should write to the Board for an exception before the individual enters training or when the disability becomes established.

The Board is committed to offering suitable examination accommodations for all candidates, including individuals with disabilities. When necessary, alternative arrangements under conditions comparable to those provided for other candidates are offered to disabled individuals. Candidates who need accommodation for a disability during an examination must provide a written request to the Board at the time of application for examination. The Board will then inform the candidate of the documentation that must be received by the Board no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. The Board treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact Joan Smith at 800 441-2246, extension 3620 or jsmith@abim.org.

Substance Abuse
If a candidate or a diplomate has a history of substance abuse, documentation of at least 1 year of continuous sobriety from a reliable monitoring source must be submitted to the Board for admission to an examination or to receive a certificate. The Board treats such information as confidential.

Suspension and Revocation of Certificates
The Board may, at its discretion, revoke certification if the diplomate was not qualified to receive the certificate at the time it was issued, if the certificate was issued as a result of a mistake on the part of the Board. It may also revoke the certificate if the diplomate fails to maintain moral, ethical, or professional behavior satisfactory to the Board or engages in misconduct that adversely affects professional competence or integrity. It may revoke or suspend the certificate if (1) the diplomate made any material misstatement of fact or omission of fact to the Board in connection with application or to any third party concerning the diplomate's certification status; or (2) the diplomate's license to practice medicine has been revoked, suspended, restricted, or surrendered in lieu of disciplinary action in any jurisdiction. Reinstatement of suspended certification requires restoration of licensure in the jurisdiction(s) where the physician practices.

Irregular Behavior on Examinations
The Board's examinations are copyrighted and administered in secure testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid,
looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (eg, beepers, pagers, cell phones, etc) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.

Other actions that the Board may take at its discretion include exclusion from future examinations and informing program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM actions.

Late Applications and Refunds
Candidates are responsible for meeting registration deadlines (see 2005 Schedule of Examinations, below). There is a non-refundable $300 late fee for any application submitted during the Late Registration period. Candidates who cancel before the cancellation deadline will receive a refund of 85% of the registration fee; those who cancel after the cancellation deadline up to the day of the examination will receive a 50% refund. Candidates whose applications are disapproved will receive a refund of 85%.

Re-examination
Candidates who are unsuccessful on any certification examination may apply for re-examination. There is no restriction on the number of opportunities for re-examination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examinations in that discipline. All candidates for re-examination must meet the requirements for licensure status and professional standing and any applicable procedural requirements.

ABIM Publications
The following publications are available from the ABIM upon request at no charge. These are not designed to aid in preparation for examinations. To request a publication, send an email to request@abim.org or call 800 441-2246.

The Board has a fact sheet with information about each Certificate of Added Qualifications on:
- Adolescent Medicine
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Geriatric Medicine
- Interventional Cardiology
- Sports Medicine

For information about the ABIM Research Pathway, request:
- Guidelines and Criteria for the ABIM General and Subspecialty Internal Medicine Research Pathway

The Board offers several tools to assist program directors, faculty, and trainees with the evaluation process:
- Mini-CEX: Clinical Evaluation Exercise
- Documentation Log Book for Internal Medicine Procedures
- Residents: Evaluating Your Clinical Competence in Internal Medicine
- Attending Physicians: Your Role in Evaluating Internal Medicine Residents
- Attending Physicians' Evaluation of Trainees' Competencies
- Self-Assessment for Trainees' Competencies

For information about the ABIM Maintenance of Certification Program, request:
- Maintenance of Certification: Continuous Professional Development Program
- Selecting Self-Evaluation Modules

For other ABIM Publications, visit our Web site at www.abim.org.

2005 Schedule of Examinations
Certification examination in
Internal Medicine
Date(s): August 23-24, 2005
Registration Period: December 1, 2004, to February 1, 2005
Late Registration Period*: February 2 to March 1, 2005
Fee (US): $1,000
Cancellation Deadline: June 1, 2005
Adolescent Medicine
Date(s): December 1, 2005
Registration Period: February 1 to April 1, 2005
Late Registration Period*: April 2 to May 1, 2005
Fee (US): $1,245
Cancellation Deadline: October 1, 2005
Cardiovascular Disease
Date(s): November 7-8 or 8-9, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Clinical Cardiac Electrophysiology
Date(s): October 31, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Critical Care Medicine
Date(s): November 14, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Endocrinology, Diabetes, and Metabolism
Date(s): October 28, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Gastroenterology
Date(s): November 4, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Geriatric Medicine
Date(s): November 2, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Hematology
Date(s): November 18, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005
Infectious Disease
Date(s): October 21, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Interventional Cardiology
Date(s): November 1, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Medical Oncology
Date(s): October 17, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Nephrology
Date(s): October 27, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Pulmonary Disease
Date(s): November 15, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Rheumatology
Date(s): October 20, 2005
Registration Period: March 1 to May 1, 2005
Late Registration Period*: May 2 to June 1, 2005
Fee (US): $1,245
Cancellation Deadline: September 1, 2005

Sports Medicine
Date(s): July 21, 22, 23, 29, 30, and August 4, 5, 6, 2005
Registration Period: November 1, 2004, to January 1, 2005
Late Registration Period*: January 2, 2005, to February 1, 2005
Fee (US): $1,245
Cancellation Deadline: May 1, 2005

Maintenance of Certification (Recertification)
Date(s): Spring 2005**
Registration Period: December 1, 2004, to February 15, 2005
Date(s): Fall 2005**
Registration Period: May 1 to August 1, 2005
* $300 nonrefundable penalty fee for applications received during the Late Registration Period.
1 Administered by the American Board of Pediatrics.
2 Administered by the American Board of Family Practice.
**Check ABIM Web site for information, www.abim.org.

Refund Policy: 85% of exam fee refunded for cancellation before registration closes; 50% of exam fee refunded for cancellations after registration closes, up to the day of the examination.

Note: It is the sole responsibility of the candidate to be aware of and comply with registration deadlines. To register for an examination, go to “online services” at www.abim.org.

American Board of Medical Genetics
Sharon B Robinson, MS, Administrator
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Bethesda, MD 20814-3998
301 634-7315
301 634-7320 Fax
www.abmg.org

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(These criteria and conditions apply to the 2005 certification examination cycle and are subject to change without notice. The American Board of Medical Genetics [ABMG] offers examinations every 2 years; the next examination cycle is August 17-18, 2005. All applicants are advised to contact the Board to ascertain whether the information below is current.)

Purpose and Sponsorship
The ABMG certifies individuals who provide services in medical genetics. The ABMG determines the doctoral degree requirements, the graduate medical training requirements, the medical genetics training requirements, the credentialing requirements, and the examination requirements for ABMG certification. The ABMG offers certification in five primary specialty areas:
• clinical genetics
• PhD medical genetics
• clinical cytogenetics
• clinical biochemical genetics
• clinical molecular genetics

The ABMG is responsible for preparation, administration, and grading of the certifying examinations in medical genetics.

The ABMG provides accreditation for medical genetics training programs. The ABMG accredits medical genetics fellowship programs in the specialties of PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics. The Residency Review Committee (RRC) for Medical Genetics of the Accreditation Council for Graduate Medical Education (ACGME) accredits genetics residency programs in the specialty of clinical genetics.

The ABMG was incorporated in 1980 under sponsorship of the American Society of Human Genetics, Inc, and has been recognized as a member board of the American Board of Medical Specialties (ABMS) since 1991.

I. Training Requirements for Certification by the American Board of Medical Genetics
Individuals seeking certification by the ABMG must fulfill all requirements for certification as detailed in this document. For an individual who has a doctoral degree earned outside of the US, Canada, or Puerto Rico, or graduate medical training outside of the US...
A. Doctoral Degree requirements:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, postdoctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including degree earned, field in which the degree was earned, and date the degree was earned). A photocopy of a final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

B. For applicants for the Clinical Genetics specialty only, graduate medical training requirements are either:

1. Twenty-four months of satisfactorily completed full-time training in an ACGME-accredited residency program in a specialty (other than genetics) that is recognized by the ABMS (eg, pediatrics, ob-gyn, internal medicine) or
2. Forty-eight months of satisfactorily completed full-time training in an ACGME-accredited 4-year clinical genetics residency. [Note: In this instance the 48 months of training satisfy both the graduate medical training requirement and the medical genetics training requirement];

C. Medical genetics training requirements for all specialties: 1. For certification in any one of the ABMG specialties: 24 months of completed full-time training in an ABMG-accredited fellowship program in that specialty or ACGME-accredited clinical genetics residency.
2. For certification in clinical genetics as an additional ABMG specialty: 24 months of completed full-time training in an ACGME-accredited clinical genetics residency.
3. For certification in each additional ABMG specialty (except clinical genetics): an additional 12 months of completed full-time training in an ABMG-accredited fellowship program in that specialty.

II. Credentialing Requirements for Certification by the American Board of Medical Genetics

The credentialing process determines an applicant's candidate status for the ABMG certifying examination. All documents required for the credentialing process must be submitted to the ABMG Administrative Office and postmarked by the deadline (see Deadlines, Section IX).

Four categories of applicants are recognized:

- First-time applicants for ABMG certification
- ABMG diplomates seeking certification in an additional specialty or specialties
- Individuals who have been active candidates but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application
- Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants for the following examination cycle

A. First-time applicants for ABMG certification must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, postdoctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including degree earned, field in which the degree was earned, and date the degree was earned). A photocopy of a final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

- The earned PhD is from a degree-granting program that is documented to be integrated with a postdoctoral program that is ABMG-accredited for at least PhD medical genetics and one laboratory specialty; and
- During the degree program, the individual has taken graduate course work including formal medical genetics and mathematical genetics courses, and the individual document participation in clinical genetics: interacting with patients, communicating with referring physicians, and regular attendance at clinical conferences. These activities must be documented and described in detail by the director of the ABMG-accredited medical genetics program and by the institution's director of the PhD program granting the doctoral degree; and
- The applicant submits two logbooks, one of 150 cases for the laboratory specialty collected during the medical genetics fellowship training and one of 75 cases for the specialty of PhD medical genetics (unrelated to the laboratory specialty) also collected during the medical genetics fellowship training.

The applicant's proposed medical genetics training program, along with a description of the clinical experience during training for the doctoral degree, must be submitted in writing by the director of the ABMG-accredited medical genetics program to the ABMG in advance of initiating the fellowship and must be approved by the ABMG Credentials Committee.

*Note: Certification in clinical genetics always requires 24 months of completed training in an ACGME-accredited clinical genetics residency.

II. Credentialing Requirements for Certification by the American Board of Medical Genetics

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- Individuals who have been active candidates but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application
- Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants for the following examination cycle

A. First-time applicants for ABMG certification must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, postdoctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including degree earned, field in which the degree was earned, and date the degree was earned). A photocopy of a final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.
An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training is not completed by December 31, 2004, the ABMG Administrative Office will contact the program/residency director at the conclusion of the medical genetics training period for verification of successful completion of training.

6. Three letters of endorsement: Each letter must support the applicant’s candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics program in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.

7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification. The logbook must be in the format specified by the ABMG with appropriate signatures. (Note the exception from Section I.C.4 above.)

An applicant who has completed his/her entire medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 1, 2004, and December 15, 2004.]

8. For applicants in clinical genetics:
   a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting satisfactory completion of 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMS-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]
   b. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

B. ABMG diplomates seeking certification in an additional specialty must submit:
   1. A completed and notarized application form.
   2. Application review fee (see Fees, Section X).
   3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
   4. Documentation of doctoral degree for applicants whose ABMG certification was prior to 1999. An official final transcript (including degree earned, field in which the degree was earned, date the degree was earned). A photocopy of the transcript is not acceptable.
   5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: “Verification of Training in Medical Genetics” form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.
   6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics residency in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.

7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification. The logbook must be in the format specified by the ABMG with appropriate signatures. An applicant who has completed his/her entire medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2005.]

8. Those individuals seeking additional certification in clinical cytogenetics, clinical biochemical genetics, clinical molecular genetics, or PhD medical genetics must submit documentation of 12 months required medical genetics training in an ABMG-accredited fellowship: “Verification of Training in Medical Genetics” form completed and signed by the trainee's medical genetics fellowship program director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the program director at the conclusion of the medical genetics training period for verification of successful completion of training.

9. Those applicants seeking additional certification in clinical genetics who have completed 24 months of training in an ACGME-accredited clinical genetics residency must submit:
   a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting satisfactory completion of the 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMS-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]
   b. Documentation of 24 months required medical genetics training in an ACGME-accredited clinical genetics residency: “Verification of Training in Medical Genetics” form completed and signed by the trainee's clinical genetics residency program director verifying the inclusive dates of
training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the residency program director at the conclusion of the clinical genetics residency for verification of successful completion of training.

c. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

c. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

C. Individuals who have been active candidates, but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application:

All such individuals must complete the equivalent of an additional 12 months of full-time medical genetics training in an ABMG-accredited fellowship program in that specialty or an ACGME-accredited clinical genetics residency. A letter requesting approval for this additional training should be submitted by the program director to the ABMG Credentials Committee at the ABMG Administrative Office prior to the onset of the additional training. This letter must specify the inclusive dates and content of the additional training and must be signed by the trainee and the program director. [Note: It is the applicant's responsibility to assure that this request is submitted before, or no later than 2 months after, commencement of the additional training.]

Individuals who will have completed their additional 12 months of training by July 31, 2005, must submit:
1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including the degree earned, the field in which the degree was earned, and the date the degree was earned). A photocopy of the original transcript is not acceptable.
5. Documentation of the required additional year of medical genetics training in an ABMG-accredited fellowship program or ACGME-accredited clinical genetics residency: “Verification of Training in Medical Genetics” form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.
6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited medical genetics residency program in which the applicant trained, and the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.
7. A new logbook of 150 additional cases in the specialty area in which the applicant is seeking certification collected during the inclusive dates of the approved additional training period in an ABMG-accredited fellowship/ACGME-accredited clinical genetics residency program. The logbook must be in the format specified by the ABMG with the appropriate signatures.

An applicant who has completed his/her approved additional medical genetics training by December 31, 2004, must submit a completed logbook with the application.

An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2005.]

8. Applicants in clinical genetics: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

D. Individuals who have been active candidates, but who have failed to achieve certification in one cycle and who are reapplicants for the following examination cycle, must submit:
1. A completed and notarized application form.
2. Reapplication review fee (see Fees, Section X).
3. Examination fees (see Fees, Section X).
4. Applicants in clinical genetics only: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

III. Applicants With a Disability Requesting Special Accommodations During the Certification Examination

Applicants with a physical or mental disability who need special accommodations during the certifying examinations must check the “Application for Special Accommodations” box on the application form and must complete and submit the “Application for Special Accommodations” form with the application. The ABMG supports the intent of the Americans with Disabilities Act (ADA) and attempts to make reasonable accommodations for applicants with disabilities. The ABMG offers examinations in a place and manner accessible to individuals with disabilities or offers alternative accessible arrangements for such individuals. Auxiliary aids and services are offered only if they do not fundamentally alter the measurement of the skills and knowledge the examination is intended to test.

The applicant must notify the ABMG Administrative Office immediately if new circumstances arise after submission of the application that cause the applicant to request special accommodations during the certifying examination.

IV. Results of Application Review

A. If further documentation is required and/or the application is in some manner incomplete, the applicant will be notified.

B. The Credentials Committee of the ABMG will notify, in writing, each applicant of his/her candidate status.

1. Active candidate status granted—All credentialing requirements have been satisfied in one or more specialty areas and all application review fees have been paid. The active candidate is eligible to sit the certifying examination(s). The active candidate will be asked to submit the examination fees at this time (see Fees, Section X).
V. ABMG Certifying Examination

The ABMG certifying examination is offered every 2 years, beginning with the 2005 examination. The next ABMG certifying examination will be held in August 2005. Approved applicants will be sent written notification of active candidate status. This letter will also include information on examination fees and deadlines and examination sites and scheduling procedures.

A. Admission to the examination site: Candidates must bring a current government-issued photo ID (eg, driver's license or passport) to the examination and the scheduling permit. No one will be admitted to the examination without a government-issued photo identification and the scheduling permit.

B. The ABMG certifying examination is composed of two parts: a general examination and a specialty examination in one of five specialty areas. An active candidate for ABMG certification must take the general examination and at least one specialty examination. A candidate may only take the specialty examination(s) for which s/he has been credentialed.

C. An active candidate who is an ABMG diplomate and who is applying for certification in an additional specialty or specialties must take both the general examination and the specialty examination(s) for which s/he has been credentialed.

D. To be certified by the ABMG, active candidates must pass both the general examination and at least one specialty examination.

E. Failure to pass the certifying examination is not grounds for appeal.

F. Candidates must inform the proctor of any difficulties encountered at the examination site. In addition, candidates must inform the ABMG Administrative Office in writing within 1 week of the examination of any such difficulties encountered at the examination site.

G. The content of the certifying examinations is proprietary and strictly confidential information. Applicants must sign a notarized statement agreeing that they will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. The unauthorized receipt, retention, possession, copying, or disclosure of any certifying examination materials, including but not limited to the content of any examination question, before, during, or after the examination may subject the applicant to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification.

VI. ABMG Certification

A. Time-limited ABMG Certificates

Candidates for ABMG certification who pass the general examination and at least one specialty examination will become diplomates of the ABMG for a period of 10 years from the date of the certifying examination. A certificate will be mailed to all diplomates in the spring following the examination. This information becomes public information and is listed in the Official ABMS Directory of Board Certified Medical Specialists.

B. Revocation of ABMG Certificates

Any certificate issued by the ABMG shall be subject to revocation at any time should the ABMG determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to have received it or is in some respect not properly qualified to retain it.

VII. Failure to Achieve ABMG Certification

A. Individuals who do not pass the ABMG certifying examination, who withdraw from the certifying examination process, or who do not appear at the certifying examination site fail to achieve ABMG certification.

B. No portion of the ABMG certifying examination score will be carried forward to any future certifying examination cycle. Thus, if an applicant has passed either the general examination or a specialty examination, neither score will be carried forward.

VIII. Request to Withdraw

If an approved applicant withdraws from the examination, examination fees will not be refunded. All fees are nonrefundable.

Active candidate status is not maintained after examination results are released. Such applicants may reapply for "active candidate status." Applicants are required to achieve certification within two successive examination cycles or within 6 years of achieving active candidate status, whichever comes first. Credentials carry an applicant for two cycles. Withdrawing from an examination cycle is counted as failure to achieve certification during that cycle.

IX. Deadline for Applications

A. The electronic portions of the application must be completed no later than November 30, 2004, and all other materials must be postmarked no later than November 30, 2004. All required fees, documents, letters of endorsement, and other nonelectronic materials must be submitted to the ABMG Administrative Office and must be postmarked no later than November 30, 2004.

B. Late Fee: Applications electronically submitted and/or postmarked between December 1, 2004, and December 15, 2004, must be accompanied by a late fee (see Fees, Section X).

C. Applications electronically submitted and/or postmarked December 17, 2004, or later will be returned to the applicant without review.

D. Notification of Receipt of Applications

1. Candidates will automatically be notified of the receipt of an online application form.

2. The ABMG Administrative Office cannot respond to individual inquiries regarding receipt of other application materials. Candidates should send any required written materials via United States Postal Service certified mail with a return receipt of delivery. It is the applicant's responsibility to ensure on-time delivery of the application.

X. Fees

All fees must be paid in US currency by check or money order made payable to the American Board of Medical Genetics. The ABMG does not accept credit card payments. All fees are nonrefundable.
A. Application Review Fee
All application review fees must accompany the application (see Deadlines for Application, Section IX). Fees for all first-time applicants, ABMG diplomates seeking certification in another specialty, and individuals who have failed to achieve certification in two examination cycles or within 6 years:
- One specialty: $550
- Two specialties: $575
- Three specialties: $600
- Four specialties: $625

B. Reapplication Review Fee
Fee for all individuals who have been active candidates, but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle: $325

C. Late Application Review Fee
Additional fee for any application which is postmarked (or electronically submitted) between December 1, 2004, and December 15, 2004: $250

D. Examination Fees
1. Examinations Fees:
   a) General examination: $600
   b) Specialty examination:
      - Clinical genetics: $650
      - PhD medical genetics: $650
      - Clinical cytogenetics: $650
      - Clinical biochemical genetics: $650
      - Clinical molecular genetics: $650

2. First-time applicants for ABMG certification, ABMG diplomates seeking certification in an additional specialty(ies), and individuals who have been active candidates and who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application must submit the examination fees to the ABMG Administrative Office upon notification of active candidate status.

3. Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle must submit the examination fees with the application and the reapplication fee (see Deadline for Applications).

E. Applicants are responsible to the ABMG for the full application review fee, examination fee(s), and any other applicable fees (see Section X) and deadlines (see Section IX).

XII. International Doctoral Degrees and International Graduate Medical Training
A. All individuals seeking certification by the ABMG must fulfill all basic requirements for certification detailed above.
B. All individuals with a doctoral degree earned outside of the US, Canada, or Puerto Rico are strongly urged to petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to the onset of medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency program for determination of equivalency of the doctoral degree.

The following should accompany the petitioning letter:
1. Copy of the doctoral diploma and transcript of doctoral degree.
2. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, and professional employment.
3. For an individual with an MD degree: Copy of a standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). This is required for all individuals in the specialty of clinical genetics. This is required for the 2005 examination cycle.
4. It is required for the 2005 examination cycle that an individual with an earned PhD degree from a country in which English is not the primary language must have taken the Test of Spoken English as a Foreign Language (TOEFL) examination within 2 years of entering an accredited training program or applying for ABMG certification. A minimal acceptable TOEFL score is 45.

Individuals applying for ABMG certification in 2005 must have the official TOEFL examination scores sent directly to the ABMG Administrative Office by the Educational Testing Service (Rosedale Bd, Princeton, NJ, 08541: 609 921-9000) no later than November 30, 2004. Applicants must enter the TOEFL code of 8609 on their answer sheet as well as on the Score Report forms (for tests previously taken). These scores will then be sent to the ABMG from the Educational Testing Service.

[Note: Because the Educational Testing Service retains TSE examination scores for only 2 years following the examination, applicants for ABMG certification must have these scores sent to the ABMG Administrative Office within 2 years of taking the examination. The TSE examination scores may be sent to the ABMG Administrative Office before the applicant submits any other portions of the application. It is suggested that official scores be sent to the ABMG Administrative Office as soon as an individual enters a training program.]

C. Individuals interested in entering an ACGME-accredited clinical genetics residency who have received graduate medical training outside the US, Canada, or Puerto Rico should petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to beginning training for determination of equivalency of their graduate medical training. The following must accompany the petitioning letter: Copy of certificate of graduate medical training and letter from the director of the graduate medical training program stating the inclusive dates and the amount of time the individual spent in the training program.

The Credentials Committee may grant graduate medical training equivalency for 2 years, 1 year, or no years. If the Credentials Committee grants 1 year of graduate medical training equivalency, the individual must complete 12 months of graduate medical training.
of full-time training in an ACGME-accredited residency program (other than clinical genetics).

If no graduate medical training equivalency is granted, the individual must complete 24 months of full-time training in an ACGME-accredited residency program (other than clinical genetics) or 48 months of full-time training in an ACGME-accredited 4-year clinical genetics residency.

XIII. Points Offered to Help Understand the Process of ABMG Certification

A. Requirements for ABMG certification, including doctoral degree requirements, medical training requirements, medical genetics training requirements, credentialing process, and certifying examinations reside exclusively with the Board of Directors of the ABMG. Any questions that trainees or program directors have about the ABMG certification process must be directed in writing to the ABMG Administractive Office, at 9650 Rockville Pike, Bethesda, MD 20814-3998.

B. Individuals interested in pursuing ABMG certification must be enrolled in an ABMG-accredited fellowship or an ACGME-accredited clinical genetics residency. The program must be accredited in the specialty(ies) in which the trainee plans to seek certification. The list of ABMG-accredited fellowships and ACGME-accredited clinical genetics residencies is available in the Training Guide to North American Graduate and Post-Graduate Training Programs in Human Genetics prepared by the American Society of Human Genetics (http://www.ashg.org/genetics/ashg/pubs/002.shtml).

C. The program director must submit to the ABMG Administractive Office documents verifying the training of each medical genetics trainee planning to seek ABMG certification. Trainees are advised to check with their program director to assure that these forms contain correct information and have been properly filed. The required documents are:

1. The "Trainee Information Sheet," which is submitted to the ABMG Administractive Office by the program director at the onset of the applicant's training. Of note, the specific date, month, and year of the start and conclusion of the trainee's medical genetics training, and the ABMG specialty(ies) for which the trainee is receiving training must be reported on this form.

2. The annual report of the training program, which is filed each year with the ABMG Administractive Office. The annual report includes for each trainee the inclusive dates of training and the ABMG specialty(ies) for which the trainee is receiving training.

D. A trainee is only eligible to apply for ABMG certification in 2005 in specialties for which the necessary training will have been completed by July 31, 2005.

E. An individual who is interested in pursuing medical genetics training and ABMG-certification and who has received a doctoral degree and/or some or all graduate medical training outside of the US, Canada, or Puerto Rico may need to fulfill additional requirements for certification (see Section XII). The interested person and the director of the medical genetics training program should petition the ABMG Credentials Committee in writing via the ABMG Administractive Office to clarify any additional requirements for ABMG certification before that individual commences medical genetics training.

F. The ABMG limits "active candidate status" to individuals who fulfill the criteria for certification. Those practitioners working in the field of medical genetics who do not meet the specific criteria, despite academic or clinical backgrounds, are not eligible to sit for the ABMG certifying examination.

G. It is strongly recommended that an interested person or trainee whose training does not conform to the training requirements outlined in this document petition the ABMG in writing prior to the onset of medical genetics training to clarify the requirements for certification by the ABMG.

Description of Specialties in Medical Genetics

To be an active candidate for certification by the ABMG, an individual must meet the criteria in the area of desired certification and provide the required supporting documentation. Certification is offered in clinical genetics, PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics.

Clinical Geneticist

A clinical geneticist is an individual who holds a US- or Canadian-earned, or the equivalent of an earned, MD or DO degree, has had 2 years in an ACGME-accredited clinical residency program in another medical specialty, 2 years in an ACGME-accredited residency in clinical genetics (or 4 years in an accredited clinical genetics residency program), a valid medical license, and demonstrates competence to provide comprehensive genetic diagnostic, management, therapeutic, and counseling services.

These requirements imply that the individual possesses

- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- diagnostic and therapeutic skills in a wide range of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform risk assessment;
- skills in interviewing and counseling techniques required to (1) elicit from the patient or family the information necessary to reach an appropriate conclusion; (2) anticipate areas of difficulty and conflict; (3) help families and individuals recognize and cope with their emotional and psychological needs; (4) recognize situations requiring psychiatric referral; and (5) transmit pertinent information in a way that is comprehensible to the individual or family; and
- knowledge of available health care resources (community, regional, and national) required for appropriate referral or support.

PhD Medical Geneticist

A PhD medical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, PhD degree in genetics, human genetics, or a related field who demonstrates competence to provide comprehensive genetic diagnostic, management, and counseling services, as well as expertise in complex risk assessments and in the integration of clinical and genetic information.

These requirements imply that the individual possesses

- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform complex risk assessments and paternity and forensic computa-
Clinical Biochemical Geneticist

A clinical biochemical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret biochemical analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis of a broad range of biochemical genetic disorders. These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical biochemical genetics diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge of (1) basic biochemistry and genetics, (2) the application of biochemical techniques to the diagnosis and management of genetic diseases, and (3) the etiology, pathogenesis, clinical manifestations, and management of human inherited biochemical disorders;
- an understanding of the heterogeneity, variability, and natural history of biochemical genetic disorders;
- diagnostic and interpretive skills in a wide range of biochemical genetic problems; and
- the ability to communicate biochemical laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

Clinical Molecular Geneticist

A clinical molecular geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret molecular analyses relevant to the diagnosis and management of human genetic diseases and who can act as a consultant regarding laboratory diagnosis of a broad range of molecular genetic disorders. These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical molecular genetics diagnostic laboratory, including technical experience and knowledge in quality control and quality assessment procedures;
- the ability to perform a variety of molecular diagnostic assays;
- an understanding of the heterogeneity, variability, and natural history of molecular genetic disorders;
- a broad knowledge of (1) basic molecular biology and genetics; (2) the application of recombinant DNA techniques and linkage analysis to the diagnosis of genetic diseases; and (3) the etiology, pathogenesis, clinical manifestations, and management of human genetic disorders;
- diagnostic and interpretive skills in a wide range of clinical molecular genetics problems; and
- the ability to communicate molecular diagnostic laboratory results in the capacity of a consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

Clinical Cytogeneticist

A clinical cytogeneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret cytogenetic analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis for a broad range of cytogenetic disorders, including inherited and acquired conditions. These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical cytogenetic diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge in human cytogenetics, including prenatal and postnatal cytogenetic diagnosis, infertility and pregnancy loss, cancer, and leukemia;
- an understanding of the heterogeneity, variability, and natural history of cytogenetic disorders;
- diagnostic and interpretive skills in a wide range of cytogenetic problems; and
- the ability to communicate cytogenetic laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.
American Board of Neurological Surgery

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(Diplomates and the bylaws of the American Board of Neurological Surgery (ABNS) appear in the official American Board of Medical Specialties Directory of Board Certified Medical Specialists, which can be obtained from Elsevier Science (655 Avenue of the Americas, New York, NY 10010; 888 437-4636; fax 212 633-3820). In addition, a list of new diplomates is published in the Journal of Neurosurgery shortly after each oral examination. Information regarding training programs acceptable for certification can be found in the Graduate Medical Education Directory. This directory can be purchased from the American Medical Association (515 N State St, Chicago, IL 60610).

Qualifications

The ABNS evaluates all qualified applicants for their proficiency in neurosurgery.

The minimum educational requirements of the Board do not restrict programs to these standards. To ensure satisfactory competence in neurosurgery, neurosurgical program directors may retain residents in their programs beyond the required 5 years of training. It is the responsibility of the candidate to seek information concerning current requirements for certification by the ABNS. Even though directors of approved neurosurgical residency programs are well informed regarding requirements for certification, placement in an approved program does not guarantee adequate training for certification. The candidate must make sure he/she receives such training.

Training Prior to Neurosurgery Residency

1. Graduation from a medical school that is acceptable to the Board.

2. Currently valid license to practice medicine in the state, province, or country of residence.

3. Twelve months devoted to acquiring adequate knowledge of fundamental clinical skills. This is known as postgraduate year one (PGY1), general surgery year one, or internship; completion is recommended prior to beginning neurosurgical training but must be done prior to beginning the third year of residency. It may be achieved by 1 year of training in a general surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. It may also be acquired during the course of training in an ACGME-accredited neurosurgical residency program in the US or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. Such training must include not less than 6 months in surgical disciplines other than neurosurgery. The remaining 6 months must consist of clinical skills considered appropriate by the program director but may not include more than 6 weeks of neurosurgery; however, this portion may include up to 3 months of neurology.

Neurological Surgery Training Requirements

For residents beginning the neurosurgery portion of their training on or after July 15, 1997:

1. Completion of a minimum of 5 years of training following PGY1 in neurological residency programs accredited by the Residency Review Committee for Neurosurgery. For applicants entering residency training prior to July 16, 1997, training programs may be accredited by the Canadian equivalent.

2. At least 36 months of core clinical neurosurgery with progressive responsibility culminating in 12 months served as senior-most resident with major, primary patient management and administrative responsibilities, all as deemed appropriate and designated by the program director.

3. Training in clinical neurosurgery must be progressive and not obtained during repeated short intervals in a number of institutions. At least 24 months of training in core clinical neurosurgery must be obtained in one program.

4. At least 3 months must be devoted to training in clinical neurology as a full-time assigned resident in an accredited neurology training program, or, for residents entering training prior to July 16, 1997, a Canadian equivalent. Six months is recommended. Up to 3 months of this training may be undertaken during PGY1.

5. The unobligated 21 or more months must be devoted to aspects of the basic or clinical neurological sciences which, at the discretion of the program director, may include neurology, neurosurgery, neuropathology, neuroradiology, research, and/or other disciplines related to the nervous system. Trainees are expected to acquire basic knowledge and skills in each of these disciplines.

6. Elective training by residents outside of their parent neurosurgical residency program does not count toward fulfilling training requirements unless specifically arranged by the trainee's program director and approved by the Board in advance. In such instances, the secretary of the Board must be notified in writing of the prospective rotation. Such training may in no way compromise the 36 months of core neurosurgery.

7. Residents are required to record and supply to the Board a log of all operative procedures during all clinical years. NeuroLog, the ABNS Web-based program for logging data, is recommended.

8. The program director must notify the Board of the appointment of each new neurosurgical resident and whether he/she is entering the program with intent to obtain certification. If so, the director must inform the trainee of the requirements necessary to obtain such certification.
9. Prior to acceptance for the certification process, the Board requires a statement from the candidate’s program director to the effect that the candidate has met the minimum time requirements, has performed in a satisfactory manner, and is well prepared to enter into the independent practice of neurosurgery.

**Exceptional Modifying Circumstances**

Upon recommendation of the program director, the Board may at its own discretion consider and give retroactive credit for previous training if a resident, before entering an approved neurological training program, had substantially more than the prerequisite training in general surgery, medical neurology, or the basic neuro-logical sciences. Such credit is not automatic and must be approved by the Board.

If a resident leaves an accredited neurological training program, the director of the program must indicate in writing to the Board the credit for training, in respect to time and category, he/she is prepared to certify that the trainee successfully completed. Should the individual enter a new neurological residency program, the new program director may or may not honor such credit, depending upon appraisal of the resident’s professional and educational progress in the new program; a statement of how much training credit will be accepted must be submitted to the Board by the new program director. Requests for transfers must be handled in the same way and submitted to the Board prospectively.

Training by preceptorship is not considered as fulfilling certification requirements. No credit is given for time spent in such training.

Credit for elective training in foreign or other nonapproved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of the residency program with the advice and approval of the trainee’s program director. (See 6, above.) Requests for training away from a parent institution must be submitted in writing to the Board prospectively, not retroactively.

The above provisions in no way alter the basic minimum requirement of 60 months of neurological residency training, including a minimum of 3 months of training in clinical neurology and 36 months of clinical neurosurgery in accredited institutions, 12 months of which must be as senior resident and 24 months in one institution.

**Primary Examination**

Each applicant for the ABNS oral examination and certification must first pass for credit the Primary Examination, which is prepared by the Board with the assistance of the National Board of Medical Examiners. The examination includes information on neuroanatomy, neurobiology, neurology, neuropathology, neuropharmacology, neurophysiology, neuroimaging, neurosurgery, fundamental clinical skills, and critical care, plus material from other relevant disciplines deemed suitable and important by the Board.

The Primary Examination is given in March of each year at approved neurological residency programs throughout the United States and Canada. Residents may take it for self-assessment or credit toward certification at the discretion of their program directors. It is also open to all neurosurgeons who have successfully completed training at accredited programs; they may take it as often as desired for self-assessment or credit. Residents beginning training after July 1, 1998, must pass it for credit before the completion of training.

An application must be before mid-December, the deadline for receipt of applications by the Board. It must be accompanied by the fee set by the Board. The fee will be refunded only until the deadline date for receipt of applications. Examinees are required to sign a pledge that states they (1) agree to be bound by the Board’s ruling regarding credentials, irrespective of scores on the examination, (2) grant permission to the ABNS and its testing organization to release the results, either for credit or self-assessment, to the examinee’s program director, and (3) will not reproduce or copy the examination in any form in part or in whole.

**Practice Requirements**

After beginning practice, the candidate shall furnish to the Board the names of three physicians in the community (two neurosurgeons, including one ABNS diplomate) who are knowledgeable about the quality of the candidate’s practice. The Board will request reference letters from these physicians and others in the candidate’s community. It is also the prerogative of the Board to send representatives to review the candidate’s practice.

The candidate shall submit the names and addresses of all hospitals where he/she has had privileges. Letters will be requested to advise the Board of the candidate’s status regarding admitting and operating privileges in each hospital. At the time of credentialing, each candidate must be in possession of hospital staff privileges in all hospitals in which he/she cares for patients. Such privileges must be unrestricted in respect to the hospital’s requirements for a neurosurgeon.

The candidate must also submit a chronological list of all inpatients for whom he/she was the responsible physician or surgeon. Twelve current, consecutive months are required, with a minimum of 100 operative cases. The case material must be signed by the chief of staff, chief of service, president of the medical staff, or hospital administrator of each hospital where the candidate practices in verification of the essential accuracy of the data. These data must be approved by the Board prior to scheduling for oral examination. Beginning in 2005, the Web-based program NeuroLog must be used for logging data.

A candidate must be scheduled for oral examination by the Board within 5 years of completing an accredited training program. Compliance with this regulation requires early submission of applications after training. If a candidate is not scheduled within the 5-year limit, he/she must once again pass the Primary Examination for credit; the candidate will then have 3 years to become certified. Candidates should keep in mind that at least 12 months are required between submission of a complete application and oral examination.

**Certification of Those Training in Canadian Programs**

Individuals who began neurological residency training in approved Canadian programs before July 1, 1997, and hold a fellowship in neurosurgery from the Royal College of Physicians and Surgeons of Canada are eligible for certification through the same route as candidates training in the United States, as outlined above.

**Applications**

Applications for oral examination and certification are automatically sent to residents at the end of their last year of training. Additional applications and practice data information are available from the ABNS office. The application should be filled out and returned to the Board as soon as the data have been logged.

A pledge is part of the application for oral examination. By signing the application, the applicant agrees to abide by all the Bylaws and Rules and Regulations of the Board.

Upon receipt of an application, the Board takes such steps as deemed appropriate to verify the statements of facts made therein. Inquiries are made from references and others familiar with the candidate to obtain information relevant to the requirements for examination. Once the year of practice data is received, it is reviewed and, when approved, becomes part of the application.
The Board makes the final decision regarding a candidate's eligibility for oral examination and potential certification after considering all available information pertaining to the entire process of certification.

Application fees are not refunded, even when the application for oral examination is denied.

**Oral Examination**

Oral examinations—clinical problem-solving and patient-management examinations—are held twice a year. Candidates are given case histories and, where appropriate, x-rays, scans, and other visual aids to augment the presentation and development of cases. The candidate must be able to explain orally how he/she would proceed in evaluating and managing a case, and in planning and performing any proposed operation or operations, if indicated. One hour is devoted to neurological surgery-intracranial diseases; 1 hour to neurological surgery-spinal and peripheral nerve diseases; and 1 hour to a mixture. Neurosurgical neurology is included in all sections. Each of the 3 hours is conducted in an interview setting with two examiners.

A candidate who passes the oral examination is thereby certified and will be forwarded the Board's certificate, once it has been suitably engrossed and signed by the officers of the Board.

**Reexamination Rules**

A candidate failing the oral examination once may request reexamination within 3 years. A minimum of 1 year must elapse before taking the examination for the second time. A new examination fee must be paid.

A candidate who has failed the oral examination on two or more occasions must pass the Primary Examination for credit again before becoming eligible to retake the oral examination. Two letters of reference from neurosurgeons certifying the nature and quality of the candidate's practice must be submitted to the Board, as well as hospital privilege letters and a year of current practice data. In addition, the candidate must pay the oral examination fee. Under these circumstances, candidates must take the oral examination within 3 years of repassing the Primary Examination. Should the candidate not apply for or fail to appear for oral examination within the 3-year period, he/she must repass the Primary Examination before being eligible for the oral examination once again.

**Payment of Fees**

All fees are determined by the Board and reflect the costs that the Board incurs through obligations associated with the certification process.

**Revocation of Certification**

Pursuant to the Rules and Regulations established by the ABNS, the Board has the authority to revoke any certificate issued by it for reasons including: the person to whom the certificate was issued is convicted of a felony, his/her license to practice medicine has been lost or encumbered, or he/she gave false information on the application for oral examination. Should revocation be disputed, there is a hearing mechanism for such an action.

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**American Board of Nuclear Medicine**

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Nuclear Medicine [ABNM] to ascertain whether the information below is current.)

**General Requirements for Each Candidate**

Assurance that the applicant represents himself/herself to be a specialist in nuclear medicine.

**General Professional Education**

Graduation from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he/she must hold a currently valid ECFMG certificate issued by the Educational Commission for Foreign Medical Graduates, 3624 Market St, Philadelphia, PA 19104-2655; 215 386-5900.

**Preparatory Postdoctoral Training**

Training required for admission to the certifying examination in nuclear medicine shall be comprised of 1 or more years of preparatory postdoctoral training and 2 or more years of residency training in nuclear medicine.

Preparatory postdoctoral training shall consist of 1 or more years of residency training in programs satisfactory to the ABNM. Such programs shall provide broad experience in clinical medicine in which the primary emphasis is on the patient and his or her clinical problems. Preparatory training may be in any specialty in a residency program in the US that is accredited by the Accreditation Council for Graduate Medical Education (ACGME), or programs in Canada approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Professional Corporation of Physicians of Quebec (PCPQ), or alternative training as approved by the ABNM. Preparatory postdoctoral training must precede the training in nuclear medicine.

Each nuclear medicine residency training program director must ensure that for each resident entering his/her program the preparatory postdoctoral training has been in (1) a US program accredited by the ACGME or (2) a Canadian program approved by the RCPSC.
or the PCPQ or (3) an alternative training program as approved by the ABNM.

Postdoctoral Training in Nuclear Medicine
1. After completion of the preparatory postdoctoral training program, there shall be satisfactory completion of a 2-year formal residency training program in nuclear medicine in a nuclear medicine residency training program recognized and approved by the Residency Review Committee for Nuclear Medicine of the ACGME or a Canadian program approved by the RCPSC or PCPQ as competent to provide satisfactory training in nuclear medicine.

2. The 2-year formal residency training program in nuclear medicine must include:
   a. Training in clinical nuclear medicine which must include, but not be limited to: performance and interpretation of in vivo imaging studies of body organs and systems using radiopharmaceuticals; training and experience in the application of nonimaging procedures, including instruction in principles of immunology; and therapeutic uses of unsealed radio pharmaceuticals, including patient selection, dosimetry, and dose administration in the treatment of cancer and hematologic and metabolic disorders. In vivo studies will include use of external detectors and scintillation cameras, including single-photon tomography and positron emission tomography; cardiovascular nuclear medicine procedures, including exercise and pharmacologic stress testing, as well as management of cardiac emergencies related to such testing; and correlation of nuclear medicine procedures with other imaging modalities, such as computed tomography, ultrasonography, magnetic resonance imaging, and angiography.
   b. Training in basic and allied sciences, which must include medical nuclear physics; instrumentation; radiopharmaceutical chemistry, including reactor, cyclotron, and generator production of radionuclides; computer sciences; statistics; radiation biology; and radiation safety, including safe management and disposal of radioactive substances. Training in allied sciences may include pathology, physiology, and other basic sciences associated with nuclear medicine. The time spent in training in allied science may be spaced throughout the period of training in nuclear medicine and in a manner that does not exceed 6 months of training.
   c. For applicants who have completed residency training programs in clinical disciplines closely related to nuclear medicine in residency programs accredited by the ACGME, the RCPSC, or the PCPQ, credit may be given for some of that training. Applicants desiring credit toward the nuclear medicine requirements should write to the Board requesting such credit (see "Applications," below).

Combined Training Programs
1. Nuclear Medicine and Diagnostic Radiology
The ABNM and the American Board of Radiology offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both Boards. To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include (a) a preparatory clinical year and (b) 4 years of education in diagnostic radiology program that includes 8 months of nuclear medicine training, followed by (c) 1 year of education in a nuclear medicine or nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in each specialty is satisfactorily completed. All training must be in ACGME-, RCPSC- or PCPQ-accredited programs and approved by the director of each program.

2. Nuclear Medicine and Internal Medicine
The ABNM and the American Board of Internal Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year. All training must be in ACGME-, RCPSP-, or PCPQ-accredited programs and approved by the director of each program.

3. Nuclear Medicine and Cardiology
Applicants who have completed an accredited program in internal medicine/cardiology, which includes 3 months in the clinical subspecialties of internal medicine, 3 months of invasive cardiology, and 6 months of noninvasive cardiology (with an emphasis on nuclear cardiology), may apply to take the ABNM examination upon completion of an additional 12 months of nuclear medicine training (with an emphasis on noncardiac aspects of nuclear medicine) in an accredited nuclear medicine program. All training must be in programs accredited by the ACGME, RCPSC, or PCPQ and approved by the director of each program.

4. Nuclear Medicine and Neurology
The ABNM and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined accredited training in nuclear medicine and neurology. It is strongly recommended that the participating residencies be in the same institution.

Evaluation of Clinical Training in Nuclear Medicine
1. The Board considers demonstration of clinical competence in the management of the nuclear medicine patient of paramount importance in its qualification of the applicant to take the certifying examination. The Board designates the directors of nuclear medicine residency programs and their supporting evaluation committees as the authorities who most appropriately can provide to the Board the necessary documentation of competence in clinical nuclear medicine, and requires that all program directors certify to the Board that each applicant from their programs is competent in clinical nuclear medicine. These reports will be reviewed by the Board before acceptingconst to take the certifying examination.

2. If a residency program director's evaluation indicates an applicant's competence in clinical nuclear medicine is unsatisfactory, the applicant will not be admitted to the examination unless the Board finds that the applicant's overall performance meets its standards. An applicant not admitted to an examination on the basis of these findings may appeal in writing to the Board for a special evaluation of competence in clinical nuclear medicine within 45 days of receipt of notification. The appeal should state...
that a request is made for review of the decision not to admit to the examination and why the applicant considers the decision to be in error. Applicants whose clinical competence is judged satisfactory in this evaluation will be admitted to the next examination for which they apply. Applicants judged not satisfactory in this evaluation are advised to spend an additional year in training before applying again for special evaluation of competence.

3. Applicants submitting false credentials are subject to disqualification from examination or revocation of certification.

Patient Care Responsibility
Applicants for certification in nuclear medicine will have 1 or more years of training in which the primary emphasis is on the patient and his/her clinical problems.

Canadian Training
Physicians who satisfactorily complete training in Canadian nuclear medicine programs approved by the RCPSC or the PCPQ are eligible for admission to the ABNM certifying examinations.

Completion of Training
All preliminary and nuclear medicine residency training must be completed prior to September 1 of the year the candidate takes the certifying examination.

Licensure Requirement
A valid, unrestricted license to practice medicine in a state, territory, possession, or province of the United States or Canada will be required of all applicants for the certifying examination. A candidate is licensed in more than one such jurisdiction, each license must be valid and unrestricted. A photocopy of every license held by the candidate must be submitted to the Board.

Approved Residency Training Programs
Residency training programs in nuclear medicine accredited by the ACGME may be found in the Graduate Medical Education Directory, published annually by the American Medical Association and the ACGME, or may be obtained by contacting the Secretary, Residency Review Committee for Nuclear Medicine, ACGME, 515 N State St, Ste 2000, Chicago, IL 60610.

Admissibility to Examination
An applicant is admissible to the examination only when all of the preliminary and graduate educational requirements of the Board currently in force at the time of receipt of the formal application have been satisfactorily fulfilled and deemed acceptable.

Examination
An objective type, computer-based examination is administered in a morning and an afternoon session. The examination evaluates the candidate’s knowledge of and competence in the management of patients in the area of clinical nuclear medicine, including nuclear imaging, therapy with unsealed radionuclides, the medical effects of exposure to ionizing radiation, and the medical management and disposal of radioactive substances. Also included is an evaluation of the candidate’s knowledge in the related sciences of medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, computer sciences, and statistics; it may also include pathology, physiology, and other basic sciences associated with nuclear medicine.

Applications
Applicants who wish to be examined by the Board must complete, sign, and file with the Board office an application on the official form together with the supporting data required by the application. It is the responsibility of the applicant to make certain that the required evaluation forms have been completed by his/her program director and sent to and received by the ABNM.

As soon as determination is made concerning admission or nonadmission to the examination, the applicant will be notified by mail, and, if admitted, assignment of the candidate number and notification of the examination sites will be given. Applications must be complete with all required documentation by July 20.

Before the final action on applications, officers, members, and employees of the Board are not authorized to estimate the eligibility of applicants. Applicants are requested not to discuss or write for opinions regarding the status of their applications. The Board decides on eligibility to take the examination only by approving or disapproving individual applications and accordingly has no “Board-eligible” category.

Inquiries concerning the applicability of previous training and experience should be sent with complete documentation of all education and training to the Board office. A copy of the Board’s response to these inquiries should be forwarded with any subsequent examination application.

Release of Information
Candidates will receive the results of their examinations (pass/fail letter) approximately 3 months after the examination.

A list of diplomates of the ABNM will be found in the Official American Board of Medical Specialties Directory of Board Certified Medical Specialists, published by the American Board of Medical Specialties and Elsevier Science.

Upon request, and with the approval of the Board chairman, the Board releases information on diplomates to federal and state licensing bodies and to educational and professional organizations for specific, limited, and appropriate professional use. An authorization for release of this information is a part of the examination application form.

Policy on Reexamination
Candidates who fail the examination are eligible for reexamination. An examination fee must accompany each completed application for reexamination. If a candidate is disqualified from the examination by reason of dishonesty in the application or in taking the examination and his/her examination is invalidated by the Board, reexamination shall be at the Board’s discretion.

Recertification
The ABNM offers its diplomates voluntary recertification based upon fulfillment of certain requirements, including passing an objective cognitive examination. The ABNM will not rescind initial certification granted prior to 1992. Beginning in 1992 certification will be valid for a period of 10 years and may be revalidated by recertification.

Journals Publishing Information on Application and Examination Schedules
Annals of Internal Medicine (Medical News Section)
Journal of the American Medical Association (Examinations and Licensure Monthly Section)
Journal of Nuclear Medicine
Radiology

Changes in Policies and Procedures
The Board reserves the right to make changes in its fees, policies, and procedures at any time and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are
not to be construed as a contract between any candidate and the ABNM.

**Fees**
The examination fee must accompany the application. If the applicant is rejected by the Board or withdraws prior to August 1, an application processing fee will be retained by the Board. If the applicant withdraws after August 1, the entire examination fee will be retained by the Board.
Committee on Female Pelvic Medicine and Reconstrcutive Surgery
Nicholette S Horbach, MD, Director and Representative,
Annandale, Virginia
John O L Delancey, MD, Ann Arbor, Michigan
Roger R Dmochowski, MD, Nashville, Tennessee
Edward J McGuire, MD, Ann Arbor, Michigan
William D Steers, MD, Charlotteville, Virginia
Robert L Summitt, Jr, MD, Memphis, Tennessee
(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Obstetrics and Gynecology [ABOG] to ascertain whether the information below is current.)

Objectives and Purposes
As stated in the Articles of Incorporation, the purposes of the Board include the functions: "To arrange and conduct examinations and/or other procedures to test the qualifications of voluntary candidates for certification and recertification by this Corporation. The criteria for certification and recertification shall be applied equally to all candidates regardless of sex, race, color, or national origin. To issue Certificates or any other evidence of competence to eligible physicians whom this Corporation considers to have demonstrated special knowledge and professional competence relating to Obstetrics and Gynecology, which Certificates or any other evidence of competence may, at the discretion of this Corporation, be valid only for a limited period of time. To determine from time to time whether physicians who have been issued Certificates or other evidence of competence have continued to maintain their professional qualifications and to issue recertification Certificates or other evidence of competence to those physicians who successfully demonstrate continued maintenance of such qualifications."

Definitions
Obstetrician-gynecologists are physicians who, by virtue of satisfactory completion of a defined course of graduate medical education and appropriate certification, possess special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as primary physicians for women.

Over the years of practice, each obstetrician-gynecologist builds upon this broad base of knowledge and skills and may develop a unique type of practice and changing professional focus. Such diversity contributes to high quality health care for women.

A physician's certification by the ABOG attests to the physician's professional colleagues and to the public that the diplomate possesses special knowledge and professional capability. Each certificate granted or issued does not by itself confer or purport to confer upon any person any degree or legal qualifications, privileges, or license to practice obstetrics and/or gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics and gynecology in any hospital are the prerogative of that hospital, not of this Board. The Board certifies as specialists those who voluntarily appear before the Board for the purpose of evaluation and certification.

Types of Board Status
Note: The term "Board Eligible" is not approved by the Board for any individual seeking Board certification or for those who have only completed residency training.

1. Residency Graduate
An individual is registered with the Board when, upon application, the Board rules that he/she has fulfilled the requirements to take the written examination (see "Requirements" for the written examination).

2. Active Candidate
a. An individual achieves active candidate status by passing the written examination.
b. To maintain active candidate status, the candidate must fulfill all requirements for admission to the oral examination (see "Requirements") and must not have exceeded the limitations to admissibility for the oral examination (see "Limitations").
c. Active candidate status that has expired may be regained by repeating and passing the Board's written examination.

3. Diplomate
a. An individual becomes a diplomate of the Board when the written and the oral examinations have been satisfactorily completed and the Board's certifying diploma has been awarded.
b. Certificates have limited duration of validity (see "Duration").

4. Expired Certificate
a. An individual has failed to complete successfully a maintenance of certification examination prior to the expiration date printed on his/her time-limited certifying diploma (see "Duration").
b. Individuals in this category are no longer diplomates of the ABOG.
c. Former diplomates whose time-limited certificates have expired may re-obtain diplomate status by successfully completing an ABOG Maintenance of Certification process.

5. Retired Diplomate
a. An individual has retired from clinical practice at a time when they were a diplomate.
b. Individuals in this category are retired diplomates. If they return to active practice after their time-limited certificate has expired, they must complete an ABOG maintenance of certification process in order to reactivate their diplomate status.
c. Individuals choosing to be a retired diplomate must notify the Board. Failure to take this action will result in an Expired Certificate status for an individual holding a time-limited certificate that has expired.

Rights of Applicants and Diplomates
Jurisdiction and Venue
The Corporation shall require, as a condition precedent for any person or entity to become a member, director, officer, employee, agent, applicant for examination, a diplomate certified by the Corporation, a committee or division member, whether paid or volunteer (hereinafter, individually and collectively, "Person or Entity"), that such person or entity agree as follows: In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas and laws of the State of Texas for the resolution of any and all such disputes. Further, in the event any diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may require such diplomate to appear and show cause why his/her certification should not be revoked and diplomate status terminated. The Board of Directors shall establish procedures to assure that any
The acceptance of an applicant for examination by the Corporation and the granting of diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the applicant or diplomate to abide, at all times, with the rules, Regulations and Directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

Obligations

The candidate is notified of approval to submit his/her case list. If ruled admissible, the candidate will be allowed to take the oral examination in November, December, January, or February.

Important Dates in the Certification Process Not Pertaining to the Accelerated Oral Process

I. Final Year of Residency (ending on or before the following September 30)
A. July 1—Commence
B. September 1 to November 30—Apply for basic written examination
C. Last Monday in June—Take basic written examination

II. Practice
A. First year of practice
   No Board activities necessary
B. Second year of practice
   July 1 to June 30—Patient case list
   November 1 to February 28—Apply for general oral examination
C. Third year of practice
   August 1—Deadline for submission of patient list
   November, December, January, or February—Take general oral examination

III. Fellowship in Subspecialty
A. First year (fellowship) (July 1-June 30)
   No Board activities
B. Second year (fellowship) (July 1-June 30)
   No general Board activities
C. Third year (fellowship) (July 1-June 30)
   1. No general Board activities
   2. (September 1 to November 30—Apply for subspecialty written examination)
   3. January 1 to April 30—Apply for subspecialty oral examination
   4. January 1 to December 31—Subspecialty patient case list
F. Sixth year—Third year of practice (July 1-June 30)
   1. January 1—Deadline for submission of thesis
   2. January 1 to December 31—Deadline for submission of subspecialty patient case list
   3. March or April—Take oral subspecialty examination

IV. Accelerate Oral Examination Process
The length of time between successful completion of the written examination and the oral examination may be shortened by 1 year. Specifically, after completion of the written examination on the last Monday in June, the candidate may begin collection of cases on July 1, but must start prior to September 1. This means that an active hospital practice must be established prior to September 1. After September 1, see “Application for Examination”. Individuals who have not completed their residency prior to August 31 will not be allowed to begin case collection until the following July.

No more than 300 total combined candidates from graduating residency programs and from fellowship programs (see V, below) will be allowed to enter this accelerated process each year.
All graduating residents who pass the written examination will be notified by mail prior to August 1 that they have passed the written examination. In this same letter, they will be told that they are eligible to apply for this accelerated process. They must request the application forms and return these with the appropriate fee to the Board office prior to 5:00 PM Central Standard Time on September 15, 2004. If more than 300 application forms are received for the 2005-2006 examinations, only 300 candidates will be chosen from the recent resident graduates and the fellows currently enrolled in ABOG-accredited fellowship programs, using a computerized random selection process. All applicants will be notified by October 1 if they are among the 300 candidates chosen for this accelerated process.

If a candidate is selected for this accelerated process, they must meet all other requirements applicable to the oral examination. No late applications will be accepted, and all deadlines and requirements must be met in order to participate in the accelerated program. For those not selected in the randomization process, application fees will be refunded and case collection may be discontinued. For those selected for the process, application fees will not be refunded if the process is cancelled or not successfully completed by the applicant.

It is important to understand that, if accepted into this accelerated program, it is the candidate's responsibility to understand the requirements and to comply with them (see "Case Preparation"). The most important of all requirements is to supply the Board with a current, accurate address. Additionally, all such candidates should request a current Bulletin from the Board office or download a Bulletin from the ABOG Web site.

V. Accelerated Oral Examination for Fellows

Commencing in 2004, fellows currently enrolled in Board-accredited fellowship programs may apply for the accelerated general obstetrics and gynecology oral examination. Such candidates must:
A. have their fellowship program director's approval;
B. be a second, third, or fourth year fellow at the time of the examination;
C. meet all the requirements outlined in this Bulletin, including those outlined above, under IV., and in the following table, and, finally,
D. sit for the oral examination only once during their fellowship.

Patients for case lists of candidates in fellowship programs must include those women cared for by the fellow when assigned clinic or night call duties not directly associated with their fellowship program. For example, if an oncology fellow is assigned 1 night per month in a labor and delivery area, those patients cared for by this fellow can be used as cases for his/her case list. Senior residency cases may be included to complete a case list, if necessary.

Recent Resident Graduates

Summary of Dates, Fees, and Late Fees for Accelerated Oral Examination

July 1 of year written exam taken and passed
Candidate begins collection of cases for case list
Prior to August 1, 2004
Candidate will be notified of pass/fail on written examination by the Board office
August 1, 2004-September 15, 2004 (5:00 PM CST)
Candidate must return automated application for oral examination with application fee of $740
September 15, 2004
No applications accepted after this date
October 1, 2004
Candidates will be notified of acceptance into accelerated process for the 2006 examination

Fellowship Applicants

Summary of Dates, Fees, and Late Fees for Accelerated Oral Examination

July 1 of 1st, 2nd, 3rd or 4th year
Candidate begins collection of cases for case list
Prior to August 1, 2004
Candidate will be notified of pass/fail on written examination by the Board office
August 1, 2004-September 15, 2004 (5:00 PM CST)
Candidate must return automated application for oral examination with application fee of $740
September 15, 2004
No applications accepted after this date
October 1, 2004
Candidates will be notified of acceptance into accelerated process for the 2005 examination
July 2005-August 1, 2005
Candidates will be notified to submit properly formatted case lists and examination fee of $860
August 1-19, 2005
Candidates notified by the Board in July to submit their properly formatted case lists and examination fee must include a late fee of 300 ($860 plus $300 = $1160)
August 19, 2005
No case lists or examination fees accepted after this date
November & December 2005, and January 2006
Oral Examination, ABOG Test Center, 2915 Vine Street, Dallas, TX 75204

Residency Program

1. Residents who are candidates for certification are required to complete 4 years of graduate medical education in an obstetrics and gynecology residency program(s) accredited by the Accreditation Council for Graduate Medical Education (ACGME) with not less than 36 months of clinical obstetrics and gynecology.
2. The final year of a resident's program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME.
3. When a resident's graduate education and clinical experience has been gained in more than one residency program, the application to take the written examination must be accompanied by verification of the candidate's satisfactory performance in each program. Less than 6 months in a program is not acceptable as a part of an approved clinical experience.
4. Within the required 48 months of clinical obstetrics and gynecology education in the basic sciences should be so integrated with clinical experience as to emphasize the application of such related disciplines to total care of the patient. Assignment to another (either laboratory or clinical) discipline that removes the candidate from daily contact with obstetrics-gynecology...
Maintenance of Certification

Maintenance of certification is achieved by a certificate renewal process. Diplomates certified prior to 1986 may sit for voluntary recertification. Beginning in 1988, 10-year time-limited certificates were issued by the Board, and commencing in 2001, such certificates will be limited to 6 years.

Certificate renewal or voluntary recertification may be achieved in one of three different ways. These methods are:
1. a cognitive 3½-hour written examination; or
2. a 1½-hour oral examination; or
3. Annual Board Certification (ABC), a continuous certificate renewal, achieved by reviews of assigned scientific and/or clinical publications.

More specific information about these methods of certificate renewal/voluntary recertification can be obtained by writing Ms. Marsha Markham, Maintenance of Certification Coordinator, at the ABOG address or downloading the Bulletin from the Board's Web site, www.abog.org.

The application fees for the written or the oral maintenance of certification examination are due with the application. The application and examination fees for both the written and oral examination are $885 and $785, respectively. Both fees are due prior to either the written or the oral examination. The fees for the ABC, a form of continuous certification, will be $225 per year for general obstetrics and gynecology and $325 per year for subspecialists (includes general and subspecialty items).

A new application form and application fee are required for each cycle of the written, oral, or ABC examination. Application fees are not refundable.

Written Examination

Inquiries, applications, and correspondence must be in English. All fees must be paid in US currency.

The basic written examination is offered to approved candidates once each year on the last Monday in June. The examination consists of objective, single-best answer, multiple-choice questions. Many of the questions are constructed to be thought provoking and/or problem solving in contrast to “recall” type questions. They contain a continuum of answers. Specifically, all possible answers may be correct, but only one answer is the MOST correct.

The Board publishes the blueprint of the primary written examination outlined below to inform candidates of the content outline of the test. Percentage-wise, approximately 30% of the questions are from topics listed under each of the general headings of gynecology, obstetrics, and office practice-preventive/primary care. The remaining 10% of the questions are based on topics listed under the cross-content area. There is frequent and unavoidable overlap. Categorization of an individual question often is complex. An individual disease process might be considered under multiple topics such as inclusion of endometriosis under acute pelvic pain, chronic pelvic pain, infertility, laparoscopy, major gynecologic surgery, and several others.

The foundation of our specialty is an understanding of the basic sciences upon which clinical evaluation and management are based. Topics in the basic sciences, including genetics, as well as clinical competencies and skills are listed under the cross-content headings.

This blueprint contains a list of major areas of emphasis rather than a detailed and excessively long list of topics. Please note the examples included in parentheses are NOT meant to be an all-inclusive list. Lastly, the relative listing of topics under a major heading is arbitrary and does NOT reflect the relative emphasis of that specific topic in the examination.
This blueprint provides the candidate an overview of the content of the examination and the relative emphasis on gynecology, obstetrics, office practice-preventive/primary care, and cross-content areas.

**Blueprint**

**Obstetrics**
1. Preconceptual care and counseling (folic acid, genetic screening)
2. Antepartum care and complications (hyperemesis, second trimester loss)
3. Intrapartum care and complications (fetal monitoring, group B strep, uterine rupture)
4. Postpartum care and complications (lactation, vulvar hematomata)
5. Pelvic assessment (well-being, fetal growth restriction)
6. Teratogens and prenatal diagnosis
7. Preterm labor
8. Premature rupture of membranes (preterm, term)
9. Obstetric hemorrhage (placenta previa, abruption, postpartum hemorrhage)
10. Dystocia and abnormalities of fetal lie and presentation
11. Postterm pregnancy
12. Induction of labor
13. Operative obstetrics (forceps, cesarean, cesarean hysterectomy)
14. Hypertensive disorders of pregnancy (chronic hypertension, preeclampsia, thrombocytopenia)
15. Cardiovascular and/or pulmonary diseases coexisting with pregnancy
16. Renal, dermatologic, and/or neurologic diseases coexisting with pregnancy
17. Hematologic, neoplastic, and/or endocrine diseases coexisting with pregnancy
18. Infections coexisting with pregnancy (pyelonephritis, HIV, varicella)
19. Abnormal fetal growth
20. Diabetes and pregnancy
21. Multifetal gestation
22. Ultrasound, Doppler, and other imaging techniques
23. Surgical conditions coexisting with pregnancy (acute abdomen, adnexal mass, breast mass)
24. Psychiatric disorders during pregnancy and postpartum
25. Care of the neonate
26. Intrapartum and postpartum infection (chorioamnionitis, mastitis)

**Gynecology**
1. Ectopic pregnancy
2. Endometriosis
3. Uterine myomas
4. Infertility
5. Abnormal uterine bleeding
6. Abnormal cytology
7. Congenital abnormalities of the reproductive tract
8. Early pregnancy loss (spontaneous abortion, recurrent abortion)
9. Pelvic relaxation and defects in pelvic floor
10. Urinary and fecal incontinence
11. Benign conditions of the reproductive tract and breasts (cysts, masses, ulcers)
12. Sexually transmitted infections
13. Pelvic inflammatory diseases (salpingitis, TOA, TB)
14. Acute pelvic pain (adnexal torsion, appendicitis)
15. Chronic pelvic and vulvar pain
16. Diagnostic procedures (colposcopy, endometrial biopsy)
17. Hysteroscopy (diagnostic and operative)
18. Laparoscopy (diagnostic and operative)
19. Pelvic ultrasound
20. Preop evaluation and preparation
21. Minor gynecologic surgery (tubal sterilization, excision of Bartholin gland)
22. Major gynecologic surgery (colpocleisis, myomectomy)
23. Postoperative care, complications, and problems (pulmonary embolus, ileus)
24. Emergency care (vulvar hematoma, hemoperitoneum)
25. Invasive neoplasia of the reproductive tract and breasts
26. Premalignant conditions of the reproductive tract and breasts (endometrial hyperplasia, cervical dysplasia)
27. Trophoblastic diseases
28. Coexisting medical diseases (diabetes, asthma)
29. Concurrent surgical conditions (necrotizing fasciitis, small bowel obstruction)
30. Coexisting psychiatric conditions (depression, personality disorders)

**Office Practice—Preventive/Primary Care**
1. Age-appropriate periodic assessment, preventive care, and health maintenance (mammography, colposcopy, immunizations, blood pressure monitoring, counseling for diet and exercise)
2. Family planning (contraception, sterilization)
3. Life style modification (smoking cessation, weight loss, substance abuse treatment)
4. Diagnosis and treatment of uncomplicated medical disease and disorders (headache, asthma, low back pain, irritable bowel, arthritis, acne)
5. Benign breast disorders
6. Urinary tract infections
7. Diabetes mellitus and thyroid disorders
8. Cardiovascular diseases (hypertension, hyperlipidemia, atherosclerosis)
9. Perimenopause and menopause
10. Osteoporosis
11. Polycystic ovarian syndrome
12. Primary and secondary amenorrhea
13. Reproductive endocrinologic disorders (galactorrhea, hirsutism, anovulation, hyperandrogenism)
14. Early pregnancy loss (spontaneous and habitual abortion)
15. Psychiatric conditions (depression, anxiety)
16. Domestic violence and sexual assault
17. Sexuality and sexual dysfunction
18. Problems relating to physiology of menstruation (premenstrual syndrome, menstrual migraine, primary dysmenorrhea)
19. Office surgery
20. Vulvar disease (ulcers, dermatologic conditions, cysts, masses)
21. Vaginal discharge
22. Psychosomatic conditions (tension headache, chronic muscular pain)
23. Pediatric and adolescent gynecology
24. Geriatric gynecology

**Cross Content Areas**
1. Basic science (maternal and fetal physiology, pathology of reproductive endocrinology, pathology, immunology, microbiology, pharmacology, anatomy, embryology)
2. Genetics
3. Ethics and professionalism
4. Epidemiology and evidence-based medicine
5. Systems-based practice and patient safety
6. Communications
The candidate will be expected to demonstrate skills necessary to apply basic knowledge to the management of clinical problems. These skills include:
1. obtaining of needed information;
2. interpretation and use of data obtained;
3. selection, institution, and implementation of care;
4. management of complications;
5. following and continuance of care.

The areas of information and skills that are examined are described in further detail in the manual Educational Objectives for Resident Education in Obstetrics and Gynecology published by the Council on Resident Education in Obstetrics and Gynecology.

Requirements
1. Degree of Doctor of Medicine, or an equivalent degree, and unrestricted license. An educational or institutional license to practice medicine in any of the states or territories of the United States or a province of Canada meets this requirement.

2. The candidate must have unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has patient care responsibilities. If the candidate is under investigation or on probation and the investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.

3. The candidate will be required to have completed or be near completion (see “Application”) of no less than 4 years in clinical obstetrical and gynecological programs accredited by the ACGME or no less than 5 years in clinical obstetrical and gynecological programs accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC). Such programs must include at least 36 months of progressive and increasing clinical experience and responsibilities in obstetrics and gynecology, including the usual time as chief (senior) resident in the program. Completion of a year as an intern (PGY-1), plus a 3-year residency program, or a 4-year residency program will fulfill this requirement. A year spent in an ACGME-accredited transitional-year program (PGY-1) sponsored or cosponsored by an ACGME-accredited obstetrics and gynecology program will meet the requirement for PGY-1 year. Presently, there are 35 such transitional programs cosponsored by obstetrics and gynecology departments. If the program consists of more than 4 years, the entire program must be completed.

Time spent in an osteopathic hospital or in any program not accredited in obstetrics and gynecology by the ACGME or the CRCPSC will not fulfill this requirement.

4. A statement signed by the program director certifying that the candidate has:
   a. followed satisfactorily the course of instruction designed for this program.
   b. taken leaves of absence and vacation not exceeding those described above.
   c. completed and submitted to the program director a satisfactory list of obstetrical patients with medical and obstetrical complications, as well as operative obstetrical and gynecological procedures performed during all the years of residency training. This residency experience log may be used to document the adequacy of such technical training.

   The experience log or a copy should be kept by the graduate for possible use in the future if needed to supplement their case list which is required for admission to the oral examination (see “Revocation of Diploma or Certificate”).

   d. achieved the appropriate knowledge, ability, and judgment in order to provide appropriate clinical care in obstetrics, gynecology, and women's health, as documented by ongoing evaluation during the entire resident program.

   e. demonstrated the necessary technical skills to perform:
      1. major abdominal and vaginal surgical procedures upon the female pelvis and related structures;
      2. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
      3. spontaneous and operative obstetric deliveries;
      4. surgical exploration of the abdomen;
      5. pelvic and abdominal endoscopic procedures;
      6. diagnostic evaluations including electronic fetal monitoring, ultrasonography, colposcopy, amniocentesis, and urodynamic testing; and
      7. the diagnosis and treatment of complications of the above.

   f. demonstrated good moral and ethical character.

Application for Examination in 2005
A candidate, who completes an accredited residency program on or before September 30, 2005, must apply on or before November 30, 2004, to write the examination on June 27, 2005.

The application form to write the written examination on June 27, 2005, may be obtained by writing to the Board office after September 1, 2004. Each applicant must meet the requirements effective in the year of requested admission to the examination. As a part of the application form, endorsement and verification of the resident's experience, competence, satisfactory performance, and confirmation of the scheduled date for completion of the candidate's residency are required to be affirmed by the current director of the obstetrics-gynecology residency program.

The Board will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

A candidate's application to write the examination on June 27, 2005, completed in all details, together with payment of the application fee (see "Fees"), must be received in the Board office on or before November 30, 2004. [Note: Application fees must accompany the application.] Application fees sent prior to the mailing of an application are subject to late charges. A copy of the candidate's current license showing a current expiration date also is required. Late fees will be applied to applicants who have not submitted all required materials by November 30, 2004.

The candidate ruled admissible to the examination will be notified by April 11, 2005, that:
1. the examination is scheduled to be written in June,
2. the examination fee is payable and the date the fee must be paid (see "Fees"), and
3. two 2x2 inch photographs should accompany the examination fee.

[Note: If a candidate has not been contacted by the Board by April 18, 2005, concerning admissibility for the June 27, 2005, written examination, it is the candidate's responsibility to contact the Board office in writing or by fax no later than April 29, 2005, in order to ascertain why they have not received notification. It also is the candidate's responsibility to inform the Board of a change of address in writing in order to receive notifications in a timely manner.]
If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. Usually, the Board will defer a decision for entry into the examination to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral, or professional misbehavior may result in a deferral of a candidate’s application for at least 3 years (see “Revocation of Diploma or Certificate”). The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the written examination, a new application and application fee must be submitted for the next examination. The candidate must fulfill the requirements in effect the year of the new application.

Admission to the Written Examination
The candidate ruled admissible to the examination will be sent an authorization for admission form, which must be presented to the proctor at the time and place of examination. When a candidate is scheduled to complete residency, after submission of the application (but before October of that year), verification that the candidate is completing residency in a satisfactory manner must be reaffirmed by the signature of the director of the residency program on the authorization for admission form, dated within the month the candidate is scheduled to write the examination.

Results of the Examination
The results of the written examination will be reported confidentially to each candidate by August 1. A candidate may grant the Board permission to release the results of their examination to the candidate’s program director.

A passing grade on the written examination does not ensure a candidate’s admissibility to the oral examination for certification, nor does it allow the use of the term “Board eligible.” The term “Board eligible” is not approved by the Board for any individual seeking Board certification or for those who have only completed residency training. An individual who has completed residency training, but not yet passed the written examination, should be referred to as a “residency graduate.” An individual who has passed the written examination should be referred to as an “active candidate” (see “Types of Board Status” and “Requirements”).

Requests for Reexamination
A candidate scheduled to write the examination but who does not do so, as well as the candidate who writes but does not pass the examination, must write to the Board office after September 1 to request reapplication materials for the next examination. It is necessary for each applicant to meet the requirements in effect the year of the requested admission to the examination. The reapplicant must have submitted completed reapplication materials, a copy of current license with a current expiration date, and the reapplication fee prior to the November deadline. There is no limit to the number of times a candidate may take the written examination provided the candidate is not subject to sanctions imposed by the Board for misconduct or misbehavior as elsewhere provided herein.

The application and examination fees (see “Fees,” below) must be paid for each year a candidate is to be scheduled to write an examination.

Written Examination Fees
Fees have been computed to cover the costs of examination and administrative expenses. Application fees will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate’s canceled check is to be considered the receipt.

The application fee must be enclosed with each application or reapplication to write the examination. The candidate will be notified by April 11, 2005, of the approval of the application or reapplication, at which time the examination fee will be due. If payment of the examination fee has not been received in the Board office on or before May 9, the candidate will not be scheduled to write the examination in June.

No application fees will be refunded or credited against a future application.

Examination fees may be refunded, provided candidates inform the Board office in writing of their inability to write the examination prior to May 9, 2005.

Dates, Deadlines, Fees, and Late Fees for Written Examination
September 1, 2004-November 12, 2004
Candidate must request in writing an application form
November 15, 2004-November 30, 2004
Application and application fee of $675 must be received in the Board office
December 1, 2004-January 31, 2005
Application, application fee ($675), and late fee ($300) (total $975) due in the Board office
February 1, 2005-March 31, 2005
Application, application fee ($675), and late fee ($730) (total $1405) due in the Board office
March 31, 2005
No applications accepted after this date
April 11, 2005-May 9, 2005
Candidates will be notified to submit two 2x2 photographs and examination fee ($630)
May 9, 2005
No examination fees accepted after this date
June 27, 2005
Written examination at various sites
All correspondence, applications, and information directed to the Board must be in English.
All fees must be paid in US currency.

Oral Examination
The oral examination is designed to evaluate the candidate’s knowledge and ability to solve clinical problems in obstetrics, gynecology, and women’s health. It is emphasized that candidates will be examined in obstetrics, gynecology, and women’s health to evaluate actual behavior in independent practice. The examination will consist of questions concerning patient management problems. The candidate's case list will be used by the examiners for this purpose. In addition, other clinical problems will be included in the examination. The remainder of the examination will include basic knowledge in obstetrics, gynecology, and women’s health and may include the interpretation of sonograms, operative videos, and video graphics of various conditions.

The fund of knowledge required for passing the oral examination is the same as those categories listed in regard to the written examination.

Recording devices, cellular phones, radio-paging devices, and any other electronic communication devices will not be permitted during the oral examination. If such devices are discovered at any time during the examination, this will result in the candidate’s immediate dismissal from the examination.

Candidates will be expected to demonstrate that they have acquired the capability to perform, independently, major gynecologic operations and spontaneous and operative obstetric deliveries, to manage the complications thereof, and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology, and women’s health.
Candidates will be expected to demonstrate a level of competence that allows them to serve as consultants to physicians who are nonobstetrician-gynecologists in their community.

The report of the examining team will be reviewed by the Board of Directors, and each candidate is passed or failed by vote of the Board. The examination will be completed within ½ day.

If, at the completion of the oral examination, a candidate believes the examination has not been conducted in a fair and unbiased manner, a second examination may be requested.

The request must be made within 1 hour of the completion of the oral examination. To do so, a candidate must telephone the Board office (214 871-1619).

If the request is granted:

a. a second examination will be provided approximately 1 year later at the next regularly scheduled annual oral examinations at no additional charge;

b. the repeat examination will be conducted by an entirely different team of examiners, no one of whom shall have previously participated in an examination of the candidate or know that this examination is being conducted as an appeal examination;

c. neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and

d. the decision of the examiners conducting the second examination will determine the results of the candidate's oral examination.

Requirements

1. Passing grade on the written examination prior to making application for the oral examination.

2. Good moral and ethical character (see "Revocation of Diploma or Certificate").

3. Unrestricted license to practice medicine in any state or territory (United States or province of Canada) in which the candidate has held a medical license since July 1, 2004. (Note: An educational or institutional license does not meet this requirement.)

4. A written explanation must be provided with the application of the circumstances involved if a candidate has ever had his or her medical license restricted or revoked in any territory, province, or state in the United States or Canada. A written explanation also must be provided with the application of the circumstances involved if a candidate has ever had his or her hospital privileges terminated or restricted because of personal physical/mental impairments or excessive operative complications or for disciplinary reasons.

5. Actively engaged in unsupervised practice, defined as:

a. independent continuous, unsupervised patient care in obstetrics and gynecology for at least the time from July 1, 2004, through June 30, 2005, and

b. unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care during this time. If the candidate is under investigation or on probation (for cause), the examination will be deferred until the investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.

6. Submission of typewritten case lists (three copies) and summary sheets (seven copies) of all patients discharged from care in all hospitals during the 12 months ending June 30 prior to the scheduled examination, as well as a list of 40 patients from his/her office practice. This information must be received in the Board office prior to August 1. Longer times for collection of a patient case list may be required, or obstetrical cases may be chosen from the candidate's fellowship or last year of residency, if necessary.

7. The candidate must assure that the patient case lists provided have been "de-identified" in accordance with the requirements of Section 164.514(b)(2)(i) & (ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital, and other physician records in order for the patient case lists to be deemed "de-identified" under the HIPAA Privacy Rule is detailed in the Appendix.

(Note: The candidate is personally responsible for the proper preparation, accuracy, and completeness of the case lists, which will reflect their practice [private or nonprivate] activity.)

8. On the day of the examination the candidate will be expected to sign the following statement: "There have been no restrictions in my hospital privileges, or restrictions placed on any license I have to practice medicine in any country, since the date of my application." Candidates who are unable to sign this statement will not be admitted to the examination until and unless they present evidence that full and unrestricted privileges have been restored.

9. Practice that consists of ambulatory care exclusively will not be considered adequate to fulfill these requirements.

10. Candidates practicing in a country other than the United States or Canada must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

Limitations

Duration of Active Candidate status is limited. Candidates must pass the oral examination within 6 years of passing the written examination and may take the oral examination only three times. Time spent in Board-approved fellowship training is excluded from this 6-year limitation. If a candidate fails the oral examination three times, or fails to pass the oral examination within 6 years, the candidate becomes ineligible to repeat the oral examination at that time. The candidate must repeat and pass the written examination to become admissible to the oral examination again. There is no limit to the number of times the written examination and the 6-year cycle to pass the oral examination can be repeated.

Determination of Qualifications

The Board will require, usually by hospital inquiry, documented evidence concerning a candidate's professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and his/her conduct of practice is known.

Time spent as a resident in excess of that necessary to fulfill the requirements to take the written examination is not acceptable.

Time spent in a teaching or research appointment, which does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, will not be sufficient evidence of responsibility for patient care, i.e., acceptable to fulfill the requirement of "independent practice."

Each candidate will be required to furnish the Board with certain prescribed information to the extent permitted by the HIPAA Privacy Rule (see Appendix), concerning performance in practice (eg, maternal mortality rate, perinatal mortality rate, cesarean delivery rate, etc).

If a candidate is involved in litigation or investigation regarding practice activities, or ethical or moral issues, the individual will not be scheduled for examination, and the application will be
reexamined. The Board usually will defer such a decision for 1 year to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral, or professional misbehavior (see “Revocation of Diploma or Certificate”) may result in deferral of a candidate’s application for at least 3 years. The candidate must then meet all requirements in effect at the end of the deferred period.

Note: The completeness and accuracy of submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPPA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the oral examination.

With the exception of information required to be removed in order to “de-identify” the patient case list as further detailed in the Appendix, patient case lists that fail to provide the required information, or have not been prepared in the required format, or have insufficient numbers of patients, or are inadequately or incompletely prepared, or fail to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the oral examination.

Application for Examination in 2005

The form on which to apply to take the oral examinations administered in November and December 2005, and January 2006 and for an extra examination, if needed, must be obtained by writing to the Board office after November 1, 2004. The application, complete in all details, along with payment of the application fee, a copy of each current medical license with current expiration date, and two passport-sized (2 x 2 inches) photographs with the candidate’s signature across the front, must be received in the Board office on or before February 28, 2005.

Note: The application fee must accompany the oral examination application. Application fees sent prior to the mailing of an application are subject to a late charge. The deadline date for receipt of applications in the board office is February 28, 2005.

Late fees will apply for late or incomplete applications.

Admission to the Oral Examination

Applications will be accepted for early examinations for 225 candidates. These 225 candidates will be determined based upon a computerized random selection process. The Board will make the final decision concerning the applicant’s admission to the oral examination after considering all circumstances affecting the individual situation.

A candidate ruled admissible to the oral examination in November or December 2005 or January 2006, or for an extra examination, if needed, will be so notified in July 2005. On or before August 1, 2005, the candidate must submit:

a. Triplicate, typewritten, and verified lists of all patients dismissed from the candidate’s care in all hospitals during the 12 months preceding June 30, 2005, and a list of 40 patients (not more and not less) from the candidate’s office practice and a minimum of at least 20 obstetrical cases and 20 gynecological cases meeting the requirements as defined below. All case lists of hospital and office practice patients must be “de-identified” as required by the HIPAA Privacy Rule (see Appendix). Seven copies of the summary sheet also must be submitted. The candidate’s lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate.

and

b. Payment of the examination fee and late fee, if applicable, by personal check or money order in US funds.

Note: If, but only if, the list of all patients dismissed from the candidate’s care during this 12-month period does not achieve the minimum 20 obstetrical and 20 gynecological hospitalized and/or short-stay patients as defined below, a candidate may choose to submit either an additional list of all patients dismissed from the candidate’s care during the 6 months immediately prior to the 12-month period preceding June 30, 2004, or to submit patients from his/her senior year of residency to complete the list of 20 gynecological and/or 20 obstetrical cases. This will require the preparation and submission of separate patient case lists (one of 12 months duration and one of 6 months duration, and/or a case list from the senior year of residency) in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from all the case lists submitted. The minimum requirement of 20 obstetrical and 20 gynecological patients as defined below must be met. Any patients included on any case list submitted must be “de-identified” in accordance with the HIPAA Privacy Rule.

Patient Lists for the Oral Examination

Each candidate for the oral examination must prepare the following patient case lists for review by the examiners at the time of examination. The candidate’s patient case list will be freely used as a basis for questions that will be patient-management oriented. Questions will be developed which test the ability of the candidate to:

a. develop a diagnosis including the necessary clinical, laboratory, and diagnostic procedures;

b. select and apply proper treatment under elective and emergency conditions;

c. prevent, recognize, and manage complications; and

d. plan and direct follow-up and continuing care.

Carelessly prepared or incomplete case lists may contribute to failure to pass the oral examination. The ABOG offers a case list collection and reporting software package for the oral examination. E-mail caseslist@abog.org or phone 214 871-1619 for price and availability.

The candidate should bring a copy of the “de-identified” patient case list to the oral examination for personal reference. Information should not be included on this duplicate case list that did not appear on the case lists sent to the Board office.

All candidates must have an office and a hospital practice. Thus, case lists must consist of office practice plus hospitalized and day (short-stay) surgery patients in obstetrics and gynecology, or obstetrics alone, or gynecology alone. If a candidate practices both obstetrics and gynecology, case lists must be submitted in (1) office practice, (2) obstetrics, and (3) gynecology. Case lists limited to office practice and obstetrics or gynecology can be submitted only by those individuals who limit their practice to either gynecology or obstetrics. In this case, the appropriate and types of gynecological or obstetrical cases must be obtained from the resident’s chief residency year, as explained below. The candidate will be examined in all three areas. The case lists must have sufficient numbers and sufficient breadth and depth of clinical experience. All day surgery and hospitalized patients must be reported. The case list must include 40 office practice patients and a minimum of 20 hospitalized or short-stay gynecological and/or 20 hospitalized or short-stay obstetrical patients with significant problems, as defined below. If, but only if, a minimum of 40 such gynecological and obstetrical patients cannot be obtained during the 12-month period from July 1, 2004, through June 30, 2005, the candidate may submit a complete 18-month case list dating from January 1, 2004, through June 30, 2006, and/or submit a list of patients obtained from his/her senior year of residency. This will require the preparation and submission of separate patient case lists, in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from the 12-month and 6-month case lists, and/or a case list from his/her senior year of residency. The minimum requirement of 30 gynecological and 30 obstetrical patients...
will still apply. The clinical problems will vary according to the nature of the candidate's practice. The problems must be of sufficient variety and severity, however, to permit the evaluation of a candidate's ability to function as a consultant.

As mentioned above, a candidate may select gynecological and obstetrical cases from their senior residency experience case log to be added to their case list(s). Obstetrical and gynecological cases should be chosen from the senior residency experience case log, which will meet the requirements listed below and those on the list of appropriate categories. This will require that preparation of a case list in triplicate, with a separate summary sheet, plus three copies of a combined summary sheet, which includes the cases from the 12-month or 6-month and/or senior residency case lists.

For candidates who are in or have successfully completed a Board-approved fellowship and who are active candidates for certification, case lists must contain obstetrical and gynecological cases either from their practice and/or from their fellowship or senior residency case log. All day surgery and hospitalized patients must be reported, including all subspecialty patients. Moreover, the 40 non-office practice cases must represent the breadth and depth of obstetrics and gynecology and must be chosen from the categories listed under “Office Practice Categories” and “Gynecological Categories,” below. The candidate will be examined in all three areas, and for individuals with a practice limited to gynecologic oncology, maternal-fetal medicine, or reproductive endocrinology/infertility, they must select 20 cases in gynecology and/or 20 cases in obstetrics from their practice and/or from their fellowship or senior residency year that meet the criteria listed under “Gynecological and Obstetrical Categories.”

The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. Recording such professional responsibility implies that the candidate has personally controlled the medical and/or surgical management of each patient listed. In the case of partnership or group practice, the patients listed should be only those managed by the candidate.

The case list must be received in the Board office on or before August 2 preceding the oral examinations, but only after receipt of approval to submit the case list has been granted by the Board.

**Procedure**

A patient list should be accurately typed across unbound sheets of white paper 8.5 x 11 inches in size. The font must be no smaller than 10 point. The headings must conform in all details and provide the information requested. Three copies of the complete list must be submitted, as well as three copies of the summary sheet.

Standard nomenclature should be used. Only approved abbreviations (see “Acceptable Case List Abbreviations”) are acceptable. Only the English language will be accepted.

The triplicate lists of patients will not be returned to the candidate after the examination. The candidate should bring a copy of the case list supplied to the Board to the examination.

**1. Office Practice Patients**

The list of 40 patients (not more and not less) from the candidate's office practice should be prepared in the requested format. List separately patients who have presented with any of the following problems. List no more than two patients from any one category. Do not include any patients who appear on the hospital lists.

**Office Practice Categories**

1. Preventive Care and Health Maintenance
2. Counseling for Smoking Cessation and Treatment of Obesity
3. Counseling for Sexual Dysfunction
4. Contraception
5. Psychosomatic Problems
A minimum of 20 gynecological patients is required, and a candidate cannot count more than two patients from each of the categories listed below. For example, if a candidate has five patients who have had diagnostic laparoscopies, they all must be reported on the case list, but only two of the five will be counted as meeting the minimum requirement of twenty gynecological cases.

Group patients together under each separate category (1-30), then list the remaining patients who do not “fit into” categories 1 through 30.

**Gynecological Categories**
1. Abdominal Hysterectomy
2. Laparotomy (other than Tubal Sterilization)
3. Vaginal Hysterectomy (including Laparoscopically Assisted)
4. Diagnostic Laparoscopy
5. Operative Laparoscopy (Other than Tubal Sterilization)
6. Operative Hysteroscopy
7. Uterine Myomas
8. Defects in Pelvic Floor
9. Endometriosis
10. Tubal Sterilization
11. Invasive Carcinoma
12. Carcinoma in situ
13. Infertility Evaluation
14. Infertility Treatment
15. Urinary Incontinence
16. Urinary Incontinence (Surgical Treatment)
17. Ectopic Pregnancy
18. Pelvic Pain
19. Congenital Abnormalities of the Reproductive Tract
20. Pelvic Inflammatory Disease
21. Adnexal Problems excluding Ectopic Pregnancy and Pelvic Inflammatory Disease
22. Abnormal Uterine Bleeding
23. Vulvar Masses
24. Vulvar Ulcers
25. Adenomyosis
26. Postoperative Wound Complications
27. Postoperative Thrombophlebitis and/or Embolism
28. Postoperative Fever for Greater than 48 Hours
29. Rectovaginal or Urinary Tract Fistula
30. Culposcopy

If, but only if, a candidate cannot acquire the necessary 20 gynecological cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their fellowship or senior residency case list.

**Obstetrical Categories**
1. Breech and Other Fetal Malpresentations
2. Intrapartum Infection (Amnionitis)
3. Puerperal Infection
4. Third Trimester Bleeding
5. Multifetal Pregnancy
6. Cesarean Hysterectomy
7. Premature Rupture of Fetal Membranes at Term
8. Preterm Premature Rupture of Membranes
9. Preterm Delivery
10. Hypertensive Disorders of Pregnancy (Chronic Hypertension, Preeclampsia, Eclampsia)
11. Second Trimester Spontaneous Abortion
12. Cardiovascular and/or Pulmonary Diseases Complicating Pregnancy
13. Renal Diseases and/or Neurological Diseases Complicating Pregnancy
14. Hematological Disease and/or Endocrine Diseases Complicating Pregnancy
15. Infections Complicating Pregnancy
16. Postterm Pregnancy
17. Abnormal Fetal Growth
18. Vaginal Birth after Cesarean Delivery
19. Any Maternal Complication that Delayed Maternal Hospital Discharge by 48 or More Hours
20. Any Neonatal Complication that Delayed Neonatal Hospital Discharge by 48 Hours or More
21. Infections Complicated by Fetal Anomalies
22. Infections Complicated by Human Immunodeficiency Virus Infection (HIV)
23. Primary Cesarean Delivery
24. Repeat Cesarean Delivery
25. Inductions and/or Augmentations of Labor
26. Puerperal Hemorrhage
27. Readmission for Maternal Complication Up to 6 Weeks Postpartum
28. Readmission for Maternal Complication After 6 Weeks Postpartum
29. Perinatal Mortality
30. Maternal Death

If, but only if, a candidate cannot acquire the necessary 20 obstetrical cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their fellowship or senior residency case list.

The ABOG offers a case list collection and reporting software package for the oral examination (e-mail caselist@abog.org or phone 214 871-1619).

**Acceptable Case List Abbreviations**
A&P Repair Anterior and posterior colporrhaphy
Ab Abortion
AIDS Acquired immune deficiency syndrome
List of patients provided by the candidate is subject to independent verification and audit by an agent or employee of the Board. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

a. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;

b. authorizing access to such hospital or other institutional records as the Board deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate;

c. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to the release to the Board of information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

**Final Approval and Notification of Admission to the Oral Examination**

If the examination fee has been paid and the three copies of lists of patients have been submitted and received by August 1, 2005, and are approved by the Board, the candidate will receive an authorization for admission form and hotel reservation information at least 1 month prior to the examination, indicating the day, time, and place to report for the examination. Candidates are advised to keep the Board office informed of their current mailing address.

**Ruling Not Admissible**

A candidate not admitted to an oral examination may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the reapplication (see "Status").

If the candidate was disqualified because the case lists were judged insufficient for a comprehensive examination, the new case lists may be added to those previously submitted. Thus, the requirement of sufficient numbers, breadth, and depth in the case list makes time in practice the variable and experience the constant.

**Reexaminations and Postponement**

A candidate who is disqualified or postpones or fails to pass the oral examination must reapply by submitting a written request for a new application form and following the instructions listed in the applicable Bulletin.

**Oral Examination Fees**

Fees have been computed to cover the costs of examination and administrative expenses. They will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate's canceled check is to be considered the receipt.

The application fee must be enclosed with each application to take the oral examination. A candidate notified in July of admissibility to the oral examination in November, December, January, or February is required to pay the examination fee before being scheduled to take the oral examination. If the examination fee and case list have not been received in the Board office on or before August 1 or if these items, including the late fee, have not been received in the Board office before August 19, the candidate will not be scheduled to take the examination in November, December, January, or at another date, if an extra examination is needed. No application fees will be credited against a future application or refunded.

Examination fees may be refunded provided candidates inform the Board office in writing of their inability to sit for the examination prior to September 20.

**Dates, Deadlines, Fees, and Late Fees for Oral Examination (Does not pertain to the Accelerated Oral Examination)**

**November 1, 2004**

- Request application
- Deadline for receipt—February 28, 2005
- Application, current medical license, two 2x2 photographs, plus application fee ($740)
1. Consequences of License Revocation, Restriction, or Surrender
   a. Upon receipt of notice that the license of a physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification has been revoked or restricted, as herein defined, the physician shall be disqualified from sitting for any ABOG Certification Examination until such restriction has been removed or expires.

   b. Upon receipt of notice that a diplomate's license has been revoked or restricted, as herein defined, the Board has the authority and may, at its discretion, undertake proceedings, consistent with due process, to revoke his/her diplomate status. Once revoked, the diplomate status of the physician shall be reinstated only after the revocation or restriction on his/her license has been removed or expires and then only on such terms as the Board deems appropriate, considering, among others things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and his/her specialty.

   c. Upon receipt of notice that the license of a candidate or diplomate has been revoked or restricted under an order which nevertheless permits him/her to continue to practice medicine, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for initial Certification, Recertification, or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board must evaluate such restrictions or revocations in accordance with preestablished standards, which are objective and nondiscriminatory and are applied consistently and uniformly.

   d. The Board shall require each diplomate or any physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification to provide the Board with complete information concerning revocation or any and all restrictions placed on his/her license within 60 days after its imposition. Such information shall include, but not be limited to, the identity of the state medical board imposing the restriction, as well as the restriction's duration, basis, and specific terms and conditions. The Board shall also periodically review the database of the Federation of State Medical Boards, as appropriate and when available, to identify any candidates or diplomates who have failed to disclose license restrictions in a timely manner. However, the candidate or diplomate has the affirmative obligation to advise the Board of such restrictions or revocations and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or diplomates who are discovered not to have made timely disclosure shall be required to show cause why their candidate or diplomate status should not be withdrawn, deferred, or otherwise sanctioned and the Board may defer further consideration or rein-
statement of diplomat status until such showing is satisfactorily made.

3. Each candidate, when making application, signs an agreement regarding disqualification or revocation of his/her diploma, certificate, or other evidence of qualification for cause. Revocation may occur whenever:
   a. the physician shall not in fact have been eligible to receive the diploma or certificate, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
   b. any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his/her diploma or certificate;
   c. the physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the diplomate is practicing and, without limitation of the foregoing, the forfeiture, revocation, or suspension of their license to practice medicine, or the expulsion from or suspension from the rights and privileges of membership in a local, regional, or national organization of their professional peers shall be evidence of a violation of such standards of the ethical practice of medicine;
   d. the physician shall fail to comply with the rules and regulations of this Board;
   e. the issuance of or receipt of such diploma, certificate, or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board;
   f. the physician shall have violated any of the "The Ethical Considerations in the Practice of Obstetrics and Gynecology" currently published by the American College of Obstetricians and Gynecologists and adhered to by the Board.

Upon revocation of any diploma or certificate by this Board as aforesaid, the holder shall return his/her diploma or certificate and other evidence of qualification to the executive director of the Board and his/her name shall be removed from the list of certified specialists.

**Appeals**

Appeals from any action of the Board may be initiated by writing to the executive director within 90 days of notification of the action which is being appealed.

**Other Considerations**

**Governmental Services**

1. Residency Experience
   An applicant, under orders in a hospital conducted by governmental authority, may be credited with time in residency only if that hospital is conducting a residency program in obstetrics-gynecology accredited by the ACGME or by the CRCPS.

2. Time-in-practice Requirement
   A candidate for the oral examination may receive time-in-practice credit for time in government service:
   a. with verification of the duration of active duty;
   b. when practice has involved chiefly the care of obstetrical and gynecological patients;
   c. when the Board has received favorable reports of the candidate's professional activities while in service.

   If a candidate for the oral examination has fulfilled a portion of the required obstetrical and gynecological practice as a civilian before entering governmental service, the remainder of the time needed to fulfill the requirement may be made in governmental service.

**Emergency Care and Limitation of Practice**

Physicians who assume responsibility for the health of male patients for operative or other care will not be regarded as specialists in obstetrics, gynecology, and women's health, except as this practice is related to governmental services, investigation and management of an infertility problem, diagnosis and treatment of sexually transmitted diseases, provision of family planning services, or care in an emergency. Candidates for certification may, when necessary, participate in general emergency care. What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and, to some extent, what is customary in local practices. As a rule, the privileges granted physicians in the practice of obstetrics, gynecology, and women's health in any hospital are the prerogative of that hospital, not of this Board.

**Certification in Critical Care**

On September 18, 1985, the ABOG, Inc was authorized to issue certificates in obstetrics and gynecology with added qualification in critical care. The purpose of certifying in critical care is to recognize those obstetricians/gynecologists who through added education and examination have demonstrated added knowledge and skill in the care of critically ill patients.

An individual who meets the requirements will be issued a certificate in obstetrics and gynecology with added qualification in critical care by the ABOG, Inc. Certificates will bear a date limiting their initial validity to 6 years. A program for renewal certificates will be established.

**Requirements**

The following qualifications are required for applicants for certification.

1. Certified diplomate of the American Board of Obstetrics and Gynecology, Inc.
2. Good standing with the Board.
3. Satisfactory completion of education in critical care of no less than 12 months' full-time duration. This education must be in a program fulfilling the requirements of the American Board of Surgery for surgical critical care or the requirements of the American Board of Anesthesiology for critical care medicine. These requirements also must be acceptable to the ABOG, Inc.
4. The credentials and training of the candidate must be approved by the ABOG, Inc prior to admission to the examinations in surgical critical care or critical care medicine. Applications must be received at least 6 months prior to the date of the examination.
5. Successful completion of the examination in surgical critical care administered by the American Board of Surgery or the examination in critical care medicine administered by the American Board of Anesthesiology.

**Application Procedure**

1. A candidate intending to make application for certification of added qualification in critical care must notify the Board office at least 6 months prior to the anticipated start of education in critical care. This letter of intent must be accompanied by a nonrefundable registration fee of $415.
2. The Board office of the ABOG must receive an affidavit from the program director of the critical care program attesting to the candidate's satisfactory completion of the program.
3. Application for certification in critical care must be made at least 6 months prior to the date of examination. The application fee is $425 and must accompany the application.

4. The examination may be taken at the conclusion of the education in critical care contingent upon availability of examination by either the American Board of Surgery or the American Board of Anesthesiology, but the examination must be from the Board that approved the fellowship program where the candidate received education.

5. The Surgery or Anesthesia Board must submit a statement on behalf of the candidate indicating that the candidate is in good standing with the Board.

6. Time spent in a critical care fellowship cannot be used to meet the practice requirements for eligibility to take the principal oral examination in obstetrics and gynecology.

7. All respondents should make application to the executive director of the ABOG, Inc.

A Word of Caution

All correspondence should be sent by a service (such as FedEx, UPS, or USPS) that has tracking capability. This is for your use for tracking and verifying the receipt of correspondence, applications, and fees sent to ABOG.

Please note that deadlines set by the ABOG are based upon receipt of the information in the Board office. This is too important for candidates not to have a tracking mechanism!

Appendix

“De-identification” of Patient Case Lists

General. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services has issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions on which health care providers can make available “individually identifiable health information.” Under the HIPAA Privacy Rule, candidates would have to obtain the “prior written knowledgeable consent” of their patients before they could release any information concerning those patients that would permit them to be individually identified. The HIPAA Privacy Rule does, however, permit the release of patient information if the information released does not permit the patient to be individually identified.

The ABOG has determined that it would be substantially impossible for candidates seeking certification to obtain prior written knowledgeable consent from all patients who might be included on the patient case lists that the Board requires for its oral examinations. Accordingly, the patient lists that candidates are required to submit for their oral examinations must be “de-identified,” that is, candidates must exclude from the records they submit to the Board such information as could permit the identification of the patient.

Requirements. The HIPAA Privacy Rule specifically enumerates the categories of information that must be removed from patient case lists in order for such case lists to be “de-identified” and thereby become available for submission to the Board.

1. Section 164.514(a) provides, in pertinent part, as follows:

   “Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.” [Emphasis added]

2. Section 164.514(b) provides that:

   “A covered entity (physician/candidate) may determine that health information is not individually identifiable health information only if: **The following identifiers of the individual or

of relatives, employers or household members of the individual are removed:

a. Names

b. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the currently publicly available data from the Bureau of the Census:

   (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and

   (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

d. Telephone numbers;

e. Fax numbers;

f. Electronic mail addresses;

g. Social Security numbers;

h. Medical record numbers;

i. Health plan beneficiary numbers;

j. Account numbers;

k. Certificate/license numbers;

l. Vehicle identifiers and serial numbers, including license plate numbers;

m. Device identifiers and serial numbers;

n. Web Universal Resource Locators (URLs);

o. Internet Protocol (IP) and address numbers;

p. Biometric identifiers, including finger and voice prints;

q. Full face photographic images and any comparable images; and

r. Any other unique identifying number, characteristic, or codes; except as permitted by paragraph (C) of this Section.

This means that Candidates, when preparing the patient case lists required by the Board, should not include any of the information specified in Items (a) through (r) above.

3. Finally, Section 164.51 4(b)(2)(i) & (ii) stipulates that patient information can only be provided to the Board if the “covered entity (physician/candidate) does not have actual knowledge that the information (provided to the Board in the patient case lists) could be used alone or in combination with other information to identify an individual who is the subject of the information.”

Warning

The de-identification of patient case lists does not sanction the omission of any cases involving patients under the candidate's care that are otherwise required to be reported. The completeness of the candidate's case list is subject to audit, and the Board has identified and implemented various audit procedures that are consistent with the HIPAA privacy rule. Any effort to use the HIPAA privacy rule to mislead the Board as to the breadth and depth of the candidate's practice, the numbers of patients, or the outcome of their treatment will subject the candidate to disqualification from examination and other discipline as appropriate.
American Board of Ophthalmology

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Governing Rules and Regulations

The Board's Rules and Regulations, which are subject to change from time to time without notice, contain specific provisions concerning eligibility for the examinations administered by the Board; an admission appeals process, which is available under certain circumstances; the application process; the examination processes (initial and renewal); a description of the circumstances under which candidates will be required to reactivate an existing application, or submit a new application, or repeat an examination; a list of occurrences that could lead the Board to revoke a certificate previously issued by it to a diplomat or to place the diplomat on probation; and other matters relating to the Board's examination and certification/maintenance of certification processes. Many, but not all, of those provisions are summarized or described in this document. In the event of any inconsistency between the Board's Rules and Regulations and this document, or any omission from this document of any provision of the Rules and Regulations, the Rules and Regulations shall govern. Copies of the Rules and Regulations are available upon request from the Board's Executive Office.

Certification Requirements

Many physicians write to the Board outlining their training and asking for an estimate of their qualifications and whether further training is required. The Board's requirements, as published herewith, provide this information, and any potential candidate should be able to determine his/her status after studying these requirements. Individual officers or directors of the Board cannot and will not make such determinations. All evaluations of an applicant's status will be made by the Committee on Admissions in accordance with the rules and regulations of the Board, after submission of an application for examination and payment of the registration fee, which must accompany the application.

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an ophthalmologist. The Board does not assume responsibility for notifying a candidate of changing requirements or the impending loss of his/her eligibility to take an examination.

Educational Requirements

All applicants must have graduated from an allopathic or osteopathic medical school.

All applicants, both graduates of allopathic or osteopathic medical schools, entering ophthalmology training programs must have completed a postgraduate clinical year (PG-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada. The PG-1 year must be composed of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, 6 months of this year must consist of a broad experience in direct patient care. It is a requirement of the Board that the program chair ascertain that an individual has completed an accredited PG-1 year in the United States or in Canada prior to the start of the ophthalmology residency.

In addition to a PG-1 year, all applicants must have satisfactorily completed an entire formal graduated residency training program in ophthalmology of at least 36 months duration (PG-4 or better) in either the United States accredited by the ACGME, or in Canada accredited by the Royal College of Physicians and Surgeons of Canada. No other training, including any form of fellowship, is acceptable.

The applicant's chair is required to verify satisfactory completion of an entire formal graduated ophthalmology residency training program in medical and surgical care of at least 36 months' duration.

When a resident's training has been gained in more than one residency program, an interim evaluation must be completed by the first program. The first program may not be able to verify all competencies. It is the responsibility of the second program to obtain the interim evaluation from the first program. The second program, in its Satisfactory Completion document, must evaluate all competencies, taking into account any deficiencies noted in the interim evaluation by the preceding program(s).

Less than 6 months' service in an accredited program is not acceptable as a part of the required training in ophthalmology. The chair's verification form(s) cannot be submitted to the Board until the applicant has completed the entire residency training program.

If a program is disapproved or withdrawn during the course of a resident's training, he/she must complete the remaining required number of months of training in another accredited program.

Only those applicants who have completed their PGY-1 and entire ophthalmology training program, PGY-4 or beyond, by August 1 are eligible to apply for the Written Qualifying Examination given in the spring of the following year.

Licensure

Graduates of United States and Canadian Medical Schools

A person shall be eligible to apply for and to take any examination administered by the Board only if, as of the date of application and at all times throughout certification, the person has a valid and unrestricted license to practice medicine in the United States, its territories, or Canadian provinces in which the person's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an expired license. The applicant must notify the Board of any action taken by a State Medical Board within 60 days of such action. The
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definitions of restricted license and the exceptions to these definitions are described in the Board’s Rules and Regulations. Individuals in the military will meet the valid and unrestricted licensing condition if they are on full time active duty as a physician at a military installation in any branch of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual’s commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents. Information concerning the Board’s Rules and Regulations with respect to definitions of an invalid or restricted license is available upon request from the Board’s Executive Office.

Other Medical Graduates

An applicant may have graduated from a medical school of a country other than the United States or Canada. Graduates of international medical schools must have a valid and unrestricted license to practice medicine (as defined above and in the Rules and Regulations of the Board); they are also required to have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

Applications

An applicant who wishes to be examined by the Board shall complete, sign, and file with the executive director an application on the official form then in use by the Board. The application shall be considered complete only when all supporting data required by the application, including the chair’s verification form, are also filed with the executive director. Applications can be obtained from the chairs of accredited residency programs or from the office of the Board and from the ABO Web site at www.abop.org.

Written Examination Deadline

If an applicant wishes to be considered for a Written Qualifying Examination to be conducted in a particular year, his/her application and all supporting data, including supporting data furnished directly by others with respect to the applicant, must be postmarked between March 1 and August 1, except for the chair’s verification form which must be postmarked on or before October 1 of the calendar year immediately preceding the calendar year in which the Written Qualifying Examination is to be conducted. By paying a late fee the deadline for postmarking the completed application may be extended from August 1 to September 1. No other exceptions to, or extensions of, these requirements will be made for any reason. The dates of future examinations can be found on the Internet at www.abop.org.

An applicant who does not receive notification from the Board office by January 15 of the acceptance or rejection of his/her application must contact the Board office in writing to inquire about the status of the application. Failure to contact the Board office in writing by February 15 will result in such applicant’s removal from the examination roster.

If a completed application and all required supporting data and application fee are not timely postmarked, the application will not be valid and the application fee shall be returned. It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked by others with respect to the applicant, must be postmarked between March 1 and August 1, except for the chair’s verification form which must be postmarked on or before October 1 of the calendar year immediately preceding the calendar year in which the Written Qualifying Examination is to be conducted. By paying a late fee the deadline for postmarking the completed application may be extended from August 1 to September 1. No other exceptions to, or extensions of, these requirements will be made for any reason. The dates of future examinations can be found on the Internet at www.abop.org.

An applicant who does not receive notification from the Board office by January 15 of the acceptance or rejection of his/her application must contact the Board office in writing to inquire about the status of the application. Failure to contact the Board office in writing by February 15 will result in such applicant’s removal from the examination roster.

If a completed application and all required supporting data are not timely postmarked, the application will not be valid and the application fee shall be returned. It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. Caution: If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

The application shall be accompanied by a check payable to the Board for the application fee. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees. No application will be considered to be complete until the fee and all required supporting data, including a copy of current registration to practice medicine and two recent photographs for identification at the Written Qualifying Examination and the Oral Examination, have been received by the executive director.

The application form contains a pledge that explains the prohibitions regarding improper conduct before, during, and after examinations. Candidates must certify that the information they provide in their applications is true and accurate. If (1) any misrepresentation is discovered in the application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examinations, (2) any financial or other benefit is offered to a candidate by any director, officer, employee, proctor, or other agent or representative of the Board in order to obtain a right, privilege, or benefit not usually granted by the Board to similarly situated candidates, or (3) any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of answer sheets, or otherwise, the candidate in question shall be given written notice of the charges and an opportunity to respond in accordance with the procedures set forth in the Rules and Regulations of the Board. If the Board determines that a violation has occurred, the Board may permanently bar the person(s) involved in the violation from all future examinations, invalidate the results of prior examinations taken by the person(s), withhold or revoke the certificate of the person(s), or take other appropriate action. If sanctions are imposed pursuant to the Rules and Regulations of the Board, the Board may notify legitimately interested third parties of its action.

When the Board determines that irregular behavior has occurred during an examination, the Board will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. Nevertheless, in some instances the evidence of irregularity, though sufficiently strong to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

The examination booklets used in the Written Qualifying Examination and the illustrative materials and questions asked in the Oral Examination are copyrighted as the sole property of the Board and must not be removed by the candidate from the test area or reproduced in any way. Any reproduction, in whole or in part, of the Written test booklet or Oral Examination materials and questions is a federal offense and also may subject the candidate to the sanctions listed above. No notes, textbooks, other reference materials, scratch paper, or recording devices may be taken into either the Written or the Oral Examinations.

Written Qualifying Examination

In order to qualify for an Oral Examination, each candidate must pass a Written Qualifying Examination. The Written Qualifying Examination consists of 250 multiple-choice questions. The purpose of the Written Qualifying Examination is to evaluate the breadth and depth of the basic science and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology. Candidates who successfully complete the Written Qualifying Examination are further evaluated in an Oral Examination.
Aspects of the Candidate's Ability That Are Tested:
• recall of information
• understanding and application of basic knowledge
• relation of pathogenesis to disease process
• evaluation of clinical data
• utilization of diagnostic and therapeutic procedures
• anticipation and recognition of complications
• ethics of ophthalmic practice

Topics Covered Include:
1. optics, visual physiology, and correction of refractive errors
2. retina, vitreous, and macula
3. neuro-ophthalmology
4. pediatric ophthalmology
5. external disease and cornea
6. glaucoma, cataract, and anterior segment
7. plastic surgery and orbital diseases
8. ophthalmic pathology

The Written Qualifying Examination is given simultaneously in designated cities in the United States in the spring of each year.

Oral Examination
Upon successful completion of the Written Qualifying Examination, candidates will be sent specific instructions for registration for the Oral Examination. The Oral Examination is designed to simulate how candidates care for patients in a clinical setting. Candidates are assessed with regard to their ability to incorporate the cognitive knowledge demonstrated in the Written Examination with judgment on caring for a patient.

A check payable to the Board for the amount then in effect for the Oral Examination must accompany the completed registration form and be forwarded to the Board office within the appropriate time frame. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees.

Information about the examination procedures and scheduling is sent to all candidates after they have been registered for the Oral Examination.

Oral Examination Schedule
It has been the custom of the Board to hold two oral examinations a year with candidates who have passed the Spring Written Qualifying Examination. These candidates are assigned either to a group taking the Oral Examinations in the fall of that year or to a group taking the Oral Examinations in the spring of the following year.

Candidates who pass the April 2005 Written Qualifying Examination will be assigned to either the Fall 2005 oral or the Spring 2006 oral. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined.

Oral Examination Subjects
The Oral Examination will cover the subjects listed and described in the following paragraphs. A candidate is presented with a series of props, each of which represents one patient or clinical situation, and is asked to identify how he/she would care for that patient. The examiner assesses a candidate’s ability to demonstrate patient care skills in the following areas:

I. Data Acquisition
Recognition by the candidate of depicted abnormalities and diseases that affect the eye, ocular adnexa, and the visual pathways. Candidates will be asked for historical information and examination data that might be obtained on a patient with a particular condition depicted or described.

II. Diagnosis
The ability of candidates to synthesize historical and physical evaluation information, along with the appropriate laboratory data, to arrive at correct diagnoses and differential diagnoses.

III. Treatment
Candidates will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the conditions depicted or described and be able to discuss the prognosis and/or therapeutic complications for the particular condition.

The oral examination is a timed examination and requires candidates to "care for" a series of patients. All examinations are given by appointment within a half-day period. The half-day period is divided into six examinations to allow multiple examiners to assess the candidate's patient care ability. The pooled group of examiners is referred to as a panel.

Scope of the Examination
The oral examination includes clinical scenarios representative of developmental, dystrophic, degenerative, inflammatory, infectious, toxic, traumatic, neoplastic, and vascular diseases affecting the eye and its surrounding structures, including but not limited to the following information:

Candidates should be familiar with the basic principles of physical and geometrical optics and the operation of standard optical instruments. They should understand the essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, and color vision. They should know the various forms of ametropia, principles and techniques of refraction, principles of lens design, and methods of correction of ametropia including spectacles, contact lenses, intraocular lenses, and keratorefractive surgery.

Candidates should be familiar with the methods for prescribing protective lenses, absorptive lenses, and aids for low vision.

Candidates should be familiar with diseases affecting the eye of infants and children and associated systemic abnormalities. Candidates should understand the anatomy, pathology, and physiology of the neuro-muscular mechanisms subserving ocular motility and binocular vision.

Candidates should be familiar with the methods of examination for detection and assessment of sensory and ocular motor disorders. They should also know the clinical features, differential diagnosis, natural course, and management of the various types of constant and noncomitant deviations. They should be familiar with the principles and complications of surgery upon the extraocular muscles.

Candidates should know the anatomy of the orbit and the neuro-anatomy of the afferent and efferent visual systems. They should understand the principles and techniques of various diagnostic procedures and be able to interpret visual field testing, visually evoked responses, ultrasonography, conventional X-ray imaging, CT scanning, and magnetic resonance imaging.

Candidates should be familiar with the clinical features, pathology, differential diagnosis, and management of disorders of the orbit, visual pathways, oculomotion system, and pupillomotor pathways, including the indications for, principles of, and complications of orbital surgery.

Candidates should understand the anatomy, embryology, physiology, and pathology of the structures comprising the lacrimal system, lids, cornea, conjunctiva, and sclera. They will be expected to discuss conditions affecting these structures and provide an appropriate differential diagnosis.

Candidates should also be able to describe and discuss medical and surgical treatment for diseases and abnormalities involving...
these tissues, including indications for and complications of surgery.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the cornea, anterior chamber angle, iris, ciliary body, and lens. Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the vitreous, retina, choroid, and posterior sclera. Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates are expected to discuss medical ethics and professionalism in the care of ophthalmological patients. Candidates are expected to demonstrate judgment pertaining to other aspects of patient care including: ethics/professionalism (such as informed consent, commercial relationships, delegation of authority, communications to the public, surrogacy/autonomy issues, unnecessary surgery); medical error/patient safety; patient regulatory rules; and interaction with other disciplines (such as primary care physicians, pathologists), in discerning appropriate patient care.

Reactivation Procedure

In order to reactivate an application the following actions must be completed by the postmarked August 1 registration deadline:

• file a new application
• remit the current fee
• submit a copy of a current valid and unrestricted license to practice medicine in the United States, its territories, or a Canadian province
• provide letters of endorsement from two American Board of Ophthalmology-certified ophthalmologists in the community in which the applicant practices

Certification

A candidate who successfully passes both the Written Qualifying and Oral Examinations within the required time limitations herein above set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his/her qualifications by the Board. Physicians who have received the certificate are diplomates of the Board.

Duration of Certification

Certificates issued by the Board after July 1, 1992, are valid for a period of 10 years. Thereafter, a diplomate will be required to satisfactorily complete a designated renewal program every 10 years in order to extend the validity of his/her certificate. Certificates issued prior to July 1, 1992, are valid during the diplomate's lifetime. Diplomates who hold a lifetime certificate are also eligible to participate in the maintenance of certification process.

Maintenance of Certification

Background

The American Board of Ophthalmology's Maintenance of Certification (MOC) replaces the current recertification process. It includes elements that promote a commitment to lifelong learning and practice improvement.

The Board's MOC process was developed according to standards established by the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 medical specialty boards. Maintenance of Certification focuses on six general competencies integral to quality care:

• patient care
• medical knowledge
• practice-based learning and improvement
• interpersonal and communication skills
• professionalism
• systems-based practice

These competencies were identified jointly by the ABMS and the ACGME in an effort to define the skills and information necessary for a physician to deliver high quality patient care. MOC evaluates the competencies through the following four basic components.

1. Evidence of Professional Standing
2. Evaluation of Practice Performance
3. Evidence of a Commitment to Lifelong Learning and Self-Assessment
4. Evidence of Cognitive Expertise

Time-limited Certificates

Certificates issued in 1992 and thereafter are valid for a period of 10 years and expire December 31 of the tenth year. Thereafter, a diplomate is required to satisfactorily participate in the MOC process in order to extend the validity of his/her certificate. Certificates issued prior to July 1, 1992, are valid during the diplomate's lifetime. Diplomates who hold a life-time certificate are also encouraged to participate in the MOC process, however, passing or
failing the process does not affect the status of their original certificate.

**MOC Components**

MOC evaluates the competencies through the four basic components detailed below.

1. Evidence of Professional Standing

   As of the date of application and at all times throughout certification the diplomate must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories, or Canadian province in which the applicant's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an unexpired license. A diplomate must notify the Board of any action taken by a State Medical Board within 60 days of such action. The definitions of restricted licensure and the exceptions to these definitions are described in the Board's Rules and Regulations.

**Individuals in the Military**

   Individuals in the military will meet the valid and unrestricted licensing condition if they are on full-time active duty as a physician at an installation of the United States Armed Services and has an unexpired license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

**Individuals Practicing Outside the United States, Its Territories, or Canadian Province**

   Ophthalmologists practicing outside of the United States, its territories, or Canadian province and who wish to undergo maintenance of certification when it is due states that applicants must:

   - maintain a current valid and unrestricted license to practice medicine in the United States, its territories, or Canadian province as of the date of application and at all times throughout the renewal process; and
   - submit to the Board at the time of application a current valid medical license in the jurisdiction in which they currently practice.

2. Evaluation of Practice Performance

   The Office Record Review (ORR) is a self-review of clinical practice. The ORR consists of 32 ophthalmic diagnoses with specific definitions and timeframe requirement (ORR modules). An example of an ORR module definition and timeframe requirement is: Myopia: a new adult patient who presents with myopia, seen by you at least once in the past 12 months.

   ORR modules encompass the standards of care and practice patterns related to the specific diagnosis and assess the quality of practice through verification of the documentation of appropriate measurements, diagnosis, management, and follow-up. To complete the ORR, diplomates select three ORR modules. For each of the three ORR modules selected, the diplomate finds five patient records that correspond to the module's definition and timeframe requirement. Diplomates will review 15 of their patient records in all.

   Currently, ORR is a paper and pencil take-home review. In 2006, ORR will be available online. ORR must be completed once during the MOC cycle.

3. Evidence of a Commitment to Lifelong Learning and Self-Assessment

   **Part A. Continuing Medical Education (CME)**

   Diplomates must obtain an average of 30 Category 1 CME credits per year from an Accreditation Council for Continuing Medical Education (ACMCE)-approved organization as of the date of certification and throughout the 10-year MOC cycle. Three CME credits must be in ethics and at least 80% of the Category 1 CME credits must be relevant to the practice of ophthalmology.

   Ultimately, a diplomate must submit a total of 30 credits multiplied by the year he/she is planning to sit for the cognitive examination as a requirement for registration. For example, a diplomate registers for the cognitive exam in the first year they are eligible, year 8: 8 X 30 = 240 credits due with registration. However, during the transition from recertification to MOC, diplomates who do not have the required number of CME when they register for the DOCK must submit a total of 300 CME by the December 31 expiration date of their current certificate.

**Ethics CME Requirement**

   Three credit hours must be in ethics. The Board's ethics requirement is designed to encourage ophthalmologists to recognize and resolve the ethical dilemmas that arise which directly impact patient care. While there are no specific guidelines regarding courses that satisfy the ethics requirement, the course should contain the word "ethics" in the title or be designated as ethics by the sponsoring organization.

   Ethics courses can be found through various institutions, such as bioethics departments of many universities, community hospitals, and medical centers. The American Academy of Ophthalmology (AAO) also has an active ethics program which offers courses at its annual meeting and has on-line ethics courses at www.aao.org.

   Please note, even if an ACCME-sponsored organization designates a specific course as ethics, the Board reserves the right to accept or reject any course submitted as ethics based on course content. Diplomates can submit documentation on the content of CME courses to the Board office for further review as ethics.

**Part B. Periodic Ophthalmic Review Tests (PORT)**

   The PORT is a series of 50-item, Web-based self-review tests in core ophthalmic knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and areas of practice emphasis.

   Ultimately, all diplomates will be required to complete two PORTs during the MOC cycle: one in core ophthalmic knowledge and one in a practice emphasis area of choice, as listed below. However, while the Board transitions from recertification to maintenance of certification, the requirements are slightly different for each group of diplomates.

   - General Ophthalmology
   - Cataract/Anterior Segment
   - Cornea/External Disease
   - Glaucoma
   - Neuro-ophthalmology and Orbit
   - Oculoplastics and Orbit
   - Pediatric Ophthalmology/Strabismus
   - Retina/Vitreous
   - Refractive Management/Intervention
   - Uveitis

   There will be three versions of each PORT and there is no limit to the number done each year. An overall score of 80% is required to pass each PORT. Feedback to missed items will be provided in the form of literature sources from which the PORTs are derived. The 50 items will be predominantly of the 4-part multiple choice design. A percentage of PORT questions will appear on the cognitive exam (DOCK).

   The PORT will be available through the ABO Web site beginning in January 2006. Eligible diplomates will register for and complete the PORT online and will receive instant feedback. PORT must be completed once during the MOC cycle.

4. Evidence of Cognitive Expertise

   **Demonstration of Ophthalmic Cognitive Knowledge (DOCK)**

   The Demonstration of Ophthalmic Cognitive Knowledge (DOCK) is a secure, proctored, 150-item examination administered at over 250 computerized testing centers for a period of 1 month each year in...
September. DOCK consists of one 50-item module on core ophthalmic knowledge and two 50-item modules drawn from the following practice emphasis areas:

- General Ophthalmology
- Cornea/External Disease
- Neuro-ophthalmology and Orbit
- Pediatric Ophthalmology/Strabismus
- Refractive Management/Intervention
- Cataract/Anterior Segment
- Glaucoma
- Oculoplastics and Orbit
- Retina/Vitreous
- Uveitis

Diplomates can select two of the same practice emphasis areas or two different practice emphasis areas. However, while two modules are available for most practice emphasis areas, some topics will have only one available module. Other areas to be covered in the DOCK include patient safety, environment of medical practice, and ethics. Diplomates for MOC will be required to achieve an overall passing grade based on the combined grades of all three modules.

The DOCK will be offered for the first time in September 2006. Diplomates certified prior to 1998 can complete a pencil and paper application in 2005 to sit for the 2006 DOCK. Beginning in 2006, all eligible diplomates will be able to apply for the DOCK from January-April 1 of each year.

Timeframe and Transition
The ABO MOC process is designed to be completed over the 10-year certification cycle. Ultimately, each component will be completed in a specific timeframe: ORS in years 3-4, PORT in years 5-7, and DOCK in years 8-10. However, in order to transition from recertification to MOC, requirements and timeframes will be slightly different for each group of diplomates. Charts illustrating the requirements and timeframe for all diplomates according to the year they were certified or recertified can be found on the ABO Web site, www.abop.org.

Diplomates who hold timelimited certificates and who have not recertified or diplomates certified prior to 1992 who hold lifetime certificates can apply for MOC during the scheduled application periods and complete the MOC components as they are offered.

Failure to Adhere to Timeframe
Diplomates who fail to take components within the specified timeframe will incur a financial penalty and risk exceeding the 10-year time limit and, therefore, loss of board certification.

Failure to Pass MOC Components
All MOC components can be repeated as often as necessary during the designated years until the MOC process is successfully completed. Repeat examinations or reviews are subject to re-registration fees.

Board Policies
Applicant Disclosure Obligations
At the time a person submits an application to the Board and at all times thereafter, the person shall have a continuing obligation to disclose promptly to the Board the existence or occurrence of any circumstances causing the person to fail to satisfy the foregoing condition of eligibility to apply for and take any examination administered by the Board. A person submitting an application to the Board shall inform the Board on, or in a written submission accompanying, the person’s application or in a written submission to the Board before taking any examination administered by the Board, as the case may be, if the person’s license to practice medicine in the United States, its territories, or Canadian province has previously been surrendered or not renewed upon its expiration or if the person’s practice of medicine or license to practice medicine in the United States, its territories, or Canadian province has previously been revoked, restricted, conditioned, suspended, limited, qualified, or subject to the terms of probation.

Disabilities
The American Board of Ophthalmology complies with the Americans with Disabilities Act (ADA) to mitigate the effects of disability on the testing activity. To accommodate individuals with disabilities the Board will make reasonable modifications to its examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the Board examinations are intended to test. A candidate for Board certification/maintenance of certification who believes that he or she is disabled within the meaning of the ADA, and who requests an examination under nonstandard conditions, shall specify on (or in a supplement submitted with) the application form the existence, the specific nature, and the extent of his/her disability and the specific modification requested. The candidate shall also submit either with the timely filed application, or no later than 30 days after the deadline for applying for a particular examination, all independent documentary evidence substantiating the individual’s disabilities.

Documentation includes, but is not limited to:

- Name, address, telephone number, and qualifications of each expert who provides a report documenting the individual’s disabilities.
- Dates and locations of all assessments performed and included in the documentation.
- Copies of evaluation reports with scores or ratings for each standard instrument or assessment method used. The Board requires that this documentation be no more than 3 years old.
- A full description of any nonstandard instruments and assessment methods used to determine the disabilities and diagnoses.
- Any diagnoses of the individual’s disabilities using standard nomenclature, as, International Classification of Diseases (ICD), American Psychiatric Association Diagnostic and Statistical Manual (DSM).
- A description of the individual’s functional limitations due to any disabilities.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

The ABO will verify the documentation of the disability and reserves the right to have the individual independently evaluated at its own expense.

Examination Fees
Applications shall be accompanied by a check payable to the Board for the application fee then in effect. The ABO also accepts Visa and MasterCard as payment for all Board fees.

The fees for examinations shall be established annually by the Board of Directors on the basis of the actual and anticipated costs of the Board in the examination of candidates and the administration of its business. The directors of the Board serve without compensation except for reimbursement of expenses.

To find out the current fees for the Board examinations, contact the Board office or visit the Board Web site at www.abop.org.

Mailing Procedures
It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. Caution: If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

American Board of Ophthalmology
Refund Policy
When a candidate registers for an examination, significant costs are incurred by the American Board of Ophthalmology. Therefore, to keep costs down for all candidates, fees for examinations are non-refundable, regardless of the reason. However, in case of cancellation, 50% of the examination fee will be applied to the subsequent examination, if taken within the 2-year time limit for an active application. In addition, all application fees include a $300 non-refundable administrative fee.

Cancellation of Examination
If the American Board of Ophthalmology is unable to administer or complete the administration of a Written or Oral Examination at the scheduled date, time, and location due to circumstances beyond the Board’s control, the examination may be cancelled in the sole discretion of the Board, and if the examination is cancelled, the Board is not responsible for any expense an affected candidate may have incurred in connection with the cancelled examination or for any expense the candidate may incur in connection with any substitute examination.

Results of Examinations
Within a reasonable time after completion of the Written, Oral, and/or Maintenance of Certification Examinations, the candidate shall be notified by the executive director as to the results thereof. The decision of the Board as to these results shall be final and conclusive. Grades are not subject to appeal. Because such is the case, individual directors of the Board or associate examiners should not be contacted about specific examination results. To preserve confidentiality, results of an examination will not be given over the telephone, facsimile, or computer.

AMA Physician’s Recognition Award
The American Medical Association (AMA) allows 25 hours to be claimed toward an AMA Physician's Recognition Award (PRA) for specialty board certification and recertification. PRA applications may be obtained from the AMA via telephone at 312 464-4669; fax 312 464-4567; or on the Internet at www.ama-assn.org/go/cme.

Disciplinary Sanctions
The Board shall have the authority to impose disciplinary sanctions upon a candidate or a diplomate for any of the following reasons:
1. violation of rules and regulations of the Board relating to the Written Qualifying, Oral, and Recertification Examinations and applications to take the examinations;
2. substantial misstatement or omission of a material fact to the Board in an application or in any other information submitted to the Board;
3. presenting or distributing, or aiding or assisting another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of the Board to evidence that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board, when that is not the case;
4. any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the Board;
5. issuance of a certificate contrary to or in violation of the rules and regulations of the Board;
6. ineligibility of the person to whom the certificate was issued to receive the certificate;
7. engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, or staff.

Statements of Eligibility
The Board does not issue statements of "eligibility" for its examinations. The only information the Board will divulge is whether a physician is or is not certified. Inquiries to the Board by outside agencies about the certification status of physicians who have inactive applications or who hold lapsed certificates will be answered by stating that said physician is not Board certified.

The American Board of Ophthalmology charges a $35 fee for each formal verification of a physician’s certification.

American Board of Medical Specialties
The American Board of Medical Specialties (ABMS) was established in 1933 to serve in an advisory capacity to the American specialty boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The American Board of Ophthalmology is officially recognized by the ABMS, and contributes an annual fee of $2,000 in addition to a per capita fee for each new diplomate certified, as do all other medical specialty boards, to the American Board of Medical Specialties in support of the activities of ABMS.

The American Board of Ophthalmology provides an annual listing of new diplomates for inclusion in the Official ABMS Directory of Board Certified Medical Specialists and the ABMS Medical Specialists Plus CD-ROM, published by Elsevier Science and the American Board of Medical Specialties, which are used by credentialing organizations. Each diplomate will be contacted directly by Elsevier Science (Reed Elsevier Publishing) to update biographical information each year. This listing is cost free.

Associates
All Board directors and associates, whether examiners or members of special committees, are informed by the Board that they shall not promote, or permit others to promote, his/her participation in commercial or educational activities (domestic or foreign) under circumstances that exploit, or might be perceived to exploit, his/her familiarity with examinations administered by the American Board of Ophthalmology or otherwise might be perceived to compromise the integrity of those examinations. All computerized educational endeavors should be monitored so that this material does not compromise the Board and the valued role of our associate examiners. It is advisable that associates ascertain in writing an agreement stating that their educational material will not be published or marketed in any way that could jeopardize their relationship with the Board. In addition, Board directors and associates may not exploit their association with the ABO through communications to the public or through self-promotional items. It is, however, acceptable to include a factual reference on a curriculum vitae.
American Board of Orthopaedic Surgery

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Orthopaedic Surgery [ABOS] to ascertain whether the information below is current.)

I. Introduction

A. Definition

Orthopaedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.

B. Purpose

The ABOS was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interest of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, evaluates graduate medical education and continuing medical education, and aids in the evaluation of educational facilities and programs.

The Board does not confer any rights on its diplomates, nor does it purport to direct licensed physicians in any way in the conduct of their professional duties or lives. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization or for staff privileges at any hospital.

C. Directors

The directors of the ABOS are elected from diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons. They serve without salary.

D. Organization

Directors of the Board elect a president, president-elect, secretary, and treasurer annually. An executive director, who is a diplomate, serves as an ex officio director of the Board. The president appoints directors to serve on standing committees on credentials, examinations, finance, graduate education, and research. Other committees may be formed as deemed necessary. The Board holds regularly scheduled meetings yearly.

E. Directory

A current directory of certified orthopaedic surgeons is maintained by the Board. The names of diplomates also appear in the Official ABMS Directory of Board Certified Medical Specialists, published by the American Board of Medical Specialties.

II. Orthopaedic Surgery Education

The goal of orthopaedic education is to prepare orthopaedic residents to be competent and ethical practitioners of orthopaedic surgery. In fulfillment of this goal, applicants for certification must have received through orthopaedic residency

A. education in the entire field of orthopaedic surgery, including inpatient and outpatient diagnosis and care as well as operative and nonoperative management and rehabilitation;

B. the opportunity to develop, through experience, the necessary cognitive, technical, interpersonal, teaching, and research skills;

C. the opportunity to create new knowledge and to become skilled in the critical evaluation of information;

D. education in the recognition and management of basic medical and surgical problems;

E. an evaluation of ethical performance.

Orthopaedic residency program accreditation is conducted by the Residency Review Committee for Orthopaedic Surgery (RRC). This committee functions autonomously under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The RRC has a total of 10 members, three representing each of its three sponsoring organizations—the American Board of Orthopaedic Surgery, Council on Medical Education of the American Medical Association, and American Academy of Orthopaedic Surgeons—and a resident member. The RRC evaluates orthopaedic residency programs with regard to number of residents, training, program organization, educational experience, and institutional responsibility. It makes recommendations to the ACGME, which is responsible for the acts of accreditation for all RRCs. Individual questions regarding qualifications for eventual board certification are addressed by the ABOS, whereas program accreditation questions are addressed by the RRC for Orthopaedic Surgery.

III. Minimum Educational Requirements for Board Certification

The Board has established the following minimum educational requirements for certification. These requirements should not be interpreted as restricting programs to minimum standards.

Throughout these rules, the term "accredited" denotes approval by the ACGME.

A. Time Requirements

1. Five years (60 months) of accredited postdoctoral residency are required.
2. Prior to July 1, 2000, 4 of these years (48 months) must be served in a program whose curriculum is determined by the director of an accredited orthopaedic surgery residency. Three of these years (36 months) must be served in an accredited orthopaedic surgery residency program. One year (12 months) may be served in an accredited graduate medical program whose educational content is determined by the director of an accredited orthopaedic surgery residency program.

Beginning on July 1, 2000, 1 year (12 months) must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the graduate year 1 (PGY-1) (see B.1, below) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional 4 years (48 months) must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency program.

3. Each program may provide individual sick and vacation times for the resident in accordance with overall institutional policy. However, 1 year of credit must include at least 46 weeks of full-time orthopaedic education. Vacation or leave time may not be accumulated to reduce the 5-year requirement.

4. Program directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Program Requirements for Residency Education in Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the Board on the Record of Residency Assignment form.

B. Content Requirements
1. Requirements for PGY-1
Prior to July 1, 2000, a minimum of 9 months during the PGY-1 must be based in clinical services other than orthopaedics. This requirement may be fulfilled by a year of accredited residency in any broad-based program involving patient care.

Beginning on July 1, 2000, the residency program director should be responsible for the design, implementation, and oversight of the PGY-1. The PGY-1 must include:
   a. a minimum of 6 months of structured education in surgery to include multisystem trauma, plastic surgery/burn care, intensive care, and vascular surgery;
   b. a minimum of 1 month of structured education in at least 3 of the following—emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation;
   c. a maximum of 3 months of orthopaedic surgery.

2. Orthopaedic requirements beyond the PGY-1
   a. Minimum distribution. Orthopaedic education must be broadly representative of the entire field of orthopaedic surgery. The minimum distribution of educational experience must include:
      1) 12 months of adult orthopaedics;
      2) 12 months of fractures/trauma;
      3) 6 months of children’s orthopaedics;
      4) 6 months of basic science and/or clinical specialties.

   Experience may be received in two or more subject areas concurrently. Concurrent or integrated programs must allocate time by proportion of experience.

   b. Scope. Orthopaedic education must provide experience with all of the following:
      1) Children’s orthopaedics. The educational experience in children’s orthopaedics must be obtained either in an accredited position in the specific residency program in which the resident is enrolled or in a children’s hospital in an assigned accredited residency position.

2) Anatomic areas. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, including intervertebral discs; and the bony pelvis.

3) Acute and chronic care. Diagnosis and care, both operative and nonoperative, of acute trauma (including athletic injuries), infectious disease, neurovascular impairment, and chronic orthopaedic problems including reconstructive surgery, neuromuscular disease, metabolic bone disease, benign and malignant tumors, and rehabilitation.

4) Related clinical subjects. Musculoskeletal imaging procedures, use and interpretation of clinical laboratory tests, prosthesis, orthotics, physical modalities and exercises, and neurological and rheumatological disorders.

5) Research. Exposure to clinical and/or laboratory research.

6) Basic science. Instruction in anatomy, biochemistry, biomaterials, biomechanics, microbiology, pathology, pharmacology, physiology, and other basic sciences related to orthopaedic surgery. The resident must have the opportunity to apply these basic sciences to all phases of orthopaedic surgery.

   c. Options. Twelve months of the 4 required years under the direction of the orthopaedic surgery residency program director may be spent on services consisting partially or entirely of:
      1) additional experience in general adult or children’s orthopaedics or fractures/trauma;
      2) an orthopaedic clinical specialty;
      3) orthopaedics-related research;
      4) experience in an accredited graduate medical education program whose educational content is preapproved by the director of the orthopaedic surgery residency program.

C. Accreditation Requirements
1. The educational experience in orthopaedic surgery obtained in the United States must be in an approved position in programs accredited by the RRC for Orthopaedic Surgery and by the ACGME.

   All other clinical education obtained in the United States must be in programs accredited by the ACGME and the appropriate RRC. The Graduate Medical Education Directory, published annually by the American Medical Association, 515 N. State St., Chicago, IL 60610, lists accredited rotations of 6 months or longer.

2. During the 5 years of accredited residency, a total period of no more than 6 months may be served in unaccredited institutions.

3. Credit for time spent in residency education will be granted only for the period during which the residency program is accredited, and only for time served in an approved position within an accredited program.

4. If an orthopaedic residency program has its accreditation withdrawn by the RRC for Orthopaedic Surgery and the ACGME, no educational credit will be granted past the effective date of withdrawal of accreditation.

5. Educational experience obtained in Canada must be on services approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) and must extend over a minimum of 5 years. The content requirements outlined in III.B must be met.

6. The Board does not grant credit for foreign educational experience, other than as permitted in 2 and 5, above. Also see IV.E.

7. The term “fellow” is not synonymous with the term “resident” for the purpose of obtaining Board credit for educational experience. A resident is an individual enrolled in an approved position in an accredited educational program.
D. Achievement Requirements
1. The director of the program providing general graduate medical education must certify the satisfactory completion of that segment of education.
2. In orthopaedic surgery residency programs, the program director must certify the satisfactory completion of each rotation for which credit is awarded. (See III.F, below.)
3. The program director responsible for the final year of the resident's education must certify that the resident has achieved a satisfactory level of competence and is qualified for the certifying process. This would include sufficient and consistently demonstrated acquisition of medical knowledge with the ability to appropriately apply knowledge to patient care, interpersonal skills and effective qualities needed by an orthopaedic surgeon, manual capabilities, ethics, and professionalism.
4. The certification referred to in 2 and 3, above, must be made on the appropriate Record of Residency Assignment form.
5. Medical practice activity outside of residency duties must not be allowed to interfere with the educational experience. Residents may not engage in such activities without the specific prior approval of the program director. Approval must be based on the judgment that rotations are being completed without compromise and that the circumstances of the resident warrant such activity.

E. Continuity Requirements
The resident should have progressively increasing patient care responsibility. A part-time or piecemeal approach to residency requirements is discouraged. The final 24 months of orthopaedic residency education must be obtained in a single orthopaedic residency program unless prior approval of the Credentials Committee is obtained.

F. Documentation Requirements
1. For orthopaedic education obtained in the United States, the program director must provide the Board with yearly documentation during the residency. Each June, program directors will receive by e-mail necessary information to complete each resident's Record of Residency Assignment (RRA) information. Completed RRA forms must be signed by the program director and submitted to the Board office.
2. The Record of Residency Assignment forms are to be completed for each resident as follows:
   a. Form 1 will be submitted the year the resident enters the program.
   b. Form 1-A must be submitted at the end of the academic year for each PGY-1 resident.
   c. Form 2-A must be submitted at the end of the academic year for each PGY-2 through PGY-5 resident.
   d. Form 3 must be submitted on each resident who graduates or leaves the program prematurely.
3. The original, signed forms are due in the Board office within 30 days of completion of the academic year. Part I examination results for candidates who take the examination in the same year they complete their residencies will not be mailed either to the candidates or to the program directors until the forms have been received in the Board office.
4. When a resident leaves a program prematurely, the program director must notify the Board office in writing within 30 days. The letter must record the reasons for leaving and confirm credit granted for rotations during the academic year in which the resident left. At the end of the academic year, Form 2-A and Form 3 must be completed.
5. Before a resident enters a new program, the new program director must obtain copies of the resident's Record of Residency Assignment forms from the Board office and review them thoroughly in order to develop an appropriate individual program that will meet the minimum educational requirements and include progressively increasing responsibility.

IV. Requirements for Taking the Certifying Examinations
The certifying examination is divided into two parts. Part I is a written examination, which may be taken at any time after the completion of the educational requirements. Part II is an oral examination, which may be taken after passing Part I, completion of the 22-month practice requirement, evaluation of the applicant's practice, and admission to the examination. A candidate must pass both parts of the certifying examination to be certified.

After taking and passing the written examination, candidates have 5 years to take or retake the oral examination. Candidates who do not pass the oral examination within those 5 years must retake and pass the written examination before applying to take the oral examination. Time spent in fellowships after passing Part I will not count as a part of the 5-year time limit.

An applicant seeking certification by the ABOS must satisfy the educational requirements that were in effect when he/she first enrolled in an accredited orthopaedic residency. For all other requirements, an applicant must meet the specifications in effect at the time of application.

A. Educational Requirements
1. An applicant must satisfactorily complete and document the minimum educational requirements in effect when he/she first enrolled in an accredited orthopaedic residency.
2. Upon successful completion of 54 of the 60 months of required education and on the recommendation of the program director, a candidate may apply to take Part I of the examination.
3. In order to be admitted to the examination, the candidate must complete the full 60 months of required education.
4. An applicant who has received orthopaedic surgery residency education in Canada must have fulfilled the requirements of the ABOS and must have passed the qualifying examination in orthopaedic surgery of the RCPSC before applying for either part of the Board's certifying examination.

B. License Requirement
Applicants who are in practice at the time they apply for Part I and all applicants for Part II must either possess a full and unrestricted license to practice medicine in the United States or Canada or be engaged in full-time practice in the US federal government, for which licensure is not required. An applicant will be rendered ineligible for any part of the certifying examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country due to a violation of a medical practice act or other statute or governmental regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; or by voluntary surrender while under investigation or suspension of license. Entry into and successful participation in a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify an applicant from taking a certification examination.

C. Board Eligible Status
Effective July 1, 1996, the Board will recognize those candidates who have successfully completed Part I and are awaiting to take Part II as being "Board eligible." The limit of Board eligibility is the 5 years candidates have to take or retake the oral examination (Part II) after passing Part I. Candidates who do not pass the oral
examination (Part II) within those 5 years will lose their Board-eligible status. (See Section IV.)

D. Practice Requirements
1. The applicant must be continuously and actively engaged in the practice of operative orthopaedic surgery other than as a resident or fellow (or equivalent) for at least 22 full months immediately prior to the Part II examination. An applicant must have started practice and been granted hospital admitting and surgical privileges on or before September 1, 2003, in order to qualify for the 2005 Part II exam. An applicant who interrupts the 22 months of practice with a fellowship can count the months of practice that preceded the fellowship as part of the 22-month requirement.
2. The applicant must be in one practice location for a minimum of 12 consecutive months during the required 22-month period. A change in location, type of hospital practice, or practice association may result in deferral. The practice must be located in the United States or its territories, Canada, or a US service installation.
3. The practice must include hospital admitting and surgical privileges (temporary privileges acceptable) for the 22 full months immediately prior to the Part II examination (excluding fellowship time as described in D.1 above) and continue through the date of the examination. The practice must allow independent decision-making in matters of patient care.
4. The applicant must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not promote him or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.
5. An applicant in the United States uniformed services may satisfy the practice requirement if assigned as an orthopaedic surgeon for at least 22 full months prior to the date of the Part II examination, meaning that the applicant must have started practice on or before September 1, 2001. The applicant must submit a letter from his or her immediate supervisor evaluating his or her capability in the practice of orthopaedic surgery, as well as any other documentation the Credentials Committee may require to demonstrate professional competence and adherence to acceptable ethical and professional standards.
6. Evaluation of Applicant
   a. Individuals who do not engage in active orthopaedic surgery cannot be adequately evaluated for the Part II examination and will not be certified.
   b. Qualifications for taking the Part II examination will be determined by the Credentials Committee after review of the application, letters of recommendation, and other relevant information.
   c. It is the responsibility of the applicant to provide the information on which the Credentials Committee bases its evaluation of the qualifications of the applicant. This responsibility extends to information that the Credentials Committee requests from other persons. If the Credentials Committee does not receive requested information from the applicant, a program director, a reference, a hospital representative, or another source, the Board will notify the applicant and defer the decision on admission to the examination until the information has been received. The applicant may be required to authorize release of peer review information to the Board.

E. Distinguished Scholar Pathway
An orthopaedic surgeon who received his or her graduate medical education outside of the United States or Canada and does not meet the education requirements of Section III.A. above, but who is engaged in full-time academic practice, may apply and qualify to sit for the certifying examination upon the recommendation of the Credentials Committee and approval of the Board. To be considered for qualification, the applicant must satisfy all the requirements to sit for the Part I and Part II certification examinations, respectively, as specified in the Board's Rules and Procedures, except the education requirements of Section III.A. and, in addition, satisfy the following requirements:
1. Provide documentation of satisfactory completion of an orthopaedic surgery residency program outside the United States or Canada, including a signed attestation by the program director and institution;
2. Provide documentation of having successfully passed the applicable certification examination in the applicant's country of education and prior practice;
3. Be in full-time academic practice and be a member of the teaching faculty of an academic institution with an ACGME-accredited orthopaedic surgery residency program;
4. Been in active practice of orthopaedic surgery in the United States for at least 5 years;
5. Provide a curriculum vitae detailing comprehensive professional accomplishments; and having achieved the rank of associate professor;
6. Provide at least three references attesting to the applicant's exceptional academic and scholarly qualifications, including at least two references from Board-certified academic orthopaedic surgeons not affiliated with the applicant's academic institution or residency program.

V. Impaired Physicians
A. Chemical Dependency
An applicant for either part of the certifying examinations who, within 3 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating to the satisfaction of the Board, that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.
B. Mental and Physical Condition
Applicants for either part of the certifying examination who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required, as part of their demonstration that they meet the practice requirements in V.D., to present medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the Board that the impairment does not compromise their ability to render safe and effective care to their patients. This documentation must accompany the completed application form.
VI. Procedure for Application for Part I and Part II of the Certifying Examinations

A. Application Dates and Requests

1. The dates, locations, and application deadlines for Part I and Part II of the certifying examination are announced in the Journal of Bone and Joint Surgery. They are also listed on the Board’s Web site: www.abos.org. Examination dates may be changed at the discretion of the Board. Confirmation of published examination dates can be obtained from the Board’s office.

2. To apply for either Part I or Part II of the certifying examination, go to the Board Web site at www.abos.org and follow the directions from there. Printed applications are no longer available.

B. Application Submission and Deadlines

Part I

The postmark and electronic submission deadline for all required documents for application (those submitted electronically and those required to be mailed in) is March 1 of the year of the examination. These include:

1. Electronic submission of a completed application
2. Paper submission to the Board office of:
   • the printed signature page(s)
   • other required documents (if applicable)
   • a nonrefundable examination fee of $875 in US funds

Both steps must be completed by the deadline, March 1.

Part II

The postmarked and electronic submission deadline for all required documents for application, those submitted electronically and those required to be mailed in, is October 31 of the year preceding the examination. These include:

1. Electronic submission of a completed application
2. Paper submission to the Board office of:
   • the printed signature page signed in three places
   • signed and notarized hospital/surgery center letters
   • a nonrefundable application and credentialing fee of $950 in US funds

Both steps must be completed by the deadline, October 31.

Late or Incomplete Applications

If the application is not submitted, or if any of the required documents are not postmarked by the deadline for Part I or Part II of the certifying examination, the application will not be accepted and the received documents will be returned along with the fee check.

a. If a Part I applicant wishes to submit the application and required documents by the late deadline of March 31, the examination fee of $875 and a nonrefundable late fee of $250 must be enclosed.

b. If a Part II applicant wishes to submit the application and required documents by the late deadline of November 30, the nonrefundable application and credentialing fee of $950 and a nonrefundable late fee of $250 must be enclosed.

c. No applications will be accepted after the late deadline.

C. Notifying the Board of Application Changes

1. It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital affiliation.

2. If a Part II applicant changes practice location or practice association or acquires new hospital staff affiliations, new references will be solicited by the Board.

3. An applicant is also required to notify the Board of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges; of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency that would result in the restriction, suspension, or probation of the applicant’s license or any right associated with the practice of medicine, including the entry into a nondisciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis.

D. Notifying the Applicant of Examination Admission

1. For Part I, the applicant will receive examination information, an assigned examination number, and an admission card not later than 30 days prior to the examination date.

2. For Part II, the decision of the Credentials Committee is mailed to the applicant not later than 60 days prior to the examination date.

E. Fees

1. For Part I, the nonrefundable examination fee of $875 must be submitted with the application form.

2. For Part II:
   a. The nonrefundable application and credentialing fee of $950 must be submitted with the application form.
   b. The candidate must also submit an examination fee of $925 on or before the date specified in the letter of notification of admission to the examination. This fee will be forfeited if the candidate fails to appear for the examination or cancels after being scheduled.

3. There will be a $50 charge levied for any application or examination fee check that is returned not paid by the Board’s bank.

4. The fees paid to the American Board of Orthopaedic Surgery, Inc are not tax deductible as a charitable contribution, but may be deductible under some other provision of the Internal Revenue Service Code.

- Part I examination fee $875
- Part II application and credentialing fee $950
- Part II examination fee $925
- Late fee $250
- Returned check service charge $50

F. Practice-Based Oral Examination

The Part II examination is practice based. The purpose of the practice-based examination is to evaluate a candidate’s own practice as broadly as possible. This exercise will be conducted much as rounds or conferences are during residency, with the candidate presenting his/her cases and responding to the examiner’s questions and comments. Applicants are urged to attend to details and follow procedures carefully and exactly to ensure admission to the examination.

1. Case Collection: Cases are collected in a program accessible through the ABOS Web site using the applicant’s unique password and user ID. Each applicant will receive his/her password and user ID when logging in to apply for Part II on the Web site. This case collection program must be used to compile the case list that is submitted to the Board.

   The applicant is to collect all operative cases, including same-day surgery, for which he/she was the responsible operating surgeon for 6 consecutive months beginning July 1 of the year before the Part II examination. If time is taken off during those 6 months, the starting point for the collection period must be backed up by the amount of time missed. For example, case collection for an applicant who took a 2-week vacation in August would begin in mid June.

   All cases must be collected from each hospital and/or surgery center at which the applicant has operated during the 6-month period. If the applicant did no cases during the case collection
period, this fact must be verified by a letter from the hospital and/or surgery center. The letter(s) must be sent to the Board office along with the case lists. It is understood, as stated in the Practice Requirements (IV.D.), that the applicant during this period has been actively engaged in the practice of operative, orthopaedic surgery with independent decision making in matters of patient care. The case list must reflect this and must demonstrate ample cases to allow selection of material for the oral examination.

Once all cases have been entered the applicant will finalize and print the case lists by hospital. No changes can be made to the case lists after this is done. Each complete hospital list must then be certified by the director of medical records. His/her signature must then be notarized.

2. Case Submission: By January 31 of the year of the Part II examination, the applicant must submit to the Board:
   a. The finalized, printed case list for the required 6-month period. Each hospital list must be stapled separately and have the required signatures and notarization. Before mailing, the applicant should make three copies of the complete case list(s) as the copies the applicant must bring to the examination must be of these printed and certified lists.
   b. For each hospital or surgery center where no cases were performed, a letter stating that no cases were performed there during the 6-month period.

This information must be sent to the Board office by registered mail or courier of applicant’s choice (ie, Federal Express, Express Mail, certified mail, etc) to ABOS, Part II Exam, 400 Silver Cedar Ct, Chapel Hill, NC 27514. Case lists must be postmarked by January 31 of the year of the examination. The Board office will not verify receipt of case lists.

3. Case Selection: The Board will select 12 cases from the applicant’s 6-month case list(s). The list of 12 cases selected by the Board will be sent to the candidate in mid-May. From the list of 12, the applicant will then select ten cases to bring to the examination for detailed presentation.

4. Exam Materials/Preparation: Once the candidate has received the list of the 12 cases selected by the Board, he or she must gather all of the following to bring to the examination:
   a. Three copies of the list of 12 selected cases.
   b. Three copies of the case list summary sheet.
   c. Three copies of the complication list.
   d. Three copies of the applicant’s complete case list that was submitted to the Board in January.
   e. Images (including x-rays) for the 10 cases selected by the candidate—the pertinent preoperative, intra- or immediate postoperative, and most recent follow-up x-rays for each case selected by the candidate for presentation. Before the examination begins, x-rays should be arranged in order of presentation and clearly marked in terms of date pre- and postoperative. Pertinent images in CT and MRI panels must also be marked. The candidate must bring hard copies of all image studies even if his/her institution uses a digital image system.
   f. Three copies of notes for the 10 cases selected by the applicant—this includes admission and discharge notes, operative notes, office notes, and any other patient chart material that will aid in case presentation. All records must be unaltered copies of the original materials.
   g. Video prints or photographic prints for arthroscopy cases selected that show the initial lesion(s) and the lesion(s) after treatment. (Do not bring videotapes.)
   h. For selected cases with complications, images (including x-rays) pertinent to the complication and its treatment and three copies of any consultation report(s).

All materials for the examination must be in English. All materials required to be brought to the examination, including all records, notes, and images, must be in their original form. Materials must not be altered or changed in any respect for presentation except as listed in 1 and 2 below:

1. Because the examination is to be anonymous the candidate should remove his or her name from written material brought to the examination, including the 6-month case list(s), the complication sheet, the board’s list of 12 selected cases, and the case list summary sheet.

2. To comply with HIPAA Privacy Rule, candidates should limit the scope of identifiable patient information disclosed at the oral examination to the minimum necessary to conduct the examination. Therefore, you should not remove from the case materials you bring to present at the examination:
   • Patient ID number
   • Medical record number
   • Patient name
   • Birth date
   • Medical device identifiers
   • Serial numbers

   However, you should remove from the case materials you bring to present at the examination:
   • Patient addresses
   • Patient telephone numbers
   • Patient fax numbers
   • Patient e-mail addresses
   • Patient Social Security numbers
   • Health plan beneficiary numbers
   • Biometric identifiers
   • Full-face photographs and comparable images
   • Any other unique identifying characteristic

Failure to bring sufficient materials for the 10 selected cases to enable the examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination, or the withholding of scores.

Although the examiners will concentrate on cases brought for presentation, they may also ask questions pertaining to a candidate’s case lists or practice. The candidate should not be concerned if all material brought to the examination is not covered. Discussion may focus on one area or candidate and examiners may become involved in a few cases in such detail that time will not allow presentation of all patients. The candidate will not be penalized for this during grading.

Applicants who have questions about materials and procedures for the practice-based oral portion of the Part II examination should call or write the Board office well before the exam. Failure to comply with the steps outlined may invalidate an examination.

VII. Falsified Information and Irregular Behavior

A. If it is determined that an applicant has falsified information on the application form, case list, or the materials submitted in connection with the cases presented for oral examination or has failed to provide material information, the applicant’s case list or the materials submitted will not be considered for either part of the examination not already passed and the applicant must wait 3 years before being allowed to file a new application.

B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, terminate participation in the examination, invalidate the results of an examination, withhold or revoke scores or certificates, or take other appropriate action:
1. The giving or receiving of aid in the examination, as evidenced by observation or by statistical analysis of answers of one or more participants in the examination.

2. The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after the examination.

3. The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit that is not usually granted by the Board to similarly situated candidates or persons.

4. The engaging in irregular behavior in connection with the administration of the examination.

C. The following are examples of behavior considered to be irregular and that may be cause for invalidation of the examination or imposition of a penalty:

1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.

2. Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.

3. Any appearance of looking at the answer sheet or the examination booklet of another candidate during the examination.

4. Allowing another candidate to view one's answer sheet or examination booklet or otherwise assisting another candidate in the examination.

5. Taking any examination material outside the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.

6. Breaking of the seal on the examination booklet before being told to do so and/or recording answers on the answer sheet after being told to stop.

D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

VIII. Credentials Decisions

A. Determining Admission to Examinations

1. The Credentials Committee meets at least once each year to consider applications for the examinations. At this meeting, a decision about each applicant will be made either to approve admission to the examination or to defer decision pending further evaluation.

2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of Admission Decision

1. A deferral of not more than 2 consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

C. Site Visit

Representatives of the Board may visit the site of an applicant's practice if the Credentials Committee believes that this is necessary for adequate evaluation of the applicant's work.

D. Appeal of Admission Decision

An applicant denied admission to the examination or deferred for more than 2 years will be informed of the basis for such action and may request a hearing by an appeals committee of the ABOS. (See XII.)

IX. Certificates and Certificate Renewal

A. Awarding Certificates

The ABOS awards a certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated competence in orthopaedic surgery and adherence to ethical and professional standards, and has passed both parts of the certifying examination. Certificates awarded after 1985 are valid for 10 years. This portion of the Board's responsibility is discharged by issuance of a certificate to an individual found qualified as of the date of certification.

B. Certificate Revocation

At its discretion, the Board may revoke a certificate for due causes, including, but not limited to the following:

1. The diplomat did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may be.

2. The diplomat made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the Board or any committee thereof.

3. The diplomat made a misrepresentation to the Board or any third party as to his/her status as a diplomat of the Board.

4. The diplomat engaged in irregular behavior in connection with an examination of the Board (as described under Irregular Behavior, above), whether or not such practice had an effect on the performance of the candidate on an examination.

5. The diplomat was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.

6. There has been a limitation, suspension, or termination of any right of the diplomat associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act, or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.

A diplomat may appeal the revocation of his/her certificates pursuant to the procedures set forth in Section XII.
C. Certificate Reinstatement

Should the circumstances that justified revocation or surrender of the diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance, using the same standard applied to other applicants for certification.

D. Certificate Renewal

Diplomates are encouraged to renew their credentials periodically through the Board's recertification process. Information about recertification options can be obtained from the Board office or Web site, www.abos.org.

X. Unsuccessful Candidates

Unsuccessful Part I candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.1.) Unsuccessful Part II candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.2 and VIII.) Candidates who do not pass Part II within 5 years (as measured in Section IV) of passing Part I must retake and repass Part I before applying to take Part II.

XI. Program Accreditation

Institutions offering orthopaedic education must meet the Institutional and Program Requirements of the ACGME and the RRC for Orthopaedic Surgery as stated in the Graduate Medical Education Directory. (See III.C.)

A. RRC for Orthopaedic Surgery

Program accreditation is issued by the RRC for Orthopaedic Surgery, an autonomous committee composed of three representatives from each of the three sponsoring organizations: the ABOS, the Council on Medical Education of the American Medical Association, and the American Academy of Orthopaedic Surgeons. In evaluating orthopaedic residency programs, the RRC considers the number of residents, training period, program organization, educational experience, and institutional responsibility. The committee meets twice yearly.

B. Changes in Accreditation

Programs seeking changes in accredited positions or institutional affiliations can obtain information and application forms from the secretary of the RRC for Orthopaedic Surgery at the ACGME, 515 N State St, Chicago, IL 60610. Completed forms are to be returned to the secretary at the above address.

C. Program Surveys

Programs applying for accreditation or changes in accreditation will be surveyed at the earliest feasible date by a specialist site visitor or by a field representative for the ACGME. A report of the survey is submitted to the RRC for Orthopaedic Surgery for evaluation and official action. The RRC makes a determination regarding the accreditation of the program under authority delegated by the ACGME, and it notifies the program director and the sponsoring institutions.

D. Number of Residents

The total number of residents assigned to any orthopaedic residency program and the number at each level of education is determined by the RRC for Orthopaedic Surgery.

XII. Appeals Procedure

A. An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the ABOS within 60 days of the date such ruling was mailed to him or her. Exception: The decisions by the Examinations Committee that a candidate has failed either part of the certifying examination may be appealed only in the manner and to the extent provided in G and H, below. Decisions by the Credentials Committee that an applicant's admission to either Part I or Part II of the examination has been deferred is not viewed by the Board as an adverse action, and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

B. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his/her appeal and make such further investigation as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the ABOS.

C. The individual shall then have the right to an appeals hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

1. The president of the ABOS shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

2. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the ABOS, at his/her sole discretion, may appoint a hearing officer to conduct the appeals hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer, or other professional.

3. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 60 days after the appointment of the appeals committee and the hearing officer, whichever is later.

D. Prior to the Hearing

1. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material that it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent to the individual by the executive director not less than 30 days prior to the hearing. Not less than 7 days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts that the concerned Board committee intends to present at the hearing.

2. Not less than 7 days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his/her posi-
tion as he/she deems appropriate; a list of witnesses, if any, whom he/she expects to call to testify; and copies of any written reports, affidavits, or statements of experts that he/she intends to present at the hearing.

3. The executive director shall submit the written material referred to in this section D to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

E. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.

1. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the determination being appealed is by the preponderance or greater weight of the evidence.

2. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in D.1. The committee may call, examine, and cross-examine witnesses.

3. The individual shall have the right to be represented at the hearing by legal counsel or any person of his/her choice. He/she may present such relevant information and evidence as he/she deems appropriate in support of his/her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in D.2 shall be grounds for upholding and confirming the determinations of the concerned Board committee. The individual may call, examine, and cross-examine witnesses.

4. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

F. After the Conclusion of the Hearing

1. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based on the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within 10 days after receipt of the report. The opposing party shall then have 10 days to file its response to such objections with the appeals committee.

2. The appeals committee shall make its decisions following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determine, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee's determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.

G. A candidate who believes that the Part II examination was administered in an unfair or inaccurate manner or that one or more of his/her oral examiners was acquainted with him or her or was not impartial may immediately, upon completion of the examination, request that he/she be reexamined. The request shall be made to the chairman of the Oral Examinations Committee and reviewed by the president and the secretary. If, after discussing the matter with the candidate and making such other investigation as they may deem appropriate, a majority of the president, the secretary, and the chairman of the Oral Examinations Committee determine that reasonable grounds exist for the candidate's request, he/she shall be immediately reexamined by another panel of oral examiners. In such event, the first oral examination will be disregarded and only the candidate's performance on the reexamination shall be considered in determining his/her score on the examination.

H. A candidate who fails the Part I examination may request in writing that his/her examination be rescored by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his/her being notified of the results of the examination. The request must be accompanied by a check for $100 payable to the ABOS to cover the cost of hand scoring. There shall be no further appeal of a failure on the Part I examination.
American Board of Otolaryngology

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(This information is published annually by the American Board of Otolaryngology [ABOTO] to in October and conveys its rules, regulations, and policies at the time of publication. The ABOTO reserves the right to alter the procedures and requirements for certification without issuing a new publication. Updates are posted to the ABOTO Web site at www.aboto.org as changes occur.)

Important Dates
July 10, 2004
Resident registries due. Fee: None. Late fee: $500.
Operative Experience Report data and printouts due from residents and written applicants. Fee: None. Late fee: $200.

September 1, 2004
Written applications due. Fee: $3,050. Late fee: $200.
OTE site applications available. Fee: $370. Late fee: $200.
OTE applications available. Fee: $290 per applicant. Late fee: $50 each.

September 17, 2004
Last day written applications accepted with late fee.

October 15, 2004
OTE site and candidate applications due.
Written and neurotology applicants notified of acceptance.
Second and third oral candidate acceptance due. Fee: $1,625. Late fee: $200.

November 1, 2004
Medical school transcripts and verification of general surgery forms due from new residents. Fee: None. Late fee: $200.

March 5, 2005
Otolaryngology training examination

April 15, 2005
Written qualifying examination
April 16 & 17, 2005
Oral certifying examination
April 16, 2005
Neurotology subspecialty examination

General Information Regarding Fees
- Fees are subject to change at the discretion of the Board.
- Fees are not refundable, nor can they be "held over" to a subsequent exam.
- A late fee is applied if the document is not postmarked by the due date.
- All fees must be paid in US funds, drawn on a US bank. Applicants residing outside the United States must submit payment by International Money Order.

Objectives
The objectives of the ABOTO are:
1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request Board certification.
2. To determine which candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of otolaryngologist-head and neck surgeons.

The ABOTO certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

History
The American Board of Otolaryngology was founded in 1924, and is the second oldest of the 24 member boards of the American Board of Medical Specialties (ABMS). The Board is a nonprofit corporation, and the directors and examiners receive no compensation, with the exception of the president and the examination chairs who receive an honorarium.

Founding members included two representatives from each of the following specialty organizations: the American Laryngological Association, American Otological Society, American Academy of Otology, and Rhinology and Otolaryngology, and Section on Laryngology, Otology, and Rhinology of the American Medical Association. This group of 10 founding members, delegated authority by the above organizations, was established as the ABOTO.


The ABOTO office is located in Houston, Texas, and is separate and distinct from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) in Alexandria, Virginia, which is the specialty's largest membership organization.
Definition of a Certified Specialist in this Field of Medicine

An otolaryngologist-head and neck surgeon is a physician who has been prepared by an accredited residency program to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems, and related structures of the head and neck.

The otolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of:

- The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses; and allergenieimmunology, endocrinology; and neurology as they relate to the head and neck;
- The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

(Note: This definition is printed in Which Medical Specialist For You, a publication of the American Board of Medical Specialties.)

Certification, Rejection, and Revocation

The Board may issue an appropriate certificate of qualification in otolaryngology (or in a subdivision thereof) to those who show themselves worthy of such certification according to the requirements of training and experience as stated in the current Booklet of Information of the Board.

All certificates issued by this Board are the property of the Board, and they are issued pursuant to the rules and regulations as outlined in the current Booklet of Information of the Board. The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate if the Board shall determine that the person involved:

a. did not possess the required qualifications and other requirements or is not eligible for examination, whether or not such deficiency was known to the Board or any member thereof, or could have been ascertained by the Board prior to examination or at the time of issuance of a certificate as the case may be;

b. made a material misstatement or withheld information in his/her application or any other representation to the Board or any committee thereof, whether intentional or unintentional;

c. has been convicted by a court of competent jurisdiction of any felony;

d. has been convicted by a court of competent jurisdiction of any misdemeanor involving moral turpitude or, in the opinion of the Board, having a material relationship to the practice of medicine;

e. has a license to practice medicine revoked or shall have been disciplined or censured by any court or other body having proper jurisdiction or authority, because of any act or omission arising from the practice of medicine, including, but not limited to, a state licensing board, a health care facility, or a medical staff;

f. has neglected to maintain appropriate professional standards in the practice of the specialty of otolaryngology, as established by the Board, and shall refuse to submit to reexamination by the Board; or

g. has failed to comply with the Maintenance of Certification process (for those certified in 2002 and thereafter).

The Board may be required and, in any event, reserves the right to report revocation of a diplomate's certificate to accrediting, credentialing, and licensing bodies and government agencies.

If the Board determines to withhold or revoke any certificate for any reason set forth above, the person affected thereby shall be given written notice of the reasons therefor. If circumstances warrant, the Board shall require any physician so certified to appear before the board of directors, before any one or more of them, or before an individual designated by the Board upon not less than 20 days written notice, and to show cause at that time and place specifically in the notice why the certificate may not be revoked on any one of the grounds specified in such notice. If such a hearing is convened, the physician may bring to this hearing persons or documents in defense of any action. Failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the board of directors, shall constitute cause for revocation of the certificate.

The board of directors of the ABOto shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the grounds for withholding or revocation of any certificate issued by the Board. Any such action or determination by the Board shall be regarded as final.

Examination Procedure

The Board vigorously enforces the highest standards of honesty and integrity in its examination processes. Accordingly, the following are considered a breach of ABOto policy and are forbidden, and may be sufficient cause for the ABOto to terminate an applicant's participation in the examination, to invalidate the results of the examination, to withhold an applicant's score or certificate, to bar an applicant permanently from all future examinations, to revoke a certificate, or to take other appropriate action:

1. Falsification of the application or the submission of any falsified documents to the ABOto;

2. The giving or receiving of aid in the examination, including but not limited to, copying answers from another candidate or permitting one's answers to be copied, as evidenced by observation at the time of the examination or by statistical analysis afterward;

3. The offer of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABOto in return for any right, privilege, or benefit which is not usually granted by the ABOto to other similarly situated candidates or persons;

4. The unauthorized possession, reproduction, recording, discussion, or disclosure of any material, including but not limited to written, oral, or OTE examination questions or answers before, during, or after the examination.

Proctors are required to report any suspected irregularity during an examination. A candidate may be moved to a more isolated area, or his/her participation in the examination may be terminated. Additionally, the ABOto may undertake statistical studies of a candidate's answers compared with the answers of other participants in the examination to provide evidence that would support or fail to support a suspected irregularity. If, in the opinion of the ABOto, there exists a probability that an irregularity occurred, the ABOto will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.

The ABOto will not report scores or grant certification on the basis of scores which it determines to be invalid, and reserves the right to take whatever legal action is indicated with regard to violation of ABOto copyright or examination violations.
Board Eligibility and Status Inquiries
The ABOto does not recognize or use the term “Board eligible.” The Board states whether an individual is certified, is not certified, or is in the process of being examined (i.e., between written and oral examinations).

Applicants With Disabilities
The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOto's policy regarding accommodation so that his or her special needs can be met in a timely manner. Current documentation of the disability must accompany the application.

Otolaryngology Training Examination
Statement of Purpose
The Otolaryngology Training Exam (OTE) is intended to be used as an educational instrument to assist individuals in evaluating their educational progress as compared with others of the same level of expertise or training.

As such, it is appropriate for program directors to use the aggregate performance of their residents when evaluating the strengths and weaknesses of their educational program. It is inappropriate for program directors to use this measure of resident performance as the sole form of assessment when evaluating residents for advancement.

Examination
• The OTE is a closed-book, proctored, timed examination offered once a year to all interested practitioners and residents in the specialty.
• More than 100 test centers administer the exam annually throughout the US, Canada, and limited locations outside North America.
• Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE.
• Test scores are confidential for practitioners; resident scores are reported to training programs.

Applications
The OTE application form is mailed to all ACGME programs. Others who wish to participate may download a copy of the application from the ABOto Web site at www.aboto.org. The application becomes available September 1 of each year.

Certification Examination
The ABOto certification process consists of two phases: a written qualifying examination and an oral certifying examination.

All candidates must take a written examination, which is offered in the spring of each year on a Friday. All candidates then take an oral exam, offered on Saturday or Sunday. Candidates who do not achieve the qualifying score on the written exam fail, and their oral exam is not scored. They may retake the written and oral exam in a subsequent year.

Oral exam results for candidates who meet or exceed the qualifying score on the written exam are then processed. Candidates are given three consecutive opportunities to take the oral exam. If a passing score is not achieved after three exam cycles, the candidate must reapply to take the written exam.

Written and oral examination scores are not combined. An individual must successfully complete both the written and the oral exam in order to be certified. A certificate is granted by the ABOto to a candidate who has met all the requirements and has satisfactorily passed its examinations.

Requests for an appeal regarding a certification decision must be postmarked within 40 days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the certification process is available upon request.

The Board makes no representation as to whether its certification process satisfies the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Training Requirements
Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the Graduate Medical Education Directory, published by the AMA.

Individuals who entered otolaryngology-head and neck surgery training between July 1, 2000 – June 30, 2005 must satisfactorily complete a minimum of 5 years of training, as specified below, in an ACGME-approved program(s):
• At least 1 year of general surgical training. It is preferred that the general surgical residency be taken prior to otolaryngologic training, but it may not be taken after otolaryngologic training.
• At least 4 years of residency training in otolaryngology-head and neck surgery. This training must involve increasing responsibility each year and must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.
• Individuals who enter otolaryngology-head and neck surgery training on or after July 1, 2005, must satisfactorily complete a minimum of 5 years of training, as specified below, in an ACGME-approved program(s):
  • Residency programs must be of 5 years' duration, with at least 9 months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.
  • The first year of otolaryngology-head and neck surgery training should include a minimum of 5 months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, 1 month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of 3 months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year may be taken in any clinical service that has an ACGME-approved training program. All residency training must be completed in a manner acceptable to the director of that residency program.

Leaves of Absence
Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local rules. The total of such leaves and vacation may not exceed 8 weeks in any 1 year. If a longer leave of absence is granted in any year, the
required period of graduate medical education may be extended accordingly.

**Foreign Training**

An applicant who entered otolaryngologic training in the United Kingdom or the Republic of Ireland prior to July 1, 2000, in a program accredited by the Specialist Advisory Committee, and who received a certificate of accreditation in otolaryngology from the Joint Committee on Higher Surgical Training in the United Kingdom or the Republic of Ireland may be considered for examination.

An applicant who entered otolaryngologic training under the New Zealand program after January 1, 1984, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

An applicant who entered otolaryngologic training under the Australian program after January 1, 1986, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

Individuals who entered otolaryngologic training in Canadian programs prior to July 1, 2000, may be considered for examination.

**Prerequisite Requirements**

1. **Resident Registry**
   
   All residents must be registered with the ABOto during the first year of otolaryngology training in order to subsequently apply to take the certification examination.
   
   A New Resident Form must be filed for each new resident by the program director by July 10 of the first year of otolaryngology-head and neck surgery training.
   
   New residents then receive instructions on the procedure and deadline for submitting an official medical school transcript and documentation of previous training (see Section 2 below).
   
   The program director subsequently submits a Resident Evaluation Form for each returning resident by July 10 of each year. It must be noted whether the previous year was successfully completed.
   
   Resident Evaluation Forms become part of the individual's ABOto file, and are a prerequisite for application for the certification examination. Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline for submission of forms will be assessed a late fee.

2. **Transcript and Surgical Training Verification**
   
   The resident must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association, and must request that their medical school send an official certified transcript to the ABOto by November 1 of the first year of otolaryngology training. The transcript must show the degree and date conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
   
   The resident must also submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents not meeting the November 1 deadline for submission of transcripts and surgery forms will be assessed a late fee.

   
   All residents maintain a log of their surgical procedures on the ABOto Web site during otolaryngology-head and neck surgery training. A record is created at the ABOto office for each new resident, and a password is sent to the resident in early September.
   
   Throughout the year, each resident maintains a record of his or her surgical procedures using the OER Program. All residents upload data to the ABOto by July 10 of each year. A print-out, signed by the resident and the program director, is also submitted by July 10.
   
   Residents who complete a full year of research between years of otolaryngology training and who perform no surgical cases during that year need not submit data for that year. However, a letter must be submitted by July 10 explaining this.
   
   Data from individual reports is transferred to a master database for review by the Credentials Committee.
   
   A late fee is charged for data and/or print-outs not received by the July 10 deadline.
   
   Completion and return of OER data annually is a prerequisite for application for the certification examination.
   
   Credit may not be granted by the ABOto for any year of training for which OER data is not recorded.
   
   Beginning July 1, 2004, the ABOto will no longer collect operative data from residents. Residents will report their operative experience data to the ACGME using their system.

4. **Transfers**
   
   A resident wishing to transfer from one residency program to another must notify the ABOto in writing at least 6 weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.
   
   Letters from the current and prospective directors of training must also be submitted:
   
   - The letter from the current program director must verify the exact amount of training successfully completed in the program.
   - The letter from the prospective program director must verify that sufficient residency positions, accredited by the Residency Review Committee for Otolaryngology of the ACGME, exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification.
   
   Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOto certification process.

**Application for Examination**

There is no required time interval between completion of the residency program and making application for examination. However, all residency training must be successfully completed before the date of the examination in any given year.

Application materials for the written examination in any given year become available June 1 on the ABOto Web site at www.aboto.org and must be completed and postmarked by September 1 of that year. The application consists of the following:

1. **Resident Registry Evaluations**, submitted annually by the program director.
2. An official certified medical school transcript, submitted directly to the ABOto by the institution, by November 1 of the first year of otolaryngology training. The transcript must show the date the degree was conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
3. Verification of surgery training and additional residencies, if applicable, submitted by November 1 of the first year of otolaryngology training.
4. **Application Form**, signed by the program director and the program chair.
5. If more than one otolaryngology program was attended, a Verification of Otolaryngology Residency Form must be signed by the
previous program director, attesting to satisfactory completion of training in that program.
6. Verification of all licenses to practice medicine, showing nonrestricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exceptions:
a. Individuals who have completed residency training but who will enter a fellowship program utilizing an institutional license must submit a statement from the program director as evidence of this fact.
b. Individuals who have completed residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
7. Operative Experience Report (data and printout), which lists procedures assisted in and performed by the applicant during otolaryngology residency.
8. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of, the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board-certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant’s training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant’s moral and ethical standing, qualifications, or abilities.
9. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.
10. Applications are valid for one written exam and three oral exams. At the conclusion of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
11. The ABOto maintains the full, legal name of the applicant for its records. If, at any time after submission of the application, the legal name of the applicant changes due to marriage, divorce, or other circumstances, the applicant must provide copies of the official documentation of the change. It is not possible to maintain two names (i.e., a legal name and a professional name) for any one individual. At the time of any examination, the name on the official identification (i.e., driver’s license or passport) must match the name on record at the ABOto.

Purpose of Examination
The purpose of the examination is to determine the candidate’s knowledge and understanding of the following:
1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck.
2. Diagnosis and diagnostic methods including audiologic and vestibular assessments, electrophysiologic techniques, and other related laboratory procedures for diseases and disorders of the ears, the respiratory and upper alimentary systems, and the head and neck.
3. Therapeutic and diagnostic radiology, including the interpretation of medical imaging techniques relevant to the head, neck, and thorax, including the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus.
4. Diagnostic evaluation and management of congenital anomalies, allergy, sleep disorders, trauma, and other diseases in the regions and systems mentioned above.
5. The cognitive management, including operative intervention with its preoperative and postoperative care, of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including:
   • temporal bone surgery
   • paranasal sinus and nasal surgery
   • skull-base surgery
   • maxillofacial surgery including the orbits, jaws, and facial skeleton
   • aesthetic, plastic, and reconstructive surgery of the face, head, and neck
   • surgery of the thyroid, parathyroid, pituitary, and salivary glands
   • head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
   • endoscopy, both diagnostic and therapeutic
   • surgery of the lymphatic tissues of the head and neck
6. The habilitation and rehabilitation techniques and procedures pertaining to respiration, deglutition, chemoreception, balance, speech, and hearing.
7. The current literature, especially pertaining to the areas listed above.

In order to assist otolaryngology program directors in evaluating their programs, the Board reports each applicant’s examination results to the director of the program in which the applicant completed his/her senior resident year.

Neurotology Subspecialty Certification Examination
Objectives of Subspecialty Certification
The objectives of the ABOto with regard to subspecialty certification are:
1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request subspecialty certification in neurotology.
2. To determine which subspecialty candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of neurotologists.

The ABOto subspecialty certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

Definition of a Neurotologist
A neurotologist is an American Board of Otolaryngology-certified otolaryngologist-head and neck surgeon who has been prepared by an ACGME-accredited subspecialty residency program (fellowship) to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the temporal bone, lateral skull base, and related structures of the head and neck.

The neurotologist should have command of the core knowledge and understanding of:
the basic medical sciences relevant to the temporal bone, lateral skull base, and related structures; the communication sciences, including knowledge of audiology, endocrinology, and neurology as they relate to the temporal bone, lateral skull base, and related structures;

- advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves, and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.

A neurotologist has acquired expertise in the medical and surgical management of diseases and disorders of the temporal bone, lateral skull base, and related structures beyond that inherent to the practice of otolaryngology-head and neck surgery by virtue of either:

1. satisfactory completion of an ACGME-accredited neurotology subspecialty training program (Standard Pathway), or
2. satisfactory completion of a neurotologic practice over at least a 7-year period (Alternate Pathway).

Note: The Alternate Pathway will remain valid through the 2012 examination, applications for which are due by July 10, 2011. After which the Standard Pathway will be the only route to neurotology subspecialty certification.

Examination
The ABOto neurotology subspecialty certification process consists of an oral examination. All candidates must successfully complete this examination in order to become certified. A certificate, which is valid for 10 years, is granted by the ABOto to a candidate who meets all requirements and satisfactorily passes this exam.

Requests for an appeal regarding a subspecialty certification decision must be postmarked within 40 days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the subspecialty certification process is available upon request.

The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Training Requirements
Subspecialty training programs in neurotology in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS), and the ABOto, and are accredited by the ACGME. Information concerning approved educational programs can be found in the Graduate Medical Education Directory, published by the AMA.

All subspecialty residency training must be completed in ACGME-approved programs in a manner acceptable to the director of that subspecialty residency program.

Pre-requisite Requirements
At this time, there are two pathways to achieving subspecialty certification in neurotology. The pre-requisite requirements for each are outlined below.

A. Standard Pathway
The Standard Pathway is open to ABOto diplomates in good standing who have satisfactorily completed an ACGME-accredited neurotology subspecialty residency program. Pre-requisite requirements are as follows:

1. Resident Registry
   All subspecialty residents must be registered with the ABOto during the first year of neurotology subspecialty training in order to subsequently apply to take the subspecialty certification examination.
   A New Subspecialty Resident Form must be filed for each new subspecialty resident by the program director by July 10 of the first year of neurotology training.
   The program director subsequently submits a Subspecialty Resident Evaluation Form for each returning subspecialty resident by July 10 of each year. It must be noted whether the previous year was successfully completed.
   Subspecialty Resident Evaluation Forms become part of the individual’s ABOto file, and are a prerequisite for application for the certification examination. Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline will be assessed a $200 late fee.

2. Operative Experience Report (OER)
   All subspecialty residents maintain a log of their surgical procedures on the ABOto Web site during neurotology subspecialty training.
   A record is created at the ABOto office for each new subspecialty resident, and a password is sent to the subspecialty resident in early September. Throughout the year, the subspecialty resident maintains a record of his or her surgical procedures using the OER Program.
   All subspecialty residents upload data to the ABOto by July 10 of each year. A printout, signed by the subspecialty resident and the program director, is also submitted by July 10.
   Data from individual reports is transferred to a master database for review by the Credentials Committee.
   A fee of $200 is charged for data and/or printouts not received by the July 10 deadline.
   Completion and return of OER data annually is a prerequisite for application for the subspecialty certification examination. Credit may not be granted by the ABOto for any year of training for which OER data is not recorded.
   Beginning July 1, 2004, the ABOto will no longer collect operative data from residents. Residents will report their operative experience data to the ACGME using their system.

3. Transfers
   A subspecialty resident wishing to transfer from one subspecialty residency program to another must notify the ABOto in writing at least 6 weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.
   Letters from the current and prospective directors of training must also be submitted:
   - The letter from the current program director must verify the exact amount of training successfully completed in the program.
   - The letter from the prospective program director must verify that sufficient subspecialty residency positions, accredited by the ACGME, exist in the program to provide the transferring subspecialty resident with the training necessary to meet the requirements of the ABOto for neurotology certification.
   Failure to comply may result in loss of eligibility to participate in the ABOto subspecialty certification process.

4. Leaves of Absence
   Leaves of absence and vacation may be granted to subspecialty residents at the discretion of the program director in accordance with local rules. The total of such leaves and vacation may not exceed 6 weeks in any one year. If a longer leave of ab-
At this time, there are two pathways to achieving subspecialty certification in neurotology. The application requirements for each are outlined below.

B. Alternate Pathway

The Alternate Pathway allows ABoto diplomates in good standing who have not completed an ACGME-accredited neurotology subspecialty residency to sit for the neurotology subspecialty certification examination. This pathway is valid only through the 2012 examination, applications for which are due by July 10, 2011. Thereafter, all individuals wishing to sit for the neurotology subspecialty certification exam must utilize the Standard Pathway (see above).

1. The applicant must be an ABoto diplomate in good standing.
2. The applicant must have at least 7 years of clinical practice experience in neurotology.
3. The applicant must demonstrate that he/she has participated in at least 10 cases of intracranial exposures (i.e., translabyrinthine, middle cranial fossa, infratemporal fossa, and/or posterior fossa) over a 2-year period preceding the year of application.
4. The applicant must enter and submit his/her operative experiences over the 2-year period immediately preceding the year of application using the on-line Operative Experience Report. The report must be signed by the applicant and the chief of staff or hospital director.
5. The applicant uploads data to the ABoto and also submits the signed, printed copy by September 1. Data from individual reports is transferred to a master database for review by the Credentials Committee.
6. A fee of $200 is charged for data and/or printouts not received by the September 1 deadline.

Application for Examination

At this time, there are two pathways to achieving subspecialty certification in neurotology. The application requirements for each are outlined below.

A. Standard Pathway

There is no required time interval between completion of the subspecialty residency program and making application for examination. However, all subspecialty residency training must be successfully completed before the date of the examination in any given year.

Application materials for the examination in any given year become available June 1 on the ABoto Web site at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Subspecialty Resident Registry Evaluations, submitted annually by the program director.
3. Application Form, signed by the program director and another ABoto diplomate.
4. If more than one neurotology program was attended, an additional Verification of Neurotology Subspecialty Residency Form must be signed by the previous program director, attesting to satisfactory completion of training in that program.
5. Verification of all licenses to practice medicine, showing nonrestricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exception:
   Individuals who have completed subspecialty residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
6. Operative Experience Report (data and printout), which lists procedures assisted in and performed by the applicant during neurotology subspecialty residency, signed by the applicant and the program director.
7. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications, or abilities.
8. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

B. Alternate Pathway

Application materials for the examination in any given year become available June 2 on the ABoto Web site at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Application Form, signed by two ABoto diplomates.
3. Verification of all licenses to practice medicine, showing nonrestricted status and date of expiration.
4. Operative Experience Report for the 2 years immediately preceding the year of application, signed by the applicant and the hospital chief of staff or director.
5. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications, or abilities.
6. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

Applicants With Disabilities

The ABoto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABoto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABoto's policy regarding accommodation so that his or her special needs can be met in a timely manner. Current documentation of the disability must accompany the application.

Purpose of Examination

The purpose of the subspecialty examination in neurotology is to determine the candidate's knowledge and understanding in the following categories, which exceed that expected of an ABoto diplomate holding a primary certificate in otolaryngology.
1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and allergy and immunology relevant to the temporal bone, lateral skull base, and related structures; the communication sciences, including knowledge of audiometry; endocrinology and neurology as they relate to the temporal bone, lateral skull base, and related structures; neuropathology; neuropathology; diagnosis, and therapy of advanced neurologic disorders, including advanced audiologic and vestibular testing; evaluation of cranial nerves and related structures; interpretation of imaging techniques of the temporal bone and lateral skull base; and electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII.

2. Audiometric testing including auditory brainstem responses and otoacoustic emissions.

3. Vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures.

4. Diagnostic expertise and ability to develop medical and surgical management strategies, including intracranial exposure, and postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, allergic, immunologic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.

5. Diagnostic evaluation and management of the surgical revision procedures for the treatment of chronic otitis media; disorders of the vestibular system; otosclerosis; profound hearing loss; facial nerve disorders; and congenital, inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex; occipital bone, sphenoid bone, and related structures.

6. Advanced surgical techniques to deal with diseases and disorders of the auditory and vestibular systems; extradural skull base, including the sphenoid bone, temporal bone, and reconstructive techniques for repair of deficits in these areas.

7. The habilitation and rehabilitation techniques and procedures pertaining to vestibular disorders, hearing disorders (including but not limited to, hearing aids, cochlear implants, and assistive listening devices), and cranial nerve neurophysiopathies, as well as the speech rehabilitation of the hearing impaired.

8. The diagnosis and medical and surgical management of congenital, traumatic, inflammatory, degenerative, neoplastic, allergic, immunologic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.

9. The current literature, especially pertaining to the areas listed above.

10. Research methodology

In order to assist otolaryngology program directors in evaluating their programs, the Board recommends each applicant's examination results to the director of the program in which the applicant completed his/her neurotology subspecialty residency training, if appropriate.

**Maintenance of Certification**

Individuals certified in 2002 and thereafter receive certificates that are valid for 10 years. Revalidation is accomplished by satisfactory completion of the ABOto Maintenance of Certification Process, which is outlined below and meets the guidelines established by the American Board of Medical Specialties.

To remain current in the MOC process, diplomates with time-limited certificates and participants must complete a brief form and submit a fee annually. A penalty fee will be assessed for late submissions, and nonparticipation may result in default of the Maintenance of Certification process.

1. **Professional Standing**

Participants in the Maintenance of Certification process must:

a. hold a valid certificate issued by the American Board of Otolaryngology;

b. hold a valid, unrestricted license to practice medicine in all locations where licensed, as defined by ABOto policy;

c. hold privileges to practice otolaryngology-head and neck surgery in hospitals or surgical centers accredited by the Joint Commission on the Accreditation of Health Care Organizations or AAAHC, or must provide a letter of explanation why this requirement cannot be met.

2. **Lifelong Learning and Self-Assessment**

a. Participants in the Maintenance of Certification process are required to complete 100 hours of ACCME-approved Category I continuing medical education every 2 years, of which 60% must be specialty related, as evidence of lifelong learning. CME credits are calculated on the calendar year for reporting purposes. Periodic audits will be conducted by the ABOto to assure compliance. It is the responsibility of the individual diplomate to maintain the CME record.

b. Participation in the AAO-HNSF Home Study Course is a recommended form of participation in lifelong learning with periodic self-assessment.

3. **Cognitive Expertise**

a. The Scope of Knowledge Study is the definition of the content for the specialty and will be used for the development of the revalidation examination, which will be conducted in a secure, proctored environment and will be subject to psychometric and statistical analysis.

b. Candidates will be required to complete a core component examination, which includes knowledge fundamental to the practice of otolaryngology-head and neck surgery, as well as knowledge of practice environment issues such as quality assurance, safety, regulations, ethics of practice, professionalism, legal and reimbursement issues, and one module, to be selected by the candidate, which focuses on a specific area. The exact modules are yet to be determined.

4. **Evaluation of Performance in Practice**

This area remains under development.
American Board of Pathology

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Policies, Procedures, and Requirements
This document supersedes all previous publication of the American Board of Pathology (ABP) concerning its policies, procedures, and requirements for certification. (See ABP Web site for changes made after publication of this document.)

All candidates for ABP certification are admitted to the examinations at the discretion of the ABP.

The admission of a candidate to an ABP certifying examination is governed by the policies, procedures, and requirements in effect during the current application period.

The ABP reserves the right to make changes in its fees, policies, procedures, and requirements at any time, with or without prior notice.

Organizational History
In June 1935, the Section on Pathology and Physiology of the American Medical Association (AMA) and the American Society of Clinical Pathologists (ASCP) appointed committees that together considered the feasibility and desirability of establishing a national certifying board. The joint committee agreed unanimously that such a board should be established and proceeded to draw up bylaws.

In May 1936, the ASCP and the Section on Pathology and Physiology of the AMA accepted the proposed bylaws, authorized the nomination of four members each to the ABP, and suggested incorporation in Michigan. Approval of the ABP was granted by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the AMA.

On July 19, 1936, the ABP met for the first time in Chicago. The original Trustees were Doctors F W Hartman, E B Krumbhaar, H T Karsner, and J J Moore from the Section on Pathology and Physiology of the AMA, and Doctors A H Sanford, P H Lamb, A G Foord, and R R Kracke from the ASCP.

Officers elected were Doctors A H Sanford, president; P H Lamb, vice president; and F W Hartman, secretary-treasurer.

Cooperating Societies of the ABP
- Academy of Clinical Laboratory Physicians and Scientists
- American Medical Association Section Council on Pathology
- American Society for Clinical Pathology
- American Society for Investigative Pathology
- Association of Directors of Anatomic and Surgical Pathology
- Association of Pathology Chairs

- College of American Pathologists
- United States and Canadian Academy of Pathology, Inc

Mission and Purpose
The mission of the American Board of Pathology, as a member of the American Board of Medical Specialties, is to promote the health of the public by advancing the practice and science of pathology.

The ABP accomplishes its mission through the following principal activities:
1. Establishing certification standards.
2. Assessing the qualifications of those seeking to practice the specialty of pathology.
3. Conducting voluntary primary and subspecialty certification examinations and awarding certificates to successful candidates.
4. Encouraging the maintenance of certification of those practicing pathology.
5. Participating in the review of pathology training programs and supporting the directors and trainees of these programs.
6. Maintaining communication with pathology and other medical organizations, with its diplomates, and with others as appropriate.
7. Encouraging the study of pathology.
8. Maintaining a registry of its diplomates.

The ABP does not seek special privileges for its diplomates, nor does it:
1. Confer an academic degree.
2. Confer a legal qualification or license to practice pathology.
3. Define hospital privileges.
4. Define the scope of specialty practice.
5. Delineate who may or may not engage in the practice of pathology.

Certification by the ABP
The ABP seeks to improve the quality of training and practice of pathology by continual review of the program requirements of graduate training in conjunction with the Residency Review Committee for Pathology (RRC) and by improving and perfecting the entire certification process. In this way, the ABP serves the public, the profession, and the individual physician.

I. Certification in Anatomic Pathology, Clinical Pathology, or Combined Anatomic Pathology and Clinical Pathology
The granting of a certificate to a physician by the ABP denotes that the pathologist is a physician who:
A. Successfully completed a graduate medical education program in pathology approved by the RRC and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) and
B. Has been endorsed by the pathology training program director and recommended by other pathologists familiar with the candidate's competence and
C. Has successfully completed a voluntary evaluation process designed and administered by the ABP to assure the public and colleagues that, at the time of certification, the pathologist had knowledge, skills, and other abilities that the ABP deems important for the practice of pathology.

II. Subspecialty Certification
Pathology is a broad discipline; therefore, it is appropriate that some certified pathologists seek greater knowledge and expertise in one of the component areas of pathology. Presently, the ABP issues subspecialty certificates in blood banking/transfusion medicine, chemical pathology, cytopathology, forensic pathology, hematology,
medical microbiology, neuropathology, pediatric pathology, and, in conjunction with the American Board of Dermatology (ABD), subspecialty certification in dermatopathology and, in conjunction with the American Board of Medical Genetics (ABMG), subspecialty certification in molecular genetic pathology.

Certification in a subspecialty requires additional training and an additional examination. Pathologists with subspecialty certification may choose to limit their activities entirely or in part to a specific area of competence or they may place special emphasis on it in their practices. The achievement of subspecialty certification does not reflect on the ability of other pathologists to practice in that area.

III. Maintenance of Certification
It is the position of the ABP that continuing medical education and practice experience are required to maintain general and subspecialty knowledge after successful completion of the certification process. (See Time-Limited Certificates and Voluntary Recertification and Maintenance of Certification.)

Requirements for Certification
All applications for certification are evaluated by the Credentials Committee of the ABP. The evaluation process requires consideration of the following:

I. Professional Education
A candidate must have graduated from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, an osteopathic college of medicine accredited by the Bureau of Professional Education of the American Osteopathic Association, or a medical school outside the United States or Canada acceptable to the ABP.

A graduate of a medical school outside the United States or Canada must submit with the application a notarized copy of the medical school diploma, along with an English translation, showing the medical degree and the date that it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

II. Medical Licensure
The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy issued by one of the licensing agencies of the United States or Canada, or, if the candidate is applying for a license to practice medicine, a copy of the application for licensure and evidence of successful completion of USMLE Step 3 or other examination required by the licensing authority must be submitted by the deadline for application. Results of the certification examinations will not be released until a notarized copy of a currently valid, full, and unrestricted license to practice medicine is received by the ABP. Entry into and successful participation in a rehabilitation or diversionary program for chemical dependency, and must provide the ABP all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements. Failure to report such an action may result in the denial of qualification to sit for a certifying examination or the revocation of any and all certificates issued by the ABP, as applicable. (See Revocation of Certificate.)

III. Pathology Training Requirements
To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through one of the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only, and clinical pathology only. A variety of subspecialty certificates is offered. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.

Only pathology training taken in the United States or, in certain circumstances, in Canada is acceptable toward meeting the ABP requirements. The training must be in programs that have been inspected and accredited by the ACGME or the RCPSC or specifically approved by the ABP. The training must have been successfully completed during the 5-year period immediately preceding the filing date for submission of the application. Verification of the candidate's qualifications by the pathology training program director is required. The program director has the opportunity to observe the candidate's performance over the course of training and the responsibility to evaluate the candidate's overall educational advancement. Therefore, the pathology training program director is asked to verify to the ABP that the training has been appropriate and successfully completed and that the candidate is ready to take the certifying examinations. The ABP solicits written evaluations of the candidate's performance from the pathology training program director(s) and from other persons acceptable to the ABP for such evaluation. This evaluation is a critical factor considered by the ABP in determining the candidate's qualification for examination and certification.

A. Primary Certification
In addition to accredited pathology training, applicants for primary certification must meet the 1-full-year credentialing requirement as defined in Section IV, The Credentialing Year. However, residents who began pathology training in 2002 or later will not have a credentialing year requirement.

1. Training. The candidate must satisfactorily complete pathology training in a program accredited by the ACGME or the RCPSC as follows:
   a. Combined Anatomic Pathology and Clinical Pathology (APCP) Certification
      Four full years of full-time, approved training in an accredited APCP-4 program that includes at least 18 months of structured training in anatomic pathology and 18 months of structured training in clinical pathology, and either an additional 12 months of full-time, continued training in anatomic pathology and/or clinical pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined 4-year accredited AP/CP training program.
   b. Anatomic Pathology (AP) Certification
      1. Three full years of full-time, approved training in anatomic pathology in an accredited AP-3 or AP-4 program that includes at least 24 months of structured training in anatomic pathology, and either an additional 12 months of full-time, continued training in anatomic pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.

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2. Primary certification in clinical pathology and 2 full years of full-time, approved training in anatomic pathology in an accredited APCP-4 or AP-3 program, with at least 18 months of structured training in anatomic pathology. Six months may be full-time, approved training in a subspecialty area of anatomic pathology as part of the defined accredited training program.

a. Clinical Pathology Certification (CP) Training Requirements

1. Three full years of full-time, approved training in clinical pathology in an accredited APCP-4 program that includes at least 24 months of structured training in clinical pathology, and either an additional 12 months of full-time, continued training in clinical pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.

2. Primary certification in anatomic pathology and 2 full years of full-time, approved training in clinical pathology in an accredited APCP-4 program, with at least 18 months of structured training in clinical pathology. Six months may be full-time, approved training in a subspecialty area of clinical pathology as part of the defined accredited training program.

3. Advanced Pathology Training Credit Mechanisms. Under special circumstances, advanced credit may be given by the mechanisms described hereafter. Advanced credit is any medically relevant, post-baccalaureate, 12-month experience that is not approved by the ACGME for training in pathology and is relevant to the education of pathologists as determined by the ABP and can be applied to satisfy the flexible year in pathology. The acceptance of advanced credits as substitutes for accredited pathology training toward primary certification is optional and is evaluated on an individual basis. Advanced credit is given only for activities that have occurred in either the United States or Canada. The total combined period of advanced pathology training credit allowed for in paragraphs a and b in this section (III.A.2) will not exceed 12 months and can be applied only to the flexible year of required pathology training necessary for certification in AP/CP, AP, or CP.

Advanced credit cannot be applied to combined primary and subspecialty certification requirements. (See Section III.C, Combined Primary and Subspecialty Certification) To avoid any misunderstanding, potential applicants should communicate with the ABP after sufficient time in a training program to ascertain if credit may be acceptable. The pathology training program director will be asked to assess the proposal and to provide a recommendation as to the amount of credit that the director believes the candidate should receive. The recommendation should be made only after the pathology training program director has observed the performance of the applicant.

The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2, Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The ABP will notify the director of the pathology training program of such potential credit. Prior to the candidate's admission to the certifying examination, the director of the final year of training must certify that the candidate is fully qualified to sit for the examination.

For residents entering pathology training programs on or after July 1, 2003, credit for a PhD degree will not be granted.

For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Candidates holding a PhD degree in a special discipline of pathology or a basic science related to pathology may, under certain circumstances, obtain pathology training credit. The evaluation and granting of the amount of training credit will depend on an assessment by the ABP regarding relevance of the field of study to anatomic pathology or clinical pathology.

b. For residents entering pathology training programs on or after July 1, 2003, the ABP will grant up to 6 months of research credit for primary certification. The research must be done during the 4-year pathology training program and with the approval of the program director.

For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Research with a direct application to the practice of anatomic pathology or clinical pathology and not leading to an advanced degree may be considered for credit not to exceed 12 months in combination with other advanced credits. The research must be full-time, and the applicant must be able to demonstrate active participation in the generation of the hypothesis and development of the protocol. No credit is given for research employment as a technician or technologist. The ABP encourages research and believes that candidates should carry on investigation, teaching, and the publication of scientific papers during primary training.

3. Post-Pathology-Course Fellowship and Student Fellowship Training During Medical School—Criteria for Acceptance. For students entering post-pathology-course fellowships on or after July 1, 2003, the ABP will not offer qualification credit for successful completion of such programs.

For those who began post-pathology-course fellowships prior to July 1, 2003, the following remains in effect: Under certain circumstances, candidates may receive advanced pathology training credit toward the primary certification requirements for post-pathology-course fellowship training or research in pathology. Such credit is not given toward the requirements for subspecialty certification or combined primary/subspecialty certification. The credit is assessed on an individual basis. Granted credit will be assigned only to the flexible year of required primary training. Credit will not be given toward the required 18 months of structured anatomic pathology training or the required 18 months of structured clinical pathology training necessary to qualify for combined anatomic and clinical pathology certification.

If the ABP has approved the fellowship program and has been informed of the candidate's successful completion, an application for advanced credit should not be submitted.

Advanced credit toward single certification in anatomic pathology or single certification in clinical pathology will be given toward only the flexible year of required pathology training and not toward the 24 months of required structured training.

The guidelines for acceptable post-pathology-course fellowship training for credit are:

a. The fellow must have fully and satisfactorily completed the medical school year in which the pathology course is taught.

b. The fellow must not receive credit for fellowship activities toward the requirements for graduation from medical school.

c. Training must be full-time in a department of pathology that has a fully accredited pathology training program.

d. Training must be validated by the director of the student fellowship program and be approved as an acceptable experience by the director of the accredited pathology training program in which the candidate is registered.
e. No credit is given for electives or for courses that are part of the medical school curriculum.

f. Training must be under the direction of the director of the pathology training program or the chair of the department of pathology.

g. A description of proposed activities, responsibilities, and assignments for anatomic pathology, clinical pathology, and research must be available and on file prior to the beginning of the fellowship. If a formal institutional program exists, a copy should be filed with the ABP. 

h. A validation and evaluation report must be submitted on completion of the fellowship by the pathology training program director or chair of the department of pathology if the fellow is seeking credit toward certification requirements.

4. **Interval of Training.** A candidate for primary certification who has not been declared qualified for examination within 5 years after the end of the required pathology training must have successfully completed 1 year of additional pathology training (ie, 1 year in AP and 1 year in CP for APACP certification) in a program accredited for such training by the ACGME or RCPSC.

A candidate for subspecialty certification who has not been declared qualified for examination within 5 years after the end of the required training must have successfully completed 1 year of additional subspecialty training in a program accredited for such training by the ACGME.

The additional training must have occurred during the 5-year period immediately preceding the final filing date for submission of the application.

**B. Subspecialty Certification**

Candidates may seek certification in only one subspecialty at a time. All candidates applying for subspecialty certification must hold a primary certificate from the ABP or, where indicated, from another member medical specialty board of The American Board of Medical Specialties (ABMS).

Credit is not given for pathology training taken outside of the United States, nor is credit given for subspecialty training that was part of the training program for the primary examination in AP and/or CP.

No advanced credit will be given toward the requirements for subspecialty certification by the mechanisms described in Section III.A.3, Advanced Pathology Training Credit Mechanisms.

1. **Blood Banking/Transfusion Medicine (BB/TM)**

   a. For applicants who are certified in anatomic pathology and clinical pathology, clinical pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.

   b. For diplomates of The American Board of Anesthesiology: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.

   c. For applicants, other than those described in 1a or 1b, who are certified by another member medical specialty board of the ABMS: 2 years, full time, in blood banking/transfusion medicine, including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in blood banking/transfusion medicine acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

   d. For applicants seeking combined certification in clinical pathology and blood banking/transfusion medicine, see Section III.C, Combined Primary and Subspecialty Certification.

2. **Chemical Pathology (Chem P)**

   a. For applicants who are certified in anatomic pathology and clinical pathology or clinical pathology only: 1 full year of additional training in chemical pathology in a program accredited for such training by the ACGME.

   b. For applicants, other than those described in 2a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in chemical pathology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in chemical pathology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

3. **Cytopathology (CYP)**

   a. For applicants who are certified in anatomic pathology or combined anatomic and clinical pathology: 1 full year of full-time supervised training in cytopathology in a program accredited for such training by the ACGME.

   b. For applicants seeking combined certification in anatomic pathology and cytopathology, see Section III.C, Combined Primary and Subspecialty Certification.

4. **Dermatopathology (DP)**

   Certification in dermatopathology is a joint and equal function of the ABP and the American Board of Dermatology (ABD). Such function relates to qualifications of candidates, standards of examinations, and the form of the certificate.

All candidates applying for certification must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the state or jurisdiction of the United States or Canada in which the principal practice or training facility is located.

a. **Prerequisites**

   The ABP and the ABD will qualify candidates for examination for certification in dermatopathology who:

   1. Are certified by the ABP and the ABD.

   2. Are certified by the ABP (anatomic pathology or combined anatomic pathology and clinical pathology) or the ABD and have completed at least 1 year of training in dermatopathology in a program accredited for such training by the ACGME. This additional training must be taken after the candidate has met the full training requirements for certification in pathology or dermatology.

   b. **Training**

   Training programs in dermatopathology are a joint and equal function of departments of pathology and dermatology. The pathologist applicant must spend half of the required training time in clinical dermatology.

5. **Forensic Pathology (FP)**

   a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 1 full year of additional supervised training in forensic pathology in a program accredited for such training by the ACGME.

   b. For applicants seeking combined certification in anatomic pathology and forensic pathology, see Section III.C, Combined Primary and Subspecialty Certification.

6. **Hematology (HEM)**

   a. For applicants who are certified in anatomic pathology and clinical pathology, anatomic pathology only, clinical pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional supervised train-
ing in hematology (pathology) in a program accredited for such training by the ACGME.

b. For applicants, other than those described in 6a, who are certified by another member medical specialty board of the ABMS: 2 years, full time, in hematology (pathology) including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in hematology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

c. For applicants seeking combined certification in clinical pathology or anatomic pathology and hematology, see Section III.C, Combined Primary and Subspecialty Certification.

7. Medical Microbiology (MMB)

a. For applicants who have any primary certificate in pathology or have a primary certificate plus a subspecialty certificate in infectious disease from another member medical specialty board of the ABMS: 1 full year of additional training in medical microbiology in a program accredited for such training by the ACGME.

b. For applicants, other than those described in 7a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

c. For applicants seeking combined certification in clinical pathology and medical microbiology, see Section III.C, Combined Primary and Subspecialty Certification.

8. Molecular Genetic Pathology (MGP)

Certification in molecular genetic pathology is a joint and equal function of the American Board of Medical Genetics (ABMG) and the ABP. Such function relates to qualifications of candidates, standards of examination, and the form of the certificate. Each candidate applying for certification must be a physician and hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the United States or Canada.

a. Prerequisites

The ABMG and the ABP will qualify candidates for examination for certification in MGP who:

1. Are certified by the ABP and the ABMG.
2. Are certified by the ABP (anatomic pathology, clinical pathology, or combined anatomic pathology and clinical pathology) or the ABMG and by the ACGME.

Submit a completed application that includes a logbook of 150 cases from the time period indicated above and a completed supplemental information form.

The by-experience pathway will end in 2006, 5 years after ACGME began accreditation of MGP training programs. Unaccredited training in MGP will count as experience.

3. Are certified by the ABP (anatomic pathology, clinical pathology, or combined anatomic pathology and clinical pathology) or the ABMG and have completed at least 1 year of training in molecular genetic pathology in a program accredited for such training by the ACGME.

b. Training

Training programs in molecular genetic pathology are a joint and equal function of departments of pathology and medical genetics. The pathologist applicant must participate in the diagnosis, management, and treatment of the patient and the family.

9. Neuropathology (NP)

a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 2 full years of additional supervised training in neuropathology in a program accredited for such training by the ABGME.

b. For applicants who are certified in clinical pathology or are certified by another member medical specialty board of the ABMS:

1. One full year of approved training in anatomic pathology in a program accredited for such training by the ACGME.

2. Two full years of additional supervised training in neuropathology in a program accredited for such training by the ACGME.

c. For applicants seeking combined certification in anatomic pathology and neuropathology, see Section III.C, Combined Primary and Subspecialty Certification.

10. Pediatric Pathology (PP)

a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only from the ABP or anatomic pathology or general pathology from the RCPSC: 1 full year of additional supervised training in pediatricpathology in a program accredited for such training by the ACGME.

b. The pediatric pathology training or experience should occur after the completion of the full training requirements necessary to qualify for certification in AP/CP or AP.

C. Combined Primary and Subspecialty Certification

Under certain circumstances, subspecialty training may be combined with the primary training requirements, permitting a candidate to qualify for a combined certificate. Applicants for combined certification must also meet the additional credentialing year requirement. (See Section IV, The Credentialing Year.) However, residents beginning pathology training in 2002 or later will not have a credentialing year requirement.

Advanced credit will not be given toward the requirements for combined certification (involving primary training and subspecialty training) by the mechanisms described in Section III.A.2, Advanced Pathology Training Credit Mechanisms.

The acceptable combinations of certification and required training are:

1. Anatomic Pathology and Cytology—3 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 1 full year of approved training in cytopathology in a program accredited for such training by the ACGME.

2. Anatomic Pathology and Forensic Pathology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME, 1 full year of approved training in forensic pathology in a program accredited for such training by the ACGME, and 1 additional year of approved training in another area of pathology such as neuropathology, toxicology, or chemical pathology.

3. Anatomic Pathology and Hematology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 years, full time, in hematology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in hematology.
acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

4. Anatomic Pathology and Medical Microbiology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 full years of approved training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

5. Anatomic Pathology and Neuropathology—2 full years of approved training in anatomic pathology and 2 full years of approved training in neuropathology in a program accredited for such training by the ACGME with adequate experience in diagnostic neuropathology.

6. Clinical Pathology and Subspecialty Certification—3 full years of approved training in clinical pathology in a program accredited for such training by the ACGME and 1 full year of approved subspecialty training in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology in a program accredited for such training by the ACGME, as defined in Section III.B. Subspecialty Certification or

   2 full years of approved training in clinical pathology and 2 years, full time, in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology, including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in the subspecialty acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

IV. The Credentialing Year

Residents beginning pathology training in 2002 or later will not have a credentialing year requirement. All other residents will be expected to satisfy the credentialing year requirement as follows:
The 12-month credentialing year requirement is in addition to the required pathology training and can be satisfied only after the candidate has obtained the medical degree (see B1).

The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2. Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The requirement can be met by:

A. One full year of full-time, approved graduate medical education in a transitional year training program or in a clinical area of medicine such as internal medicine, surgery, obstetrics and gynecology, pediatrics, emergency medicine, or family practice or

B. One full year of full-time research in pathology or in another clinical discipline, provided that the research was done in the United States or Canada and has clearly defined clinical implications. The guidelines for acceptance of research activity are:

   1. The research activity must have taken place (a) as part of a combined degree program in which the candidate obtains both a recognized medical degree and a doctoral degree in medical sciences without reference to sequence, or (b) after the candidate has obtained a recognized medical degree.

   2. The candidate must have had a clearly defined investigator role in the research program.

   3. The research must have directly involved patients, or materials obtained from patients, or techniques that can be applied directly to the diagnosis of human disease or to the understanding of the basic mechanisms of disease.

   4. Credit for research activity completed prior to entering a pathology training program must be approved by the director of the pathology training program and the ABP. Such research must have occurred in an institution in the United States or Canada or

   C. One year of training in one of the recognized subspecialty fields of pathology that includes clinical correlation and patient contact. (This year cannot be used to meet the requirements for both the credentialing year and subspecialty certification.) or

   D. The satisfactory completion of 1 full year of a combination of clinical training, clinical research, or subspecialty pathology training in addition to the required pathology training necessary to qualify for certification in anatomic pathology and clinical pathology, anatomic pathology, or clinical pathology. The pathology training program director is responsible for defining and justifying this year to the ABP. The ABP recommends that for applicants meeting the credentialing year requirement by combinations of pathways A, B, and C, the periods of activity be at least 4 months in duration wherever possible.

   E. Under certain circumstances, clinical training taken outside the United States and Canada may be acceptable toward meeting the ABP credentialing year requirement of clinical training, provided that the following criteria are fully met and validated:

   1. Clinical training taken after the candidate obtained a medical degree acceptable to the ABP.

   2. Satisfactory completion of 1 full year of full-time training in clinical medicine in a multidisciplinary training program (internship) or in a training program in internal medicine, pediatric medicine, general surgery, or obstetrics and gynecology.

   3. Documentation from the training institution that the program in question has been inspected and accredited for graduate medical education.

   4. Indication from the director of the clinical training program that the candidate was registered in the program, completed the training satisfactorily, and was the physician of record in the diagnosis and treatment of patients throughout the full 12 months.

   5. Recommendation from the pathology training program director in regard to the person’s request.

   The acceptability of clinical training toward meeting the ABP requirements is assessed on an individual basis, and it is imperative that an opinion be obtained from the ABP well in advance of the submission of an application for certification. The amount of advanced credit for clinical training outside of the United States and Canada toward the ABP requirements for certification cannot exceed a total of 12 months.

   It is the responsibility of the person seeking credit to ensure that all validating items for these criteria are submitted to the ABP for consideration. No assessment of possible credit will be given until all validating and reference information has been received.

V. Examination

The final step is passing an objective written and practical examination designed to evaluate the candidate’s factual knowledge of pathology and to assess practical problem solving skills, interpretive skills, and diagnostic abilities.
Application for Examination

Requests for application forms must be made in writing to the ABP. Completed original application forms should be returned with the required credentials and the examination-application fee. An application cannot be given consideration unless it is accompanied by the application-examination fee.

Reporting of Results

In December, each program director (primary and subspecialty) will receive a 5-year report of the examination performance of graduates of that training program. Cumulative information will be sent to each program director and will be made available to the RRC for use in the evaluation of program accreditation.

Fees

The application-examination fee schedule for 2004 is as follows:

- Anatomic pathology only $1,800
- Clinical pathology only $1,800
- Anatomic pathology portion of combined AP/CP $1,800
- Clinical pathology portion of combined AP/CP $1,800
- Anatomic pathology portion of combined AP/subspecialty $1,800
- Clinical pathology portion of combined CP/subspecialty $1,800
- Combined anatomic pathology and clinical pathology $2,200
- Subspecialty only $1,800
- Subspecialty portion of combined AP/subspecialty $1,800
- Subspecialty portion of combined CP/subspecialty $1,800
- Anatomic pathology or clinical pathology combined with subspecialty $2,200

(For this fee to apply, the examination must be for the combined examination as explained in Section III.C, Combined Primary and Subspecialty Certification. In addition, the examinations must be taken in sequence as offered, AP or CP examination first and the subspecialty examination the next time offered.)

The application-examination fee includes a nonrefundable administrative fee of $100. If the different divisions of the AP/CP and the combined primary and subspecialty examinations are taken at separate sittings, there is a separate examination fee for each sitting. If the candidate fails in the examination, admission to a repeat examination is permitted, but any reexamination must occur within the period of qualification described under Qualification Period for Examination. The applicant must pay the examination fee according to the current fee schedule before another examination can be taken. If, after having applied for a specific examination, the candidate requests, in writing, a transfer to a future examination prior to the final filing date, there is an administrative fee of $100.

In the event of the candidate's illness at the time of the examination, validated by the candidate's attending physician, a major portion of the application-examination fee will be either transferred to the next examination or refunded. It is the candidate's responsibility to notify the ABP of any change that may affect a scheduled examination.

Vacation, Maternity, and Other Leave

Each institution sponsoring a pathology training program should develop individual sick, vacation, and other leave policies for the resident. However, 1 year of approved training credit toward APB certification requirements must be 52 weeks in duration and must include at least 48 weeks of full-time pathology training. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of training.

Irregular Behavior

In the interest of protecting the integrity of the ABP and its certification examinations, the following irregular behaviors may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of a candidate's examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABP:

1. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of candidates' answers; or
2. The unauthorized possession, reproduction, or disclosure of any ABP examination-related materials, including, but not limited to, examination questions or answers, before, during, or after the examination; or
3. The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit that is not usually granted by the ABP to other similarly situated candidates or persons; or
4. Possession of notes, books, or any other examination aid in the vicinity of the examination room; or
5. The engaging in irregular behavior in connection with the administration of the examination, including but not limited to:
   a. Referring to notes, books, or any other examination aid at any time during the examination, including breaks;
   b. Transferring or receiving information relating to the contents or answers of the examination to or from another candidate or a third party before, during, or after the examination. This prohibition includes any transfer of information between a candidate and another person at any time during the examination, including breaks, and any reconstruction of examination questions and answers and the transfer of information concerning the same after the examination.

In addition, the ABP may withhold a candidate's scores and require that the candidate retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of evidence of the candidate's personal involvement in such activities.

Chemical Dependency

An applicant for certification who, within 3 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority will be required to present evidence to the ABP that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or has completed a private treatment program. In the latter case, the applicant must present attestations from the responsible program administrators and physicians demonstrating to the satisfaction of the ABP that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an ongoing problem. This documentation must accompany the completed application form.

Qualification Period for Examination

The ABP does not recognize or use the term "board eligible" and does not issue statements concerning "board eligibility." An applicant is declared qualified for examination only after an application has been received and approved by the Credentials Committee.

- Candidates who have been qualified for a primary examination will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.
- Candidates who have been qualified for a subspecialty examination given every year will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.
Candidates who have been qualified for a subspecialty examination given every other year will have three opportunities to sit for the subspecialty examination.

At any time after declaring a candidate qualified for examination, the Credentials Committee, at its discretion, may withdraw such qualification or, as a condition, may require satisfaction by the candidate of specified conditions. In the exercise of its discretion under this regulation, the Credentials Committee shall be entitled to act without reason assigned.

If it is determined that a candidate has (a) falsified information or has withheld material information in connection with his or her application or in any other representation to the ABP or any committee thereof, including but not limited to an applicant’s failure to report any revocation or suspension of, or limitation to, his or her license as required in Section II, Medical Licensure; (b) misrepresented to any third party his or her status as a diplomate of the ABP; and/or (c) engaged in irregular behavior, the candidate will not be approved for the certifying examination and will be ineligible for a period of up to 3 years before being permitted to file a new application.

Unsuccessful Candidates

Once the initial period of primary or subspecialty qualification has terminated, candidates who have been unsuccessful in any of the certification examinations may apply for one additional period of qualification based on satisfactory experience in the field of pathology in question. This will be granted on submission of appropriate and acceptable documentation of 2 years of full-time experience in the area in which the candidate was unsuccessful, or candidates may apply for one additional period of qualification based on satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

Candidates who continue to be unsuccessful in certification examinations may apply for an additional period of qualification, which may be granted only to those who submit evidence of satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

Candidates who are qualified for combined primary and subspecialty certification must pass both examinations to receive a combined certificate. Candidates successful in the primary examination (AP or CP) but not in the subspecialty examination may apply for the awarding of a single primary certificate (as above).

Candidates successful in the subspecialty examination but not in the primary examination are not eligible for the awarding of a subspecialty certificate. Those candidates must not identify themselves as having subspecialty certification.

Examination Dates

All examinations are computer based. Spring primary examinations will be administered at three computer examination sites in 2004. Fall primary examinations and all subspecialty examinations will be administered at the ABP Examination Center in Tampa, Florida.

Anatomic Pathology and Clinical Pathology Examinations

The Spring 2004 primary examinations will begin on Monday, June 14, 2004, and will continue until all qualified, registered candidates have been examined. Beginning in 2005, all examinations will be given only in Tampa.

Candidates applying for the Spring primary certification examinations must complete their training by July 1 of the year of application.

The Fall 2004 primary examinations will begin on Monday, October 18, 2004, and will continue until all qualified, registered candidates have been examined.

Candidates applying for the Fall primary certification examinations must complete their training by November 1 of the year of application.

Subspecialty Examinations

The subspecialty examinations in chemical pathology, medical microbiology, molecular genetic pathology, neuropathology, and pediatric pathology are given every 2 years.

2004

Blood Banking/Transfusion Medicine—September 8, 2004
Cytology—September 8, 2004
Dermatopathology—September 20, 2004
Forensic Pathology—September 13, 2004
Hematology—September 22, 2004

Depending on the number of candidates, it may be necessary to give certain subspecialty examinations on multiple days. In that case, each candidate will be notified of his or her examination date at least 6 weeks prior to the examination date listed.

Final Filing and Cutoff Dates

The final filing dates for receipt of applications or registrations are as follows:

• January 15 for Spring primary examinations
• May 1 for initial applicants of Fall primary examinations
• August 15 for applicants retaking the primary examinations
• June 1 for the molecular genetic pathology examination
• May 1 for other subspecialty examinations

If the candidate cancels an appearance for the examination after these dates or does not appear for the examination, the entire application-examination fee is forfeited.

Examination Date and Location Assignments

Candidates for the primary certification examination will have 4 weeks from notification of their assignment to accept. Candidates may request a transfer to a future examination period, in which case the entire examination fee will be applied to that examination. There will be a $100 fee assessed for any additional transfer of examination dates. There is no opportunity to change the assignment within a given examination period. If the ABP is not notified within the 4-week period, the assignment will stand.
Issuance of Certificate
On passing the appropriate examination(s) and satisfying all other requirements, a candidate will be issued a certificate by the ABP in those fields of pathology for which the ABP declared the candidate qualified. Thus, a candidate who is qualified for the combined examination in anatomic pathology and clinical pathology, having fulfilled the minimum pathology requirement of 48 months and the credentialing year requirement of 12 months, will receive a certificate only after both parts (anatomic pathology and clinical pathology) of the examination have been passed.

Candidates qualified for examination in anatomic pathology or clinical pathology and a subspecialty area of pathology on the basis of the required training in each area will receive a certificate only after each of the examinations has been passed.

A candidate who has fulfilled all the prerequisites, including the minimum requirement of 36 months of approved training in anatomic pathology only or clinical pathology only, and the credentialing year activity, will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

Candidates qualified for combined AP/CP who pass only the AP portion or the CP portion of the examination may request an application for consideration of awarding a single certificate. Consideration will be given only to candidates who meet the requirements for the single certificate. For additional information on the awarding of single certificates, please contact the ABP.

The ABP does not issue duplicate certificates. If a certificate is lost or destroyed, the diplomate must request a replacement in writing, stating the reason for replacement of the original certificate. The replacement certificate will indicate that the certificate is a replacement and the date of the replacement. A fee of $50 must accompany the written request.

Revocation of Certificate
At its discretion, the ABP may revoke or suspend a certificate for due cause, including, but not limited to:

a. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the ABP or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be; or

b. The diplomate made a material misstatement or withheld information in the application or in any other representation to the ABP or any committee thereof, whether intentional or unintentional; or

c. The diplomate engaged in irregular behavior in connection with an examination of the ABP (as described under Irregular Behavior), whether or not such practice had an effect on his or her performance on an examination; or

d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that in the opinion of the ABP, has a material relationship to the practice of medicine; or

e. The diplomate made a misrepresentation to the ABP or any third party as to his or her status as a diplomate of the ABP; or

f. The ABP receives information that an adverse licensure action has been taken against a candidate or diplomate. For purposes of this policy, “adverse licensure action” shall mean a final action by one of the licensing agencies of the United States or Canada which revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and which resulted from or is based on misconduct involving patient care and/or ethical practice; or the voluntary surrender of a license or associated right in connection with or in lieu of any disciplinary action by, or consent decree or settlement agreement with, one of the licensing agencies of the United States or Canada.

A diplomat may appeal a revocation of certificate pursuant to the ABP Appeals Procedure set forth herein.

Update of the ABP Certificate
The ABP will permit its diplomats to retake the examination in the area of pathology in which they are already certified for the purpose of updating their certificate(s). The application-examination fee and the passing requirements are the same as for initial candidates. Successful candidates will be issued new, currently dated certificates.

Time-Limited Certificates
All certificates issued by the ABP after January 1, 2006, will be valid for 10 years. Diplomates may enter a maintenance of certification (MOC) process January 1 of the year following certification. If a diplomate is successful in the MOC process, a new certificate will be issued. If a diplomate does not successfully complete all requirements of the MOC process, the diplomate’s certificate will expire 10 years after issuance and he or she will not be listed as a diplomat.

Voluntary Recertification
To enable diplomats to demonstrate maintenance of competence in the practice of pathology, the ABP offers a voluntary process of maintenance of certification. For additional information on this process, please request the ABP booklet on recertification (maintenance of certification).

Maintenance of Certification
This process is under active discussion by the ABP and the Cooperating Societies of the ABP and, although the details are incomplete at this time, the program will be based on four components:

1. Evidence of professional standing, and

2. Evidence of commitment for lifelong learning and involvement in periodic self-assessment (self-learning), and

3. Evidence of cognitive expertise, and


Verification of Certification
Requests for written verification of a pathologist’s certification should be made in writing and must include enough information to identify the pathologist in question. Requests must include a check for $25 made payable to The American Board of Pathology.

The American Board of Pathology (ABP) routinely provides the American Board of Medical Specialties (ABMS) with a listing of diplomates including their full name, Social Security Number (for internal use only), birth date, year of awarding of professional degree, current address, type of certification, and date awarded for inclusion in the ABMS Unified Database. Publication of such a database for use by the public is mandated by the Bylaws of the ABMS and agreed to by each of the Member Boards of the ABMS. To fulfill this mandate, ABMS publishes this information online at www.abms.org for the public, in the directory called The Official Directory of Board Certified Medical Specialists, recognized as the official source of certification information, and to various approved organizations for verification of certification status.

This information will also be released to cooperating societies of the ABP (ADASP, APC, ASIP, ASCP, CAP, and USCAP) and upon request to any recognized pathology society.
Diplomates have the option to restrict the address information that ABMS releases to include only the city and state and not the street address.

**Limitation of Subspecialty Certificates**

Individuals may hold no more than two subspecialty certificates issued by the ABP. As a condition of admission to an examination for subspecialty certification, an individual holding two or more subspecialty certificates (formerly special competence, special qualification, and/or added qualification) must surrender a sufficient number of certificates to reduce their number to one. If the individual fails the examination and the period of board qualification terminates, the surrendered certificate(s) will be restored.

**Candidates With Disabilities**

1. **Policy.** The ABP will provide qualified candidates with documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, where appropriate, that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.

2. **Documentation of Disability.** Candidates requesting accommodation due to a disability must provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability. Such documentation should include a specific diagnosis of the disability and include medical records or other documentation of the diagnosis of the disability by an appropriate medical professional. The ABP reserves the right to verify the disability and to request additional documentation as necessary. All required documentation acceptable to the ABP must be received no later than the application deadline.

3. **Type of Accommodation.** Candidates requesting accommodation must identify the type of accommodation requested. The ABP, however, will determine the type of accommodation to be made for a candidate with a verified disability. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.

4. **Application Deadline.** Candidates requesting accommodations are urged to contact the ABP as far in advance of the examination as possible. Requests for accommodation and documentation of disability must be received no later than the application deadline.

**Appeals Procedure**

1. An individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such determination by mailing a notice of appeal to the office of the ABP within 60 days of the date such ruling was mailed to him/her; except that a decision that a candidate has failed a certifying examination may be appealed only in the manner and to the extent provided in Paragraph 11.

2. On receipt of a notice of appeal, the applicable ABP committee shall invite the individual to submit in writing such information as the individual feels appropriate in support of the appeal. The committee may make such further investigation as it deems appropriate and may request the individual to submit additional information. The committee, acting on all the information before it, shall reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP. Any notice of unfavorable action shall specify the grounds for the action and inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.

3. On receipt of a request for a hearing, the executive vice president shall inform the president of the ABP, who shall appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed. The chairperson of the ad hoc committee shall convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with legal and/or other representative to present such information deemed appropriate in support of the individual’s position.

4. Not less than 30 days prior to the hearing, the executive vice president shall send written notice stating the time and place of the hearing and provide the individual copies of any written material and a list of any witnesses that the concerned committee intends to present at the hearing. The executive vice president shall also specify any information and documents the individual is required to produce at the hearing. Not less than 7 days prior to the hearing, the concerned ABP committee shall provide the executive vice president and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABP committee intends to present at the hearing.

5. Not less than 7 days prior to the hearing, the individual shall provide the executive vice president with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify, and copies of any written reports, affidavits, or statements of experts he or she intends to present at the hearing.

6. The executive vice president shall submit the written material referred to in Paragraphs 4 and 5 to the members of the Appeals Committee prior to the hearing.

7. At the hearing, the concerned ABP committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in Paragraphs 4 and 5. The committee may call, examine, and cross-examine witnesses.

8. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in Paragraphs 4 and 5. The failure of the individual to produce information or documents requested by the concerned ABP committee as required in Paragraph 4 shall be grounds for upholding and confirming the determination of the concerned ABP committee.

9. The individual and the concerned ABP committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

10. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing. The committee may affirm, modify, or overrule the decision of the ABP committee. The Appeals Committee shall inform the candidate, the concerned committee, and the president of the ABP in writing of its decision and the reasons therefore within a reasonable time of the hearing. The decision of the Appeals Committee shall be final and binding.

11. A candidate who fails a certifying examination may request that the examination be rescoped to verify the accuracy of the results as reported. Such request must be made in writing to the executive vice president of the ABP within 90 days of the date of mailing.
ing of the results of the examination to the candidate and must be accompanied by a fee of $50 per certifying examination or part thereof. There shall be no further appeal from failure of an examination.

Test Development and Advisory Committees
Since 1971, the ABP has established test committees for the various areas of pathology. The committees consist of ABP Trustees, as well as other pathologists and physicians who are recognized experts in the various disciplines. In 2001, the role of these committees was expanded to include not only a test development function but also an advisory function for the Board. The current non-Trustee members of the test development and advisory committees are:

Anatomic Pathology
Paul L Auclair, DDS
James L Connolly, MD
Jonathan Epstein, MD
Richard Kempson, MD
Stacy E Mills, MD
Samuel A Yousem, MD

Blood Banking/Transfusion Medicine
Kaaron Benson, MD
Susan D Roseff, MD
Toby L Simon, MD
Ronald G Strauss, MD
James R Stubbs, MD
Darrell J Triulzi, MD

Chemical Pathology
Jay Bock, MD, PhD
Susan A Fuhrman, MD
Michael J Kelner, MD
Frederick L Kiechle, MD, PhD

Clinical Pathology
John P Anhalt, MD
Edward R Ashwood, MD
David Chou, MD
Nora V Hirschler, MD
C Darrell Jennings, MD
Ronald Lepoff, MD
Elizabeth M Van Cott, MD
Jeffrey S Warren, MD

Cytology
Richard M DeMay, MD
Barbara S Ducatman, MD
Lester J Layfield, MD
Celeste N Powers, MD
Mary K Sidawy, MD

Dermatopathology (Includes ABP and ABD appointees)
Evan R Farmer, MD
Anita C Gilliam, MD
L Frank Glass, MD
Earl J Glusac, MD
Sabine S Kohler, MD
Ronald P Rapini, MD
Glynis A Scott, MD
Mary S Stone, MD
Clifton R White, Jr, MD

Forensic Pathology
Michael D Bell, MD
Karen L Gunson, MD
John D Howard, MD
Donald R Jason, MD
Mary I Jumbletic, MD
Barbara A Sampson, MD

Hematology
Russell K Brynes, MD
Louis M Fink, MD
Jonathan L Miller, MD
LoAnn C Peterson, MD
Nancy S Rosenthal, MD
Steven H Swerdlow, MD

Medical Microbiology/Medical Parasitology
Karen C Carroll, MD
Nancy E Cornish, MD
Thomas E Davis, MD
Ann Marie Nelson, MD
Lance R Peterson, MD
John C Steele, MD
James Versalovic, MD

Molecular Genetic Pathology (Includes ABP and ABMG appointees)
Angela Caliendo, MD, PhD
Carleton T Garrett, MD
Wayne W Grody, MD
David R Hillyard, MD
Anthony A Killeen, MD
Debra G B Leonard, MD, PhD
Cynthia C Morton, PhD
Nicholas T Potter, PhD
Thomas Prior, PhD
Cindy Vnenck-Jones, PhD
Jean Amos Wilson, PhD

Neuropathology
Dawna Armstrong, MD
Andrew W Bollen, MD
Barbara J Crain, MD
Michael N Hart, MD
Roger E McLendon, MD
Joseph E Parisi, MD
Robert L Schelper, MD

Pediatric Pathology
John J Buchino, MD
Milton Finegold, MD
Cynthia G Kaplan, MD
Theodore Pysner, MD
Stephen J Quilman, MD
Beverly B Rogers, MD
Joe C Rutledge, MD

Joint Policy Committee for Dermatopathology
Dwight K Oxley, MD, Chairperson (ABP)
Ronald P Rapini, MD, Vice Chairperson (ABD)
John V Collin, MD (ABP)
Evan R Farmer, MD (ABD)
Robert McKenna, MD (ABP)
Clifford R White, Jr, MD (ABD)
Joint Policy Committee for Molecular Genetic Pathology
James L Madara, MD, Co-Chairperson (ABP)
Maximilian Muenke, MD, Co-Chairperson (ABMG)
Stephen D Allen, MD (ABP)
Robert W McKenna, MD (ABP)
Stuart Schwartz, PhD (ABMG)
Jean Amos Wilson, PhD (ABMG)

Accreditation of Pathology Training Programs
The accreditation of all programs in graduate medical education in the United States is the responsibility of the ACGME. The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies.

The responsibility for evaluating the quality of residency training programs in pathology is delegated to the RRC for Pathology of the ACGME. Members are appointed by the ACGME on nomination. The committee is also responsible for the preparation of the Program Requirements for Residency Education in Pathology of the Essentials of Accredited Residencies in Graduate Medical Education, as published in the Graduate Medical Education Directory.

Review Process
Staff support for RRC work is provided by the ACGME. This staff includes the secretary of the RRC and the field representatives. The secretary is responsible for the administrative matters pertaining to the RRC and its activities. The field representatives perform the on-site surveys of the residency programs and prepare the survey reports. Prior to the survey visit by the field representative, an application-information form is sent to the sponsoring institution. The program director completes this form in accordance with the instructions provided and presents it to the surveyor at the visit. The surveyor examines the information supplied in the form and collects additional information through interviews with the program director, departmental staff, hospital and/or school administrators, residents, and others pertinent to the program.

The survey report, together with the information received from the program director, is reviewed by the RRC and a formal written notification of action is sent to the program director and administrator(s) of the institution(s) involved.

Written requests in regard to residency programs in pathology should be sent to:
Steven P Nestler, PhD, Secretary
Residency Review Committee for Pathology
515 N State St, Ste 2000
Chicago, Illinois 60610
312 755-5000
312 755-7498 Fax

For detailed and specific information in regard to the requirements for residency training programs in pathology, consult the Graduate Medical Education Directory.

American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514-1513
919 929-0461
919 929-9255 Fax
E-mail: abpeds@abpeds.org
www.abp.org

2005 Members of the Board of Directors
Thomas L W Roe, MD, Chair, Eugene, Oregon
Jean E Robillard, MD, Chair-Elect, Iowa City, Iowa
H James Brown, MD, Secretary-Treasurer, East Syracuse New York
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Myles B Abbott, MD, Berkeley, California
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Aaron L Friedman, MD, Madison, Wisconsin
J Carlton Gartner, Jr, MD, Wilmington, Delaware
Thomas P Gessner, MD, Latrobe, Pennsylvania
A Craig Hillemeier, MD, Hershey, Pennsylvania
Angela R Holder, JD, Durham, North Carolina
M Douglas Jones, Jr, MD, Denver, Colorado
Michael R Lawless, MD, Winston-Salem, North Carolina
Carol J B Lindsley, MD, Kansas City, Kansas
Stephen Ludwig, MD, Philadelphia, Pennsylvania
David K Stevenson, MD, Palo Alto, California

(The following information is subject to change. The American Board of Pediatrics [ABP] reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. All applicants are advised to consult the ABP to ascertain whether any changes have been made, especially before undertaking any variations in training.)

2005 Examinations Schedule
The fees for certification in general pediatrics and the pediatric subspecialties are payable only in US dollars. The American Board of Pediatrics (ABP) reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. It is the applicant's responsibility to be aware of and to meet all deadlines.
Neurodevelopmental Disabilities Monday-Friday, April 4-8, 2005
Sports Medicine To be announced;
(all applications potential dates July 21-23;
submitted online) July 28-30; August 4-6
Gastroenterology Wednesday, August 17, 2005
(all applications submitted online)
Endocrinology Thursday, August 18, 2005
(all applications submitted online)
Pediatric Infectious Diseases (all applications submitted online)
Monday, October 31, 2005,
General Pediatrics and Tuesday, November 1, 2005
(all applications submitted online)
Nephrology Tuesday, November 29, 2005
(all applications submitted online)
PEDIATRICS is the specialty of medical science concerned with the physical, emotional, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

PEDIATRICS is a discipline that deals with biological, social and environmental influences on the developing child and with the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, and metabolically.

The pediatrician understands this constantly changing functional status of his or her patients incident to growth and development and the consequent changing standards of "normal" for age. A pediatrician is a medical specialist who is primarily concerned with the health, welfare, and development of children and is uniquely qualified for these endeavors by virtue of interest and initial training. Maintenance of these competencies is achieved by experience, training, continuous education, self-assessment, and practice improvement.

A pediatrician is able to define accurately the child's health status as well as to serve as a consultant and to make use of other specialists as consultants. Because the child's welfare is heavily dependent on the home and family, the pediatrician supports efforts to create a nurturing environment. Such support includes education about healthful living and anticipatory guidance for both patients and parents.

A pediatrician participates at the community level in preventing or solving problems in child health care and publicly advocates the causes of children.

### General Examination Admission Requirements

An applicant (throughout the document the term "candidate" will be synonymous with "applicant") requesting admission to a certifying examination must meet the following general requirements:

#### Graduation From Medical School

The applicant must be a graduate of a medical school that has been accredited by the Liaison Committee on Medical Education (LCME) in the United States, by the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or by the American Osteopathic Association (AOA) in the United States. *(Note: The training requirements for individuals who graduated from medical school before July 1, 1978, are different from these requirements. Such applicants should contact the ABP for details.) An applicant who is a graduate of a medical school outside the United States or Canada that cannot be accredited by the LCME, RCPSC, or AOA but is listed by the World Health Organization may apply for the examination if he or she has a standard certificate either from the Educational Commission for Foreign Medical Graduates (ECFMG) or the Medical Council of Canada. A copy of the ECFMG certificate must be submitted to the ABP at the time of application.*

The graduate of a foreign medical school must submit, at the time of application, a photocopy of the medical school diploma showing the medical degree and the date it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

#### Purpose of Certification

The purpose of certification by the ABP is to provide assurance to the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation, including an examination, and possesses the knowledge, skills, and experience requisite to the provision of high quality care in pediatrics.

#### Definition of Pediatrics and a Pediatrician

The ABP, in conjunction with the American Academy of Pediatrics, has developed the following definition of pediatrics and a pediatrician:

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American Board of Pediatrics

Neonatal-Perinatal Medicine (all applications submitted online)

Adolescent Medicine (all applications submitted online)

**2005 General Pediatrics Certifying Examination**

**Registration Dates and Fees**

It is the applicant's responsibility to be aware of and to meet registration deadlines.

**Fees for New Applicants**

| Regular Registration | December 1, 2004-February 28, 2005 |
| Late Registration    | March 1, 2005-May 2, 2005          |
| Processing and Evaluation | $370                          |
| Examination          | $925                             |
| Total New Candidate Fees | $1,295                        |
| Late Registration Fee | $245                            |
| Total Late Registration Fees | $1,540                        |

**Fees for Re-registrants**

| Regular Registration | February 15, 2005-May 2, 2005 |
| Late Registration    | May 3, 2005-May 31, 2005       |
| Processing and Evaluation | $270                      |
| Examination          | $925                           |
| Total Re-registrant Fees | $1,185                       |
| Late Registration Fee | $245                          |
| Total Late Registration Fees | $1,440                      |

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

**2005 Subspecialty Certifying Examination Fees**

It is the applicant's responsibility to be aware of and to meet registration deadlines.

**Fees for New Subspecialty Applicants**

| Processing and Evaluation | $415 |
| Examination               | $1,090 |
| Regular Registration      | $1,505 |
| Late Registration Fee     | $245  |
| Total Late Registration Fees | $1,750  |

**Fees for Subspecialty Re-registrants**

| Processing and Evaluation | $315 |
| Examination               | $1,090 |
| Regular Registration      | $1,405 |
| Late Registration Fee     | $245  |
| Total Late Registration Fees | $1,650  |

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

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American Board of Pediatrics

Neonatal-Perinatal Medicine (all applications submitted online)

Adolescent Medicine (all applications submitted online)

**2005 General Pediatrics Certifying Examination**

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Neonatal-Perinatal Medicine (all applications submitted online)

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| Total Late Registration Fees | $1,440                      |

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

**Purpose of Certification**

The purpose of certification by the ABP is to provide assurance to the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation, including an examination, and possesses the knowledge, skills, and experience requisite to the provision of high quality care in pediatrics.

**Definition of Pediatrics and a Pediatrician**

The ABP, in conjunction with the American Academy of Pediatrics, has developed the following definition of pediatrics and a pediatrician:
PL-1
The first postgraduate year in general comprehensive pediatric training in an accredited program.

PL-2
The second postgraduate year, following PL-1, in general comprehensive pediatric training in an accredited program, but with increased responsibility for patient care and for the supervision of junior house staff and medical students.

PL-3
The third postgraduate year, following PL-2, in general comprehensive pediatric training in an accredited program, but with increasing responsibility for patient care and supervision of junior house staff and medical students.

The training curriculum must be compatible with the Program Requirements for Residency Education in Pediatrics, which are published annually in the Graduate Medical Education Directory. During this period of training, the applicant is expected to assume progressively more responsibility for the care of patients. Supervisory experience must be an integral part of the total 3-year program; the last 24 months of training must include 5 months of direct supervisory responsibility in general pediatrics. All applicants are advised to consult the ABP before undertaking any variations in training.

The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics.

Licensure Requirement
Applicants requesting admission to a certifying examination must have a valid, current, unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

Foreign nationals practicing abroad may be exempted from this policy upon presentation of proof of licensure equivalency in the country in which they reside. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada.

The licensure requirement for the general pediatric certification examination may be waived if, during the academic year of the examination, the applicant is in pediatric subspecialty training, nonpediatric specialty training, or is serving as a chief resident (PL-4) in a state, province, or district in which the medical licensing board does not require an unrestricted license. In order to obtain a waiver, the program director of that training must submit written confirmation of the applicant's training to the ABP by the announced date in the application materials.

New applicants for the general pediatric certification examination must submit a copy of a valid, current, unrestricted license by October 1, 2005. A candidate who is re-registering for the examination must submit a copy of his or her license by August 15, 2005. The withdrawal deadline is August 15, 2005.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied.

Credit for Training in Accredited Programs Other Than Pediatrics
A physician transferring to pediatric residency training from another accredited residency (eg, family practice, internal medicine, transitional year) must correspond with the ABP to determine whether partial credit may be awarded for this training. Requests for credit must be submitted either by the candidate or the pediatric residency program director before the candidate enters pediatric residency training.

Credit for Pediatric Training in Nonaccredited Programs
The ABP has established requirements for a physician who has had at least 3 years of general comprehensive pediatric training in programs not accredited by the RCPSC (ie, international training or training in accredited osteopathic programs in the United States) who wishes to apply for a waiver of training. The interested physician, department chair, or program director must write to the ABP before training begins to receive approval for credit for this training.

The individual must provide documentation of the successful completion of at least 3 years of general pediatric residency training that includes the actual beginning and ending dates of the training and that is signed by the residency program director. The individual must also provide a copy of his/her medical school diploma and ECFMG certificate. Suggested training for those who receive a waiver of training under this policy is available on the ABP Web site, www.abp.org. Upon review and confirmation by the ABP of this information, the individual may have 1 year of accredited training waived. A full year at the PL-3 level must be completed and, additionally, a year at the PL-1 or PL-2 level or a training combination at both of those levels. (The training must be completed in general pediatrics; subspecialty training may not be substituted.)

The director of the residency program that the individual enters will decide at what level the individual may begin residency and whether the 1 year of waived training will be accepted by the program. Individuals should investigate the licensure requirements in the state in which they wish to seek permanent licensure to ensure they meet the requirements if they choose to shorten pediatric training completed in the United States.

Absences From Residency Training
In order to meet the training requirements to apply for certification by the ABP, an individual must train in an accredited program and the program director must certify that the individual has met the training requirements.

The duration of general pediatric training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (eg, vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up by additional periods of training. If the program director believes that the candidate is well qualified and has met all training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training may not take more than 1 month of leave per year.

Nonaccredited Training Experience
A fundamental concept of the ABP is that a residency training program should provide for properly organized, progressive responsibility for the care of children. The ABP believes that this can be accomplished through continuity of clinical experience under the supervision of attending physicians who are responsible for the care of these children.

No more than a total of 3 months of the required 3 years of residency training may be taken outside of an accredited pediatrics residency program. These experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident's performance.
The substitution of a formal graduate or postgraduate school course that does not carry the essential ingredient of responsibility for patient care is inconsistent with this principle. Accordingly, the ABP will not accept such courses in fulfillment of its training requirements in general pediatrics.

**Military Service**

Military service, unless as a resident in a military training program that is accredited by the RRC, cannot be substituted for training requirements.

**Veterans Administration GI Bill Benefit**

As of March 1, 2001, the Veterans Administration (VA) has implemented a new benefit for qualified individuals. Under this benefit, qualified individuals may be reimbursed for the cost of initial certification or maintenance of certification (ie, recertification). See the VA Web site for details of this new benefit (www.gibill.va.gov/Education/LCVets.htm) or view a PDF brochure describing this benefit (www.gibill.va.gov/Education/LNC%20Brochure.pdf).

(Note: This is a benefit offered through the VA. Please do not contact the ABP for application forms for this benefit; all necessary forms and information must be obtained through the VA Web site [www.gibill.va.gov/Education/LCVets.htm].)

**Training in Pediatrics/Neurology**

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least 2 years of accredited training in general comprehensive pediatrics and the neurology training necessary to meet the requirements for certification in neurology with special qualifications in child neurology fulfills the training requirements of both the ABP and the ABPN. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

**Accelerated Research Pathway**

The Accelerated Research Pathway (ARP) is designed to accommodate and encourage candidates who are committed to an academic career as physician scientists with a strong research emphasis in a pediatric subspecialty. Candidates entering the ARP may begin subspecialty training after completion of 2 years of general comprehensive pediatric training. The curriculum for the PL-1 and PL-2 years of general pediatrics training should include a broad exposure to the specialty and must include 22 months of clinical experiences, 20 months of which are specified. The specific requirements can be found on the ABP Web site, www.abp.org. Although it may be advantageous for both general pediatrics and subspecialty training to occur in the same institution, this is not a requirement of the pathway.

Subspecialty training must be at least 4 years in duration and in a discipline for which the ABP offers a Certificate of Special Qualifications (CSQ). The duration of clinical training will be dependent on the pediatric subspecialty. It is understood that a minimum of 1 year of clinical training is required. Trainees will be required to meet the same standards for scholarly achievement as defined for those in the standard 3-year subspecialty fellowship training programs.

Candidates for this pathway should be identified early, preferably prior to the start of the PL-1 year but no later than 9 months into the PL-1 year. This is necessary so that the second year of training can be adapted in such a way that specified curricular requirements in general pediatrics will be met. The program director and candidate will not be required to seek prospective approval by the ABP, but must notify the ABP by means of the tracking roster in May of the PL-1 year.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete 2 years of core general pediatrics training (22 clinical months) and an additional year (11 months of clinical experience) in the subspecialty fellowship. Verification of clinical competence and training will be required from both the general pediatrics program director and the subspecialty training program director.

Eligibility to take the subspecialty certifying examination will require completion of 6 years of total training (2 years of general pediatrics and 4 years of subspecialty training). The subspecialty program director will be required to verify training dates, as well as clinical and research competence.

**Integrated Research Pathway**

The Integrated Research Pathway (IRP) was designed to accommodate MD/PhD graduates who would benefit by having the ability to continue ongoing research during their pediatric residency. During the 3 years of general pediatric residency, a maximum of 11 months may be spent in research, with at least 5 months in the PL-3 year and no more than 1 month in the PL-1 year. Individuals must apply for this pathway either before entering an accredited pediatric residency program or during the first 9 months of the PL-1 year. The curricular components of the minimum of 22 months of core clinical pediatric residency must be fulfilled.

A supervisory/review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience to be continued in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing pathway goals.

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete 36 months in the IRP. The pediatric program director must verify that the resident has completed the prescribed training, verify clinical competence, and recommend the individual for the examination. An additional 12 months of pediatric clinical experience must be successfully completed to be eligible to apply for the certifying examination in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship approved by the ABP. The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying examination may not be taken until the 3-year IRP and the additional 1 year of clinical training have been completed.

**Special Alternative Pathway**

The ABP recognizes that occasionally an exceptional candidate should be given special consideration to begin pediatric subspecialty or related training after the completion of the PL-2 year of general comprehensive pediatrics. The duration of the pediatric subspecialty training or related training for the Special Alternative Pathway (SAP) must be 3 years. Guidelines are available on the ABP Web site, www.abp.org.

Before the start of the PL-2 year, the department chair or program director must petition that a resident be considered for the SAP, indicating that the candidate has superior overall competence. The subspecialty program director must also provide a letter outlining the clinical and research training proposed, including special requirements to be met during the PL-2 and PL-3 years. In addition,
such candidates will be required to take a screening examination.
The application material and the score on the screening examination
will be reviewed by the Credentials Committee.

A SAP trainee may take the certifying examination in general pediatrics in the fifth year of training provided that he or she has successfully completed the required 2 years of general pediatrics residency and at least 12 months of clinical rotations in the pediatric subspecialty.

Accreditation of Training Programs
The ABP does not accredit training programs. The ABP approves applicants for admission to its certifying process. Program Requirements for Residency Education in Pediatrics may be found in the Graduate Medical Education Directory or on the AGME Web site at www.agme.org. Requests for information regarding accreditation should be addressed to the Director, Residency Review Committee for Pediatrics, 515 N State St, Chicago, IL 60610, 312 755-5000.

Special Situations
The ABP recognizes that situations may arise that are not explained by the preceding information. The physician should contact the ABP for further information.

Combined Programs

Medicine/Pediatrics Program
A special agreement exists with the American Board of Internal Medicine (ABIM) whereby an applicant may fulfill the training requirements of both the ABP and the ABIM by completing 2 years of accredited training in general comprehensive pediatrics and 2 years of accredited training in general comprehensive internal medicine in an integrated program, reviewed by both boards. Guidelines for combined training have been approved by both the ABP and the ABIM and are available by contacting either board or visiting the ABP Web site at www.abp.org or www.abim.org. The 4 years must be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABIM. Continuity clinics in each specialty must be provided throughout the 4 years. A list of institutions offering combined programs is published in the Graduate Medical Education Directory. An applicant may not take the certifying examination of the ABP until all 4 years of training have been successfully completed.

Pediatrics/Dermatology Program
A special agreement exists with the American Board of Dermatology (ABD) whereby an applicant may fulfill the training requirements of both the ABP and the ABD by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABD. Guidelines for combined training have been approved by both the ABP and the ABD and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABD. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Emergency Medicine Program
A special agreement exists with the American Board of Emergency Medicine (ABEM) whereby an applicant may fulfill the training requirements of both the ABP and the ABEM by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABEM. Guidelines for combined training have been approved by both the ABP and the ABEM and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABEM. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Medical Genetics Program
A special agreement exists with the American Board of Medical Genetics (ABMG) whereby an applicant may fulfill the training requirements of both the ABP and the ABMG by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABMG. Guidelines for combined training have been approved by both the ABP and the ABMG and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABMG. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Physical Medicine and Rehabilitation Program
A special agreement exists with the American Board of Physical Medicine and Rehabilitation (ABPMR) whereby a physician interested in pediatric rehabilitation can qualify for admission to the certifying examinations of both the ABP and the ABPMR. The integrated residency training can be completed in 5 years in programs accredited by the Residency Review Committee for Pediatrics and Physical Medicine & Rehabilitation. Guidelines for combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or visiting the ABP Web site at www.abp.org. The proposed training in programs must be submitted to the ABP and the ABPMR for approval before a candidate can be accepted into the joint training program. All training should be completed at one academic institution; any deviation must be approved prospectively by both the ABP and the ABPMR. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry Program
A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant may fulfill the training requirements for certification in pediatrics, psychiatry, and child and adolescent psychiatry by completing joint training in 5 years. Training includes 24 months of general comprehensive pediatrics, 18 months of child and adolescent psychiatry, and 18 months of adult psychiatry. Guidelines for combined training have been approved by the ABP and the ABPN and are available by contacting either board or visiting the ABP Web site at www.abp.org. Physicians pursuing training in these programs may take the certifying examination of the ABP in the fall of the fifth year of training, provided that all pediatric training (except continuity clinics) is completed by the date of the examination. Credit for training via this route may be obtained only by training in one of the programs reviewed by both boards. Further information concerning these combined training programs may be obtained by contacting the ABPN.

Tracking and Evaluation for Residents and Fellows
The ABP regards the evaluation of trainee competency as a continuum that begins during training and concludes with the certifying examination following formal training. The ABP believes that the program director(s) and faculty play significant roles in the
certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying examination. The program director is able to provide a meaningful overview of the resident’s or fellow’s professional competence, especially in skills such as patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

The ABP tracking and evaluation program is part of the certifying process of the ABP. The program director is required to indicate annually whether each resident’s or fellow’s performance is satisfactory, marginal, or unsatisfactory in overall clinical competence and whether the evaluation in professionalism is satisfactory or unsatisfactory. A marginal rating implies that more time and information are needed to determine whether the performance is satisfactory or unsatisfactory.

The following table illustrates the consequences of not receiving a satisfactory evaluation in clinical competence during the first 2 years of training. Residents and fellows must receive a satisfactory rating in at least one of the components of clinical competence during the final year of required training. It is the resident’s or fellow’s responsibility to arrange for any additional training required.

<table>
<thead>
<tr>
<th>Program Ratings of Clinical Competence</th>
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<tbody>
<tr>
<td>Components and Rating</td>
</tr>
<tr>
<td>Satisfactory</td>
</tr>
<tr>
<td>Marginal</td>
</tr>
<tr>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Overall Clinical Competence*</td>
</tr>
<tr>
<td>Professionalism</td>
</tr>
<tr>
<td>Satisfactory</td>
</tr>
<tr>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

*Includes patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.

Verification of Training by Pediatric Program Directors

Program directors of general pediatrics residencies will be sent Verification of Clinical Competence forms for residents in their last year of training. Program directors of fellowship programs are sent Verification of Competence forms for fellows who have applied for certification. The ABP requires the program director to verify the dates and completion of training and to attest: “I certify that the evaluations on the reverse side of this form are an accurate reflection of this physician's competence as a pediatrician upon completion of residency training.”

Possession of certificates of satisfactory completion of training will not automatically admit the person to the ABP’s certification process. Most training certificates attest to the achievement of a minimal level of competence or to the fulfillment of an employment contract. Program directors are urged not to issue certificates of successful completion of training when the resident is deemed not to have met those standards. Therefore, the program director’s final evaluations on the Verification form will take precedence over the certificate from the hospital. The ABP must see the program director’s assurance that an applicant meets the standards expected of a certified pediatrician.

Competencies Expected of All Physicians

In completing the Verification form, a program director should keep in mind the definition of a qualified applicant as determined by the ABP. An applicant shall demonstrate the following competencies as they pertain to infants, children, and adolescents:

**Patient Care**
- Gathering essential and accurate information; performing a complete history and physical examination; and ordering appropriate diagnostic studies.
- Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one’s limits of knowledge and expertise and when to obtain appropriate consultation.
- Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

**Medical Knowledge**
- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.

**Interpersonal and Communication Skills**
- Demonstrating interpersonal and communication skills that result in effective information exchange and teaming collaboration with patients, their families, and professional associates.

**Professionalism**
- Demonstrating a commitment to carry out professional responsibilities, adhering to ethical principles, and being sensitive to diversity.

**Practice-based Learning and Improvement**
- Investigating and evaluating patient care practices, appraising and assimilating scientific evidence, and using that evidence to improve patient management; demonstrating a willingness to learn from errors.

**Systems-based Practice**
- Practicing quality health care that is cost-effective and advocating for patients within the health care system.
An applicant who receives an unsatisfactory evaluation in any one of the competencies will be disapproved for the certifying examination and will be required to complete an additional year of general pediatrics training at the PL-3 level in an accredited training program in the United States or Canada before reapplying to the ABP.

The program director and the applicant must submit a plan for remediation to be reviewed and approved by the ABP. The director of the program where the additional training occurs must complete a separate Verification form.

At the program director's recommendation, and at the ABP's discretion, a period of observation may be required in lieu of additional training for an applicant who receives an unsatisfactory evaluation in professionalism only. A plan for remediation must be submitted for review and approval by the ABP.

Program directors are encouraged to have all residents in their programs take the In-training Examination (ITE). Fellows in subspecialty programs are encouraged to take the Subspecialty In-training Examination (SITE). The results of the ITE and the SITE can provide valuable information for residents, fellows, and programs.

To be compliant with the Program Requirements for Residency Education in Pediatrics and the Program Requirements for Subspecialties of Pediatrics established by the ACGME, the program director and the faculty must develop evaluation procedures for assessment of resident and fellow performance.

Appeals Process

Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Information for All Certifying Examinations

1. An applicant must satisfactorily complete all training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if formal training has been completed earlier and the remaining time is used only for leave.
2. Applications and re-registration forms for all certifying examinations are available only via the ABP Web site, www.abp.org. First-time applicants and re-registrants may apply during the specified registration periods only. If an applicant experiences a technical difficulty, he or she must contact the ABP the same or next business day. Application payment can only be made using either a VISA or MasterCard credit card.
3. Applicants should refer to the Candidate Progress Report (CPR) to monitor the status of their application. A receipt of payment is available to print from the CPR. The CPR will display items missing from the application, acceptance letters, and site assignment, if applicable. It is the applicant's responsibility to check the CPR to ensure the application is complete and to notify the ABP of e-mail and US Postal Service address changes.
4. Applicants for general pediatrics certification who graduated from a medical school outside the US or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECPMG certificate (or acceptable substitution) by June 30, 2005.
5. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying examinations, nor does the ABP track continuing medical education credits.
6. The ABP reserves the right to withhold permission for applicants to take its examinations and/or certification in the event of circumstances demonstrating that an applicant is not capable of performing the role of physician and advocate for infants, children, and adolescents. In such instances, the applicant will be notified, and the applicant may appeal the decision to the Credentials Committee of the ABP or the Credentials Committee of the Subboard.
7. The validity of the performance of candidates on the certifying examination of the ABP is secured by every means available.
8. The names of certified pediatricians, but not their scores, will be sent to appropriate organizations, directories, and journals.
9. The certificate awarded for passing a certifying examination of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (eg, MD, DO, MBBS, MChB, MBChB). Degrees awarded either before or after graduation from medical school will not be included on the certificate.
10. For failing candidates who are concerned that their answer sheets were not scored correctly, hand scoring is available for a fee of $80. However, candidates are not encouraged to request this service since neither mechanical nor computer errors have ever been found. Requests should be made in writing accompanied by a check or money order. Hand scoring is available for 11 months following the date of the examination. Examinations administered at computer testing centers cannot be hand scored.
11. The ABP's examinations are copyrighted and administered in secure testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the ABP any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (eg, beepers, pagers, cell phones) into the examination, failing to comply with time limits or instructions, or talking or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.
12. The ABP reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made.

2005 General Pediatrics Certifying Examination

Registration Dates and Fees

All applicants must pay the total application fee by using either a VISA or MasterCard credit card.

New Applicants

<table>
<thead>
<tr>
<th>Withdrawal Deadline</th>
<th>August 15, 2005</th>
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| New Applicant Fees | $370 |
| Processing and Evaluation | $370 |
| Examination | $925 |
| Total New Candidate Fees | $1,295 |
| Late Registration Fee | $245 |
| Total Late Registration Fees | $1,540 |
| Regular Registration | December 1, 2004-February 28, 2005 |
| Late Registration | March 1, 2005-May 2, 2005 |
| An application submitted by February 28, 2005, must be accompanied by the application fee of $1,295. A nonrefundable penalty fee of $245 is required for applications submitted March 1, 2005, through May 2; thus, the late registration fee is $1,540. New applications cannot be submitted after May 2. New applicants must submit a |
copy of a valid (current), unrestricted license to practice medicine by October 1, 2005.

Re-registrants

Withdrawal Deadline: August 15, 2005

Re-registrant Fees

- Processing and Evaluation: $270
- Examination: $295
- Total Re-registrant Fees: $1,195
- Late Registration Fee: $245
- Total Late Registration Fees: $1,440

Regular Registration: February 15, 2005-May 2, 2005

Late Registration: May 3, 2005-May 31, 2005

Re-registration material submitted on-line by May 2, 2005, will require the re-registration fee of $1,195. Late re-registration begins May 3 and extends through May 31, 2005. A non-refundable penalty fee of $245 is required for all re-registration material submitted May 3 through May 31; thus, the late registration fee is $1,440. Re-registration material cannot be submitted after May 31.

A candidate who is re-registering for the examination must submit a copy of his/her valid (current), unrestricted license to practice medicine by August 15, 2005.

The certifying examination is given once a year in the fall in a number of locations throughout the United States. The 2005 Certifying Examination in General Pediatrics will be administered on October 31 and November 1, 2005. The examination lasts 2 days. Each day there are two sessions, each of 3 hours' duration, with a luncheon break between sessions.

The content of the examination for certification is appropriate for the practice of general comprehensive pediatrics. Emphasis is placed on practical aspects; however, general practice is founded on sound scientific knowledge, and the candidate should be prepared to demonstrate an understanding of basic science.

The examination consists of multiple-choice questions. Examples of the types of questions to be used are mailed to registered candidates before the administration of the examination. Some questions are included in the examination for experimental purposes only. These questions will not contribute to the score.

Each candidate's examination score will be reported to his or her general pediatric program director. Periodically, the ABP conducts research utilizing data it has compiled; the candidate's anonymity is guaranteed in all such cases.

The General Pediatrics Certifying Examination application is available online via the ABP Web site at www.abp.org. Applicants must meet the training requirements of the ABP, and must receive satisfactory evaluations in all areas of competence by their program director(s). In addition, the licensure requirement must be met. It is the applicant's responsibility to be aware of and to meet all deadlines. First-time applicants and re-registrants may apply during registration periods only.

Applications submitted by the deadline will be processed and evaluated, and the ABP will request program directors of general pediatrics training programs to verify successful completion of training. Confirmation of the receipt of the application and payment will be sent by e-mail to the e-mail address provided in the on-line application. If an applicant does not receive this e-mail within 48 hours of submission of the online application, the ABP should be contacted immediately. A letter acknowledging the receipt of the application and noting any missing items from the application will be posted on the Candidate Progress Report (CPR) located on the ABP Web site within 30 days of the receipt of the application. Access to the CPR requires the same user name and password used when the applicant submitted an application.

Candidates are reminded that the user name and password should remain secure and all candidate activity will be accessed using the CPR. The ABP cannot acknowledge receipt of licenses and other required material. A letter indicating the acceptance of the application and notification of site assignment will be posted for all qualified candidates by August 10, 2005. It is the applicant's responsibility to check the CPR and submit required material to complete the application.

Diploma, ECFMG, Licensure, and Withdrawal Deadlines

Applicants who are first-time registrants that graduated from a medical school outside the US or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution) by June 30, 2005.

New applicants must submit a copy of a valid, current, unrestricted license to practice medicine, or meet the requirements for a waiver of the license by October 1, 2005.

Re-registrants must submit a copy of a valid (current), unrestricted license to practice medicine or meet the requirements for a waiver of the license by August 15, 2005.

An applicant may withdraw from the examination and receive a refund of the examination fee ($925), if written notification is received by the deadline of August 15, 2005.

If a new applicant for the examination does not meet the October 1, 2005, licensure deadline, the application will be disapproved and no refund will be issued. In order for the applicant to receive a refund of the examination fee ($925), he/she must withdraw from the examination by the deadline of August 15, 2005. A new applicant who takes the certifying examination, but who did not meet the licensure deadline, will have the examination invalidated, all fees forfeited, and the application will be disapproved. A new applicant whose application is disapproved due to failure to meet the licensure requirement must submit a new application via the ABP Web site, www.abp.org, and pay the full application fee to apply for a future examination.

If a re-registrant does not meet the August 15, 2005, licensure deadline, the application will be disapproved and no refund will be issued. In order for the re-registrant to receive a refund of the examination fee ($925), he/she must withdraw from the examination by the deadline of August 15, 2005. A re-registrant who takes the certifying examination, but who did not meet the licensure deadline, will have the examination invalidated, all fees forfeited, and the application disapproved. A re-registrant who does not meet the licensure requirement may apply for a future examination via the ABP Web site, www.abp.org, during the re-registration application period.

If an application is disapproved for the certifying examination for reasons other than failure to meet the licensure requirement, the examination fee will be refunded. Neither the processing fee and evaluating fee nor the late fee is refundable.

Certification in the Pediatric Subspecialties

The ABP issues a certificate of special qualifications in the following subspecialties:

- Adolescent medicine
- Pediatric cardiology
- Pediatric critical care medicine
- Developmental-behavioral pediatrics
- Pediatric emergency medicine
- Pediatric endocrinology
- Pediatric gastroenterology
Subspecialty Examination Admission Requirements

The applicant must be currently certified in pediatrics by the ABP. An applicant whose time-limited general pediatrics certificate will expire before the examination must complete all requirements for maintenance of certification at least 5 months before the examination date. No credit toward subspecialty qualification will be granted for elective time spent in the subspecialty during the years of general pediatric training.

For candidates for certificates of special qualifications, 3 years of training are currently required. The program director(s) is required to verify completion of training and to sign a statement indicating whether the candidate is recommended to take the certifying examination. In addition, the program director(s) must verify clinical competence and meaningful accomplishment in research or scholarly activity by completing the Verification of Competence form.

(Note: The training requirements for candidates who began subspecialty training before January 1, 2002, may differ. Such individuals should contact the ABP or visit the Board's Web site to obtain the eligibility criteria for each subspecialty offered by the ABP.)

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant should consult the ABP before undertaking any variations in training.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

A copy of the license may be submitted separately from the initial application or re-registration, but it must be submitted by the deadline stated in the application instructions. If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied.

An applicant who is practicing the subspecialty abroad must provide proof of licensure equivalency in the country in which he or she resides. This information must be submitted by the deadline stated in the application instructions. Candidates who practice or plan to practice abroad must submit a letter, in addition to the license equivalency, stating that they will not practice in the United States or Canada.

2005 Subspecialty Certifying Examinations

Each subspecialty certifying examination in those subspecialties offering certificates of special qualifications is administered every 2 years. Dates of the examinations and other information may be found on the ABP Web site, www.abp.org.

Application material for admission to a subspecialty examination, with the exception of the neurodevelopmental disabilities examination which must be obtained by contacting the ABP, are available online for all applicants. Please check the ABP Web site, www.abp.org, for information. Application forms are available only during the registration period for that examination.

If an applicant is not accepted to take a certifying examination, the examination fee will be refunded. Neither the processing and evaluating fee nor the late fee is refundable.

The examinations last a half-day, have a time limit of 4½ hours, and consist of multiple-choice questions. There is a 15-minute tutorial and a 15-minute survey in addition to the 4½-hour time limit. A content outline is available on the ABP Web site, www.abp.org.

After an application has been accepted, the candidate is expected to take the next examination offered. A candidate who...
An applicant must have a valid (current), unrestricted license to withdraws after the published withdrawal deadline will forfeit all fees paid. To register for a future examination, payment of a re-registration fee will be required. If a new applicant whose application is disapproved wishes to pursue certification in the future, he or she will be required to complete a new application and submit the full fee again.

Each candidate's examination score will be reported to the subspecialty program director where training was completed.

The names of those certified are sent to the American Board of Medical Specialties (ABMS) for publication in the Directory of Certified Pediatricians and to various pediatric journals.

It should be noted that these criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Pediatrics to ascertain whether the information they have is current.

General Criteria for Certification in the Pediatric Subspecialties

In addition to the training requirements, which are specific to each of the pediatric subspecialties, the following are required of candidates seeking certification in the pediatric subspecialties of adolescent medicine, cardiology, critical care medicine, developmental-behavioral pediatrics, emergency medicine, endocrinology, gastroenterology, hematology-oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. Each candidate must be familiar with specific subspecialty training requirements as well as the policies stated in the current Booklet of Information.

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof of licensure equivalency in the country in which he or she resides. Candidates who practice or plan to practice abroad may be exempted from this requirement if they have a license issued by a country in which the candidate is a citizen or has been a resident for at least 2 years and the applicant is a pediatrician licensed in a country in which the candidate is a citizen or has been a resident for at least 2 years.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence Form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FTI) form should be completed by the current program director and submitted to the ABP with a copy to the proposed program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical experience and research or scholarly activity completed must be clearly communicated. For those fellows beginning training July 1, 2004, and thereafter, the ABP must be informed of the plan to ensure continued appropriate mentoring for scholarly activity upon transfer, including the role of the Scholarship Oversight Committee.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (e.g., allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

D. Research/Scholarly Activity

The ABP will continue to require scholarly activity during fellowship training, but the requirement for meaningful accomplishment in research has been modified to accommodate a wider variety of academic scholarly activities. The new scholarly activity training requirements (as outlined in Section F, below) will apply to fellows beginning subspecialty training July 1, 2004, and thereafter. Those fellows who have completed training by June 30, 2004, must meet the requirement for meaningful accomplishment in research, which was in place at the time they entered training (as outlined in Section E, below).

The ABP will allow two options for those fellows who are currently in training or who have interrupted training, i.e., those who evidence of the trainee’s meaningful accomplishment in research or scholarly activity.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence Form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

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The ABP will allow two options for those fellows who are currently in training or who have interrupted training, i.e., those who
began training prior to July 1, 2004, and who will not have completed training by June 30, 2004. These options are:

- Fulfill the requirement for meaningful accomplishment in research, which was in place at the time training began. Approval of the research submission will be made by the ABP.
- Meet the new training requirements for scholarly activity provided there is a Scholarship Oversight Committee in place for a minimum of 24 months to oversee the activity and judge whether it meets the requirements of the ABP.

The program director is responsible for notifying all fellows of the research/scholarly activity requirements necessary for certification upon entry to the subspecialty training program. Furthermore, in the description of the candidate’s research performance or scholarly activity on the Verification of Competence form, the program director must provide a description of the experiences on which the acceptable evidence of research or scholarly activity is based.

E. Principles Regarding the Assessment of Meaningful Accomplishment in Research (for those who began training prior to July 1, 2004)

The general requirements for research and scholarly activity in pediatric subspecialties approved by the ACGME for program accreditation must be met as evidence of research experience. Currently these are as follows:

"Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the development of research skills, completion of research projects, and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty."

Additional evidence of meaningful accomplishment in research must be submitted, including one or more of the following:

- First author of a hypothesis-driven research paper accepted for publication in a peer-reviewed journal deemed acceptable by the Subboard. A reprint of the paper, or a copy of the letter of acceptance by the journal and a copy of the manuscript, must be submitted. This paper should be a product of the fellowship training.
- A PhD degree in a field of science. A copy of the degree certificate must be provided.
- A thesis accepted as partial fulfillment of the requirements for a postgraduate degree in a field relevant to the subspecialty. The thesis or a research progress report as described in 2(e) must be submitted for review.
- First author of a hypothesis-driven research paper that has been submitted but not yet accepted for publication in a peer-reviewed journal deemed acceptable by the Subboard. A letter from the journal confirming the receipt of the manuscript must be included, as well as a copy of the submitted manuscript.
- A research progress report (signed by both the applicant and mentor) no more than five pages in length that must include (a) a statement of hypothesis, (b) delineation of methodology, (c) results and analysis, and (d) significance of the research. A research progress report may not be used to meet the requirement if an applicant is more than 2 years beyond completion of fellowship training unless there are extenuating circumstances that may have prevented submission of a manuscript.

The Credentials Committee of each subspecialty will review submitted research accomplishment materials and decide whether the requirement has been met.

F. Principles Regarding the Assessment of Scholarly Activity (for those who began training July 1, 2004, and thereafter)

In addition to participating in a core curriculum in scholarly activities, all fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedical; health services; quality improvement; bioethics; education; and public policy.

In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice, a critical analysis of public policy, or a curriculum development project with an assessment component. Involvement in scholarly activities must result in the generation of a specific written “work product.” Examples include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

Review of scholarly activity and the written work product will occur at the local level with each fellow having a Scholarship Oversight Committee responsible for overseeing and assessing the progress of each fellow and verifying to the ABP that the requirement has been met.

Details of the scholarly activity requirement have been published by the ABP in a document entitled Training Requirements for Subspecialty Certification (January 2004). This document can be obtained directly from the ABP. Detailed information is also available on the ABP’s Web site at www.abp.org.

Program Requirements for Residency Education in the Subspecialties of Pediatrics

Program Requirements for Residency Education in adolescent medicine, pediatric cardiology, pediatric critical care medicine, developmental-behavioral pediatrics, pediatric emergency medicine, pediatric endocrinology, pediatric gastroenterology, pediatric hematology-oncology, pediatric infectious diseases, medical toxicology, neonatal-perinatal medicine, pediatric nephrology, neurodevelopmental disabilities, pediatric pulmonology, pediatric rheumatology, and sports medicine have been approved by the ACGME or by the RCPSC. Copies of the Program Requirements and lists of accredited programs are available from the office of the Residency Review Committee for Pediatrics, 515 N State St, Chicago, IL 60610 or on the ACGME Web site at www.acgme.org, or the Office of Training and Evaluation, the Royal College of Physicians and Surgeons of Canada, 74 Stanley, Ottawa, Ontario, K1M 1P4. This information is published in the Graduate Medical Education Directory or in the RCPSC booklets of general information.
Training Leading to Dual Pediatric Subspecialty Certification

If an individual is certified in one subspecialty, he/she can become eligible to take another subspecialty examination after 2 years of additional training, of which at least 1 year must be broad-based clinical training. The individual must meet the meaningful accomplishment in research or scholarly activity requirement during one of the fellowship training periods.

An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a 4- or 5-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the ABP Web site at www.abp.org.

Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine/pediatrics training should contact the American Board of Internal Medicine and the American Board of Pediatrics regarding opportunities for combined training opportunities (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards.

Subspecialty "Fast-tracking"

A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have part of the training requirement waived. Evidence of such accomplishment might include a PhD degree in a discipline relevant to the subspecialty or career path of the fellow, or sustained research achievement relevant to the subspecialty or career path of the fellow culminating in the first-authored publication of a research paper in a peer-reviewed journal. The subspecialty program director may ask the Subboard to waive the research requirements and to reduce the time of subspecialty training by as much as 1 year. This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed 3 core years of pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway would not be eligible for subspecialty fast tracking. Furthermore, a subspecialty fellow who receives a waiver by the Subboard must complete at least 2 years of training in the subspecialty with at least 1 year of broad-based clinical training.

It should be noted that these criteria and conditions are subject to change without notice. All applicants should be familiar with the current Booklet of Information. Applicants are advised to contact the ABP to ascertain whether the information they have is current.

Eligibility Criteria for Certification in Adolescent Medicine

It should be noted that these criteria and conditions are subject to change without notice. All applicants should be familiar with the current Booklet of Information. Applicants are advised to contact the ABP to ascertain whether the information they have is current.

Admission Requirements

Physicians who entered training in adolescent medicine on or after January 1, 1988, are required to complete their training in a program accredited by the American Board of Pediatrics or the Royal College of Physicians and Surgeons of Canada. A subspecialty fellow who entered adolescent medicine training before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in adolescent medicine.

Only those adolescent medicine training programs that were operated in association with general comprehensive pediatrics or internal medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in adolescent medicine is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began adolescent medicine training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:

• A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;

Eligibility Criteria for Certification in Pediatric Cardiology

The ABP has established a procedure for certification in pediatric cardiology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric cardiology on or after January 1, 1985, are required to complete their training in a program accredited for training in pediatric cardiology by the RCPSC in Canada. A subspecialty fellow who entered pediatric cardiology training before January 1, 1992, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric cardiology. Only those pediatric cardiology training programs that were operated in association with general comprehensive pediatrics programs accredited by the RCPSC are acceptable.

Three years of full-time, broad-based subspecialty fellowship training in pediatric cardiology is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric cardiology training on or after January 1, 1985, the following must be accomplished in order to become certified in the subspecialty:

• A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
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Eligibility Criteria for Certification in Pediatric Critical Care Medicine

The ABP has established a procedure for certification in pediatric critical care medicine. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric critical care medicine on or after January 1, 1988, are required to complete their training in a program accredited for training in pediatric critical care medicine by the RCPSC in Canada.

A subspecialty fellow who entered pediatric critical care medicine training before January 1, 1988, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric critical care medicine. Only those pediatric critical care medicine training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RCPSC are acceptable.

Three years of full-time, broad-based subspecialty fellowship training in pediatric critical care medicine is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric critical care medicine training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A subspecialty fellow who is certified in anesthesiology by the American Board of Anesthesiology may apply for admission on the basis of completion of 2 years of subspecialty fellowship training in pediatric critical care medicine. A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

The ABP has established a procedure for certification in developmental-behavioral pediatrics. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training

Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RCPSC in the United States or the RCPSC in Canada.

A subspecialty fellow who entered developmental-behavioral pediatrics training before January 1, 2002, may apply for admission on the basis of completion of 2 years of fellowship training in developmental-behavioral pediatrics in a program under the supervision of a director who is certified in developmental-behavioral pediatrics or, lacking such certification, possesses appropriate educational qualifications. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RCPSC or by the RCPSC will be considered.

Three years of full-time, broad-based fellowship training in developmental-behavioral pediatrics is required for fellows entering training on or after January 1, 2002. Combined absences/leave in excess of 3 months during the 8 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began developmental-behavioral pediatrics training on or after January 1, 2002, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 2002, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

B. Practice Experience

Five years of broad-based practice experience in developmental-behavioral pediatrics is required. A minimum of 50% of full-time, focused professional activity (and a minimum of 20 hours a week) must have been spent in the practice of developmental-behavioral pediatrics to receive credit. It is assumed that night and weekend time would be distributed in the same manner as regular time. These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. All developmental-behavioral pediatrics practice experience must be accrued before December 31, 2006. No foreign developmental-behavioral pediatrics experience
will be accepted by the Credentials Committee in fulfillment of the requirements.

For an individual utilizing the developmental-behavioral pediatrics practice experience route (B), an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

C. Partial Subspecialty Training and Practice
A combination of subspecialty fellowship training and practice experience equal to 5 years as outlined below may be utilized. These 5 years must be accrued before December 31, 2006. No credit for partial training will be given for fellowship training that began on or after January 1, 2002.

A fellow completing less than 12 months of fellowship training in developmental-behavioral pediatrics may receive practice credit on a month-for-month basis. For example, a 9-month subspecialty fellowship would be credited for 9 months of experience; this, added to 4 years and 3 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

A fellow completing 12 to 23 months of subspecialty fellowship training in developmental-behavioral pediatrics may receive credit on a two-for-one basis. For example, an 18-month subspecialty fellowship would be credited for 36 months of experience; this, added to 24 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

For an individual utilizing the combination training and practice experience route (C), a Verification Form(s) will be required from the director(s) of the applicant's developmental-behavioral pediatrics training program(s), and an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

Eligibility Criteria for Certification in Pediatric Emergency Medicine
The ABP in collaboration with the American Board of Emergency Medicine (ABEM) has established a procedure for certification in pediatric emergency medicine. To be eligible for this subspecialty examination, a physician must be certified in either pediatrics by the ABP or emergency medicine by the ABEM. This document provides the requirements of the ABP. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification. (Note: A candidate who has a primary certificate from the ABEM should contact the ABEM regarding its eligibility criteria.)

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who entered training in pediatric emergency medicine on or after January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric emergency medicine. The program and the training must conform to the Program Requirements for Residency Education in Pediatric Emergency Medicine. Only those pediatric emergency medicine training programs that were operated in association with general comprehensive pediatrics or emergency medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric emergency medicine is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric emergency medicine training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:
• A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity.
• The fellow must pass the specialty examination in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research” or the criteria stated in the “Principles Regarding the Assessment of Scholarly Activity” as described in the General Criteria for Certification in the Pediatric Subspecialties;
• The fellow must pass the subspecialty certifying examination.
A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Dual Certification
A candidate who is certified by the ABP in general pediatrics and the ABEM in emergency medicine may apply via this pathway. A candidate who has met the certification requirements of the ABP and the ABEM before January 1, 1999, may apply via this pathway. For a candidate utilizing the dual certification pathway, the certificate number and year of certification for each board must be provided.

Eligibility Criteria for Certification in Pediatric Endocrinology
The ABP has established a procedure for certification in pediatric endocrinology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements
Physicians who entered training in pediatric endocrinology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric endocrinology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric endocrinology training before January 1, 1988, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric endocrinology. Only those pediatric endocrinology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric endocrinology is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director
believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric endocrinology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Gastroenterology

The ABP has established a procedure for certification in pediatric gastroenterology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric gastroenterology on or after January 1, 1986, are required to complete their training in a program accredited for training in pediatric gastroenterology by the RCPSC in Canada.

A subspecialty fellow who entered pediatric gastroenterology training before January 1, 1990, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric gastroenterology. Only those pediatric gastroenterology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric gastroenterology is required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric gastroenterology training on or after January 1, 1990, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1990, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Hematology-OncoLOGY

The ABP has established a procedure for certification in pediatric hematology-oncology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric hematology-oncology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric hematology-oncology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric hematology-oncology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric hematology-oncology. Only those pediatric hematology-oncology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric hematology-oncology is required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric hematology-oncology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1990, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Infectious Diseases

The ABP has established a procedure for certification in pediatric infectious diseases. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric infectious diseases on or after January 1, 2000, are required to complete their training in a program accredited for training in pediatric infectious diseases by the RRC for Pediatrics in the United States or the RCPSC in Canada.
A subspecialty fellow who entered pediatric infectious diseases training before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric infectious diseases. Only those pediatric infectious diseases training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric infectious diseases is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric infectious diseases training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Medical Toxicology

The ABP in collaboration with the American Boards of Emergency Medicine and Preventive Medicine offers a certificate of added qualifications in medical toxicology. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other two boards should contact that board office for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Medical Toxicology Subspeciality Training

For a fellow who began medical toxicology training on or after July 1, 1995, 2 years of fellowship training must be completed in a program accredited for training in medical toxicology by the RRC for Emergency Medicine or Preventive Medicine.

An applicant must complete a fellowship in medical toxicology of 24 months' duration. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

The training program should be sponsored by and be based within a reasonable geographical proximity of an accredited residency program in emergency medicine, pediatrics, preventive medicine, or any combination of these programs. An institution is discouraged from sponsoring more than one accredited medical toxicology program.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FTI) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for training are not transferable.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.
Admission Requirements
Physicians who entered training in pediatric nephrology on or after January 1, 1988, are required to complete their training in a program accredited for training in pediatric nephrology by the RRC for Pediatrics in the United States or the RCPSC in Canada. A subspecialty fellow who entered pediatric nephrology training before January 1, 1987, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric nephrology. Only those pediatric nephrology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric nephrology is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric nephrology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:
- A Verification of Competency Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research” or the criteria stated in the “Principles Regarding the Assessment of Scholarly Activity” as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Nephrology
The ABP has established a procedure for certification in pediatric nephrology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements
Physicians who entered training in pediatric nephrology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric nephrology by the RRC for Pediatrics in the United States or the RCPSC in Canada. A subspecialty fellow who entered pediatric nephrology training before January 1, 1987, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric nephrology. Only those pediatric nephrology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric nephrology is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric nephrology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:
- A Verification of Competency Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research” or the criteria stated in the “Principles Regarding the Assessment of Scholarly Activity” as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Neurodevelopmental Disabilities
The ABP, in collaboration with the American Board of Psychiatry and Neurology (ABPN), offers a certificate of added qualifications in neurodevelopmental disabilities. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from the ABPN should contact the ABPN regarding its eligibility criteria.]

Admission Requirements
A. Certification by the American Board of Pediatrics (ABP)
An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date. Once training in an accredited neurodevelopmental disabilities program is required, the applicant must be currently certified by both the ABP, in general pediatrics, and the ABPN, in neurology with special qualifications in child neurology. After the 2007 examination, all applicants must apply through ABPN.

B. Licensure
An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof
of licensure equivalency in the country in which he or she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training or Practice Pathways
To qualify for admission to the examination, an applicant must have completed one of the following:

Training
For a period of 6 years following the date of the initial administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of at least 24 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities is required. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee. To qualify for admission to the examination after 2007, the applicant must have completed training in neurodevelopmental disabilities in an ACGME-accredited neurodevelopmental disabilities program.

For an applicant using the neurodevelopmental disabilities fellowship training pathway, a Verification of Competence Form(s) will be required from the director(s) of the fellow's neurodevelopmental disabilities program(s).

Practice Experience
For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), a minimum of 50% of practice time devoted to neurodevelopmental disabilities for the previous 5 years is required. The experience in neurodevelopmental disabilities must consist of broad-based and focused professional activity (a minimum of 20 hours a week). These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. No foreign neurodevelopmental disabilities experience will be accepted by the Credentials Committee in fulfillment of the requirements.

For an applicant utilizing the neurodevelopmental disabilities practice experience pathway, an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric department chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities.

Partial Subspecialty Training and Practice
For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of 12 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities and 50% of practice time devoted to neurodevelopmental disabilities for the previous 2.5 years is required.

For an individual utilizing the combination of subspecialty training and practice experience, a Verification Form(s) will be required from the director(s) of the applicant's neurodevelopmental disabilities training program(s), and an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities.

The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

An applicant entering the examination via neurodevelopmental disabilities nonaccredited training, practice experience, or the combination of subspecialty training and practice experience must be approved for the examination by 2007. After 2007, all applicants must complete the accredited training pathway to subcertification in neurodevelopmental disabilities.

D. Verification of Training
An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FT1) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (e.g., allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

Eligibility Criteria for Certification in Pediatric Pulmonology
The ABP has established a procedure for certification in pediatric pulmonology. In addition to the specific admission requirements
listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric pulmonology on or after January 1, 1986, are required to complete their training in a program accredited for training in pediatric pulmonology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric pulmonology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric pulmonology. Only those pediatric pulmonology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric pulmonology is required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric pulmonology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research” or the criteria stated in the “Principles Regarding the Assessment of Scholarly Activity” as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Subcertification in Pediatric Pulmonology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric pulmonology and allergy/immunology with a shorter total period of training than that presently required (3 years of pediatric pulmonology plus 2 years of allergy/immunology). This compression of training by 1 year can be accomplished by successfully completing research training relating to the requirements of both the Subboard of Pediatric Pulmonology and the Conjoint Board of Allergy/Immunology.

The total training program would require no less than 4 years (48 months) with at least 1 year spent in clinical pulmonology training and 1 year in clinical training for allergy/immunology. The minimum research requirement is 12 months in an environment and project relevant to both pulmonology and allergy/immunology. The fourth year would be spent in training acceptable to the Subboard of Pediatric Pulmonology and may be in clinical training or relevant additional research training.

Training in pediatric pulmonology may precede or follow training in allergy/immunology.

The candidate must train in pediatric pulmonology and allergy/immunology programs accredited by the RRC, the two programs do not necessarily have to be at the same institution. The research project selected by the trainee must be discussed with and approved by both training program directors.

The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Pulmonology and the Conjoint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Conjoint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of acceptance of the final research product.

The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Conjoint Board as listed in the Graduate Medical Education Directory. Final admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research competence requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Pediatric Rheumatology

The ABP has established a procedure for certification in pediatric rheumatology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric rheumatology on or after January 1, 1989, are required to complete their training in a program accredited for training in pediatric rheumatology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric rheumatology training before January 1, 1992, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric rheumatology. Only those pediatric rheumatology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric rheumatology is required for fellows entering training on or after January 1, 1992. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric rheumatology training on or after January 1, 1992, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research” or the criteria stated in the “Principles Regarding the Assessment of Scholarly Activity” as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1992, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.
Subcertification in Pediatric Rheumatology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric rheumatology and allergy/immunology at a shorter total period of training than that presently required (3 years of pediatric rheumatology plus 2 years of allergy/immunology). This subcertification can be accomplished by successfully completing research training related to the requirements of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology. The total training program would require at least 4 years (48 months) with at least 1 year spent in clinical rheumatology training and 1 year in clinical training for allergy/immunology. The clinical rheumatology training should also include at least another 2 years of at least 1/2 day/week of an outpatient rheumatology experience plus 1 month/year of inpatient rheumatology service to assure longitudinal exposure to rheumatologic problems in children. The minimum research requirement is 24 months in an environment and project relevant to both rheumatology and allergy/immunology, particularly immunologically related research.

Although training in clinical pediatric rheumatology may precede or follow training in allergy/immunology, such training should occur at least in the second year of this combined fellowship. An integrated training program may be developed that must be prospectively approved by both boards.

The candidate must train in pediatric rheumatology and allergy/immunology programs accredited by the RRC. The two programs should preferably be in the same institution, but programs in the same city may be acceptable.

The research project selected by the trainee must be discussed with and approved by both training program directors. The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Conjoint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of the acceptance of the final research product.

The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Conjoint Board as listed in the Graduate Medical Education Directory. Final admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research experience requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Sports Medicine

The ABP in collaboration with the American Board of Family Practice, Internal Medicine, and Emergency Medicine offers a certificate of added qualifications in sports medicine. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other three boards should contact that board office for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training

Physicians who entered training in sports medicine on or after January 1, 2001, are required to complete their training in a program accredited by the RRC for either Family Practice, Emergency Medicine, Internal Medicine, or Pediatrics.

An applicant who began training before January 1, 2001, must have completed a minimum of 1 year in a sports medicine training program that is associated with an accredited residency program in family practice, emergency medicine, internal medicine, or pediatrics.

Combined absences/leave in excess of 1 month during the 1 year of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 1 month is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence Form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer
Information (PT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

2005 Subspecialty Examinations

Registration & Fees
Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

The Neurodevelopmental Disabilities subspecialty examination will be administered in various cities throughout the United States on April 4-8, 2005.

Registration is by paper applications only.

New Applicants
Regular Registration July 1-August 31, 2004
Late Registration September 1-September 30, 2004

Re-Registrants
Regular Registration September 1-November 1, 2004
Late Registration November 2-November 30, 2004

The Sports Medicine examination will be administered by the American Board of Family Practice in various cities throughout the United States on the following dates:
July 21-23, 2005 / July 28-30, 2005 / August 4-6, 2005

Pediatric subspecialty examinations administered in August 2005 will be held at computer testing centers throughout the United States:
August 17, 2005—Gastroenterology
August 18, 2005—Endocrinology
August 18, 2005—Infectious Diseases

New Applicants
Regular Registration September 15-November 15, 2004
Late Registration November 16-December 15, 2004

Re-Registrants
Regular Registration December 16, 2004-February 15, 2005
Late Registration February 16-March 15, 2005

Pediatric subspecialty examinations administered in November 2005 will be held at computer testing centers throughout the United States:
November 29, 2005—Nephrology
November 30, 2005—Neonatal-Perinatal Medicine
December 1, 2005—Adolescent Medicine

New Applicants
Regular Registration February 1-March 31, 2005
Late Registration April 1-May 2, 2005

Re-Registrants
Regular Registration March 14-May 16, 2005
Late Registration May 17-June 16, 2005

New Applicant Subspecialty Fees
Processing and Evaluation $415
Examination $1,090
Regular Registration $1,505
Late Registration Fee $245
Total Late Registration $1,750

Re-registrant Subspecialty Fees
Processing and Evaluation $315
Examination $1,090
Regular Registration $1,405
Late Registration Fee $245
Total Late Registration $1,650

Maintenance of Certification (Formerly Recertification)
In November 1985, the ABP established a policy of time-limited certification. This policy became effective for those individuals certified in general pediatrics and in the pediatric subspecialties after May 1, 1988. Initial certificates expire after 7 years except medical toxicology, neurodevelopmental disabilities, and sports medicine, which are valid for 10 years.

Diplomates certified before May 1, 1988, were not affected by the policy of time-limited certification; however, those choosing to achieve certification renewal on a voluntary basis may do so. Their permanent certification is not affected by this change. Pediatric Critical Care Medicine has been time-limited since 1987. Pediatric Pulmonology has been time-limited since 1986.

Maintenance of Certificates in General Pediatrics
Beginning in 2003, diplomates who wish to renew an ABP certificate in general pediatrics must successfully complete the Program for Maintenance of Certification in General Pediatrics® (PMCP-G®). Five PMCP-G requirements are contingent upon the ending date listed on a certificate, ie, expiration date of the certificate.

If a certificate has an ending date prior to 2010, only the licensure and examination activities are required to renew the certificate for another 7 years. If a certificate has an ending date of 2010 or beyond, all PMCP-G requirements must be completed prior to the ending date of the certificate in order to renew the certificate for another 7 years. For a complete listing of PMCP-G requirements, please refer to the ABP Web site, www.abp.org.

Maintenance of Certificates in Pediatric Subspecialties
Beginning in 2003, recertification in the subspecialties will occur through the Program for Maintenance of Certification in Pediatric Subspecialties (PMCP-S®). The details will vary from PMCP-G, but the basic components will be similar.

Diplomates are not required to maintain their general pediatric certificates in order to maintain certification in a subspecialty; however, diplomates desiring to maintain both certificates may be eligible for reduced fees. Please see the ABP Web site for more information on PMCP-S.

Policies
Board Status
The ABP follows the long-standing recommendations of the American Board of Medical Specialties to its member boards not to use the term "board eligible" because of continuing confusion about the term. The allegation by an applicant that he or she has completed
the required training and, therefore, is board eligible, without review and approval by the ABP, is not acceptable.

If an inquiry is made to the ABP regarding the status of an individual, the response will be only whether the individual has or has not been certified. Upon receipt of a signed release form, provided by the ABP, information will be released regarding whether an individual’s application to take a general or subspecialty certifying examination was accepted and when.

**Time Limit to Certification**

Candidates who have met the training requirements and whose applications to take the certifying examinations have been accepted by the ABP have unlimited time to become certified, subject to their continued compliance with ABP policies and requirements, which are subject to change.

**Expiration of Board Certificates**

All ABP time-limited certificates expire on December 31 of the year of expiration.

**Test Accommodations**

An applicant who wishes to request test accommodations to take a certifying examination due to a disability is urged to notify the ABP in writing of the need for accommodations as early as possible during the application period even if they have received accommodations on a prior examination. The ABP policy on disabilities is available on the ABP Web site or upon request. The deadline for receipt of the questionnaire and supporting documentation is the examination registration deadline.

**Maintenance of an Active License**

A diplomate’s certificate will remain valid and effective only as long as all licenses to practice medicine are valid and unrestricted. Foreign diplomates must maintain equivalent licensure in their country of practice.

Applicants for initial general pediatrics certification may receive a waiver of the license requirement if, during the academic year of the examination, the applicant is completing acceptable training or a chief residency in a state, province, or district in which the medical licensing board does not require an unrestricted license.

Applicants for both initial general pediatrics and subspecialty certification who are practicing abroad or who plan to practice abroad may receive a waiver of the license requirement if proof of licensure equivalency in the country in which they reside is provided.

**Revocation of Certificates**

All certificates issued by the ABP are subject to the provisions of the articles of incorporation and the bylaws of the ABP. Each certificate is subject to possible revocation in the event that:

1. the issuance of such certificate or its receipt by the physician so certified shall have been contrary to or in violation of any of the provisions of the ABP’s articles of incorporation or bylaws; or
2. the physician so certified shall not have been eligible to receive such certificate, irrespective of whether the facts constituting him or her so ineligible were known to any or all of the members of the ABP at the time of the issuance of such certificate; or
3. the physician so certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the ABP, its members, representatives or agents.

If the ABP obtains probable cause to believe that a certificate should be revoked for any of the reasons set forth above, it may institute proceedings for revocation by mailing written notice to the holder of such certificate. The steps to be taken to appeal this determination are outlined in the Rules of Appellate Procedure of the ABP, which may be obtained by writing to the ABP.

**Reinstatement of Certificates**

When a certificate issued by the ABP has been revoked, the certificate may be restored once the physician has submitted a request for reinstatement and the Credentials Committee’s recommendation for reinstatement is approved by the Board of Directors.
American Board of Physical Medicine and Rehabilitation

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Physical Medicine and Rehabilitation [ABPMR] to ascertain whether the information below is current. It is the applicant’s responsibility to seek information concerning the current requirements for certification in PM&R. The current requirements supersede any prior requirements and are applicable to each candidate for certification.)

General Requirements

A. Requirements for graduates of educational institutions within the United States or Canada

1. Prior to entry in a residency training program: graduation from a United States or Canadian medical school approved by the Liaison Committee on Medical Education (LCME) or graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA);
2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate;
3. Satisfactory completion of the requirements of the Board for graduate education and experience in PM&R as set forth below: A resident is expected to complete training in PM&R in a single accredited program except when significant extenuating circumstances make a change advisable; and
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and payment of required fees.

B. Requirements for graduates of educational institutions outside the United States or Canada

1. Possession of a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to entry into a PM&R residency training program. Also accepted is a Fifth Pathway certificate and evidence of satisfactory completion of the United States Medical Licensing Examination (USMLE), parts 1 & 2;
2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate;
3. Satisfactory completion of the Board’s requirements for graduate education and experience in PM&R as set forth below: A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable; and
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

Residency Training Requirements

Applicants for the certification examinations must have satisfactorily completed 48 months (4 years) of training in a PM&R residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). The 48 months of training must be completed after the completion of medical school.

Twelve of the 48 months must consist of a coordinated program of experience in fundamental clinical skills such as an accredited transitional year, or include 6 months or more in accredited training in family practice, internal medicine, obstetrics and gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Accredited training in any of the specialties or subspecialties must be for a period of at least 4 weeks. No more than 8 weeks may be in non-direct patient care experiences. Training in fundamental clinical skills must be completed within the first 2 years of the 4-year training program.

The program director and the Credentials Committee of the Board, at the beginning of the residency, will make the decision regarding the acceptability for credit of the 12 months of training in fundamental clinical skills approved by the ACGME, the RCPSC, or the AOA.

The program must include 36 months in PM&R in a training program accredited by the ACGME or the RCPSC. This format is mandatory for all residents who entered training in 1985 or subsequently. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable. In the event of a transfer, the resident is expected to complete all of the PM&R program requirements as outlined by the RRC. All required training and experience as stated above must be taken in the United States, Puerto Rico, or Canada.

The training program must include a significant amount of time spent in primary responsibility for the direct patient care management of hospitalized patients on the PM&R service. Residents must devote at least one-third of their residency experience to the care of these hospitalized PM&R patients. They must spend at least one-third of the training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

During PM&R training, the resident must develop comprehensive basic and clinical knowledge, skills, experience, and measurable competencies in areas such as:
• history and physical examination pertinent to PM&R;
• assessment of neurological, musculoskeletal, and cardiovascular-pulmonary systems;
• determining impairment and disability; data gathering and interpretation of psychosocial and vocational factors;
• achievement of basic qualifications in the performance and interpretation of electrodiagnostic evaluations;
• physiatric therapeutic and diagnostic injection techniques;
• prescriptions for orthotics, prosthetics, wheelchair and ambulatory devices, special beds, and other assistive devices;
• prescriptions with specific details appropriate to the patient for therapeutic modalities and therapeutic exercises;
• understanding of coordinated psychologic and vocational interventions and tests;
• familiarity with the safety, maintenance, and actual use of medical equipment common to the various therapy areas and laboratories;
• formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities;
• inpatient and outpatient pediatric rehabilitation;
• collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist;
• geriatric rehabilitation;
• sports medicine rehabilitation; and
• injury, illness, and disability prevention.

Also, the resident must achieve the ability to accept progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of conditions, such as:
• acute musculoskeletal pain syndromes;
• chronic pain management;
• congenital or acquired myopathies, peripheral neuropathies, and motor neuron and motor system diseases;
• neurorehabilitative care of traumatic brain injury, cerebrovascular accident, and other brain disorders;
• hereditary, developmental, and acquired central nervous system disorders;
• rehabilitative care of spinal cord trauma and diseases;
• rehabilitative care of patients with amputations for both congenital and acquired conditions in patients of all ages;
• sexual dysfunction common to the patient with physical impairment;
• post-fracture care and rehabilitation of post-operative joint arthroplasty;
• pulmonary, cardiac, oncologic, and other common medical conditions seen in persons with physical disabilities;
• geriatric diseases, impairments, and functional limitations;
• rheumatologic disorders treated by the physiatrist;
• medical conditions or complications commonly seen and managed in the physiatric patient;
• medical conditioning, reconditioning, and fitness; and
• soft tissue disorders.

The Program Requirements for Residency Education in PM&R in the current Graduate Medical Education Directory provides additional details of PM&R residencies. This book, published annually by the AMA, cites specific programming by the individual residency and its institutional base.

Credit for Other Specialty Training
Physicians who have satisfactorily completed 1 or more years of training (up to and including certification) in a program accredited by the ACGME, the RCPSC, or the AOA in related relevant specialties may receive up to a maximum of 12 months of non-PM&R training credit upon recommendation of the program director and at the discretion of the Board.

These relevant specialties include internal medicine, neurology, obstetrics and gynecology, orthopedics, pediatrics, family practice, and surgery. Completion of 36 months of training in an ACGME-accredited PM&R residency is still mandatory.

The Board will consider approval for non-PM&R training credit only upon recommendation of the residency training program director. Alternatively, upon the recommendation of the program director, the Board may accept a non-coordinated ACGME-approved "transitional" year or an ACGME-accredited year of training. This alternative training may be in family practice, internal medicine, obstetrics and gynecology, pediatrics, neurology, orthopedics, or surgery.

No credit will be given toward shortening the basic required 4-year program for non-ACGME-accredited residencies, fellowships, or internships, for Fifth Pathway in a United States AMA-designated training institution, or for hospital house physician experience. No credit will be allowed for fellowships prior to or during residency training.

All of the required training and experience as stated above must have been taken in the United States, Puerto Rico, or Canada. If a candidate wishes to complete an elective rotation at an international site or at any other location not accredited by the ACGME, the RCPSC, or the AOA, this must be accomplished during the 6 weeks of leave time allowed for each resident.

Absence From Training
A resident should not be absent from the residency training for more than 6 weeks (30 working days) yearly. Regardless of institutional policies regarding absences, any leave time beyond 6 weeks would need to be made up by arrangement with the program director.

"Leave time" is defined as sick leave, vacation, maternity or paternity leave, leave for locum tenens, or work in another program that is not ACGME-accredited. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Clinical Investigator Pathway
The ABPMR provides an opportunity for interested residents to participate in a Clinical Investigator Pathway (CIP) during their training. The ABPMR's criteria for certification as a Clinical Investigator require that a resident complete a 5-year residency program that integrates training in PM&R and clinical research.

The purpose of the CIP is to increase both quality and capacity of physiatric research nationally by enabling a select group of clinically and research-minded residents to become well trained in physiatric practice and research. The CIP is intended for PM&R residents in PM&R programs that have a strong emphasis on physiatric research.

Planning
Trainees interested in a research career should work with their residency program director and research mentor to design an appropriate training plan that will provide an adequate clinical experience and meet the Board's requirements. Ideally, planning for their pathway should occur during PGY-1, and the Board must be notified of and approve the resident's intention to pursue such training by the end of PGY-2.

Training
The first year of the 5-year program is devoted to fundamental clinical skills as required for a PM&R training program. The following 4 years of residency training combine clinical and investigative training. Training should preferably occur at one institution.
PM&R Training
All trainees in the CIP must satisfactorily complete 2 years of accredited PM&R training.

Research Training
Two years of research training at 80% commitment is required. The Board defines research as scholarly activities intended to develop scientific knowledge.

The research experience of trainees should be mentored and reviewed; training should include completion of work leading to a graduate degree (if not already acquired). The last year of research training may be undertaken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

Clinical Experience during Research Years
During PM&R research training, 20% of each year must be spent in clinical experiences. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the CIP.

Certification Examination in PM&R
Trainees in the PM&R clinical investigator pathway may apply for the Part I (computer-based) certification examination in PM&R after successful completion of 4 years of training, which must include 24 months of accredited training in PM&R and 12 months of research training. Trainees may apply for the Part II (oral) examination after successful completion of 5 years of residency training.

The ABPMR certification examinations and the Board certificate are the same for all Board candidates whether they pursue the clinical investigator pathway or standard PM&R training. A table illustrating the requirements for the ABPMR Clinical Investigator Pathway follows.

PM&R Clinical Investigator Pathway Requirements

<table>
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<tr>
<th>Requirement</th>
<th>Training Period</th>
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<tbody>
<tr>
<td>Fundamental skills training</td>
<td>12 months</td>
</tr>
<tr>
<td>PM&amp;R training</td>
<td>24 months</td>
</tr>
<tr>
<td>Research training (80%)</td>
<td>24 months</td>
</tr>
<tr>
<td>Clinical training during research (20%)</td>
<td>1 day/week</td>
</tr>
<tr>
<td>Total training</td>
<td>5 years</td>
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</tbody>
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Dual Specialty Certification
Residents may elect to pursue integrated training in PM&R and another specialty by enrolling in a combined training program. The ABPMR currently approves three types of combined training: Pediatrics and PM&R, Internal Medicine and PM&R, or Neurology and PM&R. All three programs require completion of at least 36 months of accredited training in general comprehensive PM&R.

The proposed program agreed to by the respective residency training program directors should be submitted by the program directors to both Boards for approval. Admissibility to Part I of the PM&R certification examination may be sought during the last year of training.

A full year of clinical practice, fellowship, research, or a combination of these activities, consisting of at least 6 months of clinical practice in PM&R, is required for admissibility to the Part II certification examination in PM&R. Guidelines for program directors interested in developing such a program are available through the ABPMR office.

Combined Training in Pediatrics and PM&R
A special agreement exists between the American Board of Pediatrics (ABP) and the ABPMR whereby a physician interested in dual specialty certification in pediatrics and PM&R can qualify for admission to the certification examinations of both Boards. The individual resident must be registered in an approved combined Peds/PM&R residency training program no later than the end of the R-2 year of the combined program.

The programs are designed to be completed in a minimum of 60 months. Vacation is shared pro rata between the training time spent in pediatrics and that spent in PM&R. The non-PM&R 12-month segment of the 4-year PM&R residency will be credited based on satisfactory completion of the regular first year of pediatric residency.

The ABP requires a minimum of 36 months of general comprehensive pediatric training with 6 months' credit for pediatric rehabilitation within the PM&R training. The ABPMR requires a minimum of 36 months of an accredited PM&R residency with 6 months' credit for related rotations during the pediatric training. These rotations could include developmental pediatrics, neonatology, pediatric neurology, pediatric neurosurgery, or pediatric orthopedics.

Six months' full-time equivalent (FTE) of pediatric rehabilitation is required. Twenty-four months of the 36 months PM&R training must be in adult PM&R.

It is recommended that all training be completed at one academic institution; any deviation will require prospective approval by both Boards. When two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience.

Combined Training in Internal Medicine and PM&R
A special agreement exists between the American Board of Internal Medicine (ABIM) and the ABPMR whereby a prospective resident interested in dual specialty certification in internal medicine and PM&R can qualify to apply for admission to the certification examination of each Board. Admissibility is determined by satisfactory completion of a preplanned, combined, and integrated program that could be designed to be completed in a minimum of 60 months. The individual resident must be registered in an approved combined internal medicine/PM&R residency training program no later than the end of the R-2 year of the combined program.

The non-PM&R 12-month segment of the 48 months of PM&R residency concerned with basic fundamental clinical skills will be credited on the basis of satisfactory completion of the regular first year of internal medicine residency.

In addition, the ABPMR requires a minimum of 36 months of accredited PM&R residency with 6 months' credit for internal medicine rotations. These rotations may be in such areas as rheumatology, endocrinology, cardiovascular, or pulmonary subspecialties of internal medicine.

During the 30 months in PM&R, the resident must satisfactorily complete 24 months of hospital and outpatient clinical management of patients receiving PM&R services. Physical medicine and rehabilitation training includes basic and advanced knowledge of musculoskeletal and neuromuscular anatomy and physiology as related to kinesiology, exercise, and functional activities as well as to immobilization and inactivity. Applications and prescription of therapeutic exercise, orthotics, prosthetics, assistive, and supportive devices for ambulation and mobility are essential.

The following segments of training in PM&R are also required: experience with inpatient or outpatient pediatric rehabilitation, adequate training to achieve basic qualifications in electromyography and electrodiagnosis, and opportunities to achieve understanding of special aspects of rehabilitation of patients in geriatric age groups.

The 3-year internal medicine residency requirements are met in part by the ABIM recognizing 6 months' credit for PM&R residency training involving PM&R management of patients with problems related to internal medicine. Such problems include those occurring in patients with rheumatologic, cardiovascular, pulmonary, stroke, and oncologic conditions.
It is recommended that all training be completed at one academic institution. If two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience. Any deviation requires prospective approval by both Boards. After the program is approved, the resident’s registration form is submitted. Vacation is shared pro rata between the two training programs.

Combined Training in Neurology and PM&R
The American Board of Psychiatry and Neurology (ABPN) and the ABPMR have an agreement that residents interested in dual certification in neurology and PM&R can qualify to apply for admission to the certification examinations of each Board. This is accomplished by satisfactory completion of an integrated program planned and approved by both Boards before the end of the R-2 year, designed to be completed in a minimum of 72 months.

For purposes of this dual certification, both specialty Boards require a 12-month basic clinical skills segment in internal medicine. The ABPMR requires a minimum of 36 months of accredited PM&R residency, and the ABPN requires 36 months of accredited neurology residency.

In order to decrease the total training time to 72 months (a reduction of 1 year), 12 months of training in areas that satisfy the special requirements in neurology and in PM&R must consist of 6 months of training in PM&R acceptable to the program director in neurology and 6 months of training in neurology acceptable to the program director in PM&R.

It is recommended that all training be completed at one academic institution. If two institutions are involved, adequate coordination should provide an appropriate educational experience that meets the requirements and approval of each Board. Before the end of the R-2 year of training in either specialty, both program directors sign and submit a training plan for a given resident to the ABPMR for approval. After the program is approved, the resident’s registration form is submitted. Vacation is shared pro rata between the two training programs.

Application Requirements and Fees

Part I

- The application forms for Part I (computer-based testing) may be obtained by downloading them from the ABPMR Web site (www.abpmr.org), or by submitting a written request to the Board office. The completed application must include a copy of the medical degree diploma or certificate, the program director’s statement that the applicant has or is anticipated to have satisfactorily completed an approved graduate program, and the names of three or more physiatrists or other physicians to whom the Board can write for professional and character references.
- In order to have the application considered for examination, the applicant must be scheduled to complete the graduate medical education requirements on or before August 31 following the scheduled examination date for which he or she has applied. Satisfactory completion of the educational and training requirements in force at the beginning of the resident’s training in an accredited program will be considered acceptable for application for admissibility to the certification examinations.
- A form included in the application materials is a professional reference form, to be completed and submitted to the Board office by the applicant’s residency program director. The applicant should supply this form to the program director, who then should promptly send it to the ABPMR office.

Final admissibility is contingent upon receipt of the final-year evaluation by the program director, due July 1 in the examination year. If a resident is placed on probationary status during the final year of the residency program, this status must be rescinded by the program director before July 1 for the resident to be admissible.

No decision regarding an applicant’s admissibility to the examinations will be made until the physician references are received. All references will remain confidential and will not be disclosed to the applicant without the permission of the physician providing the reference. Strict confidentiality of references submitted is required to ensure that the Board will receive complete and accurate evaluations of all applicants.

Part II

Part II of the ABPMR certification examination is an oral examination. To be admissible to Part II, applicants are required to complete at least 48 weeks of full-time PM&R clinical practice, PM&R-related clinical fellowship, PM&R-related research fellowship, or a combination of these activities after satisfactory completion of an accredited PM&R residency training program.

The applicant must complete a form provided by the ABPMR that describes the professional time spent during his or her 48 weeks of full-time PM&R clinical practice, PM&R-related fellowship, PM&R-related research, or a combination of these.

The applicant must also submit statements from two physicians (from the applicant’s local or regional area), preferably Board-certified physiatrists, verifying the applicant’s clinical practice, fellowship, research, or combination of these according to acceptable professional, ethical, and humanistic standards. Only references from persons unrelated to the applicant will be accepted.

The applicant is required to submit copies of all current, valid, unrestricted licenses to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada. For an applicant to be considered for examination, he or she must have passed Part I before applying for Part II. Applicants must be scheduled to complete the clinical practice requirements on or before August 31 following the scheduled examination date for which he or she has applied.

Deadlines

Part I

The appropriate fees and the completed application materials for admissibility must be postmarked and mailed by March 1 preceding the scheduled examination. This applies to initial applications or reapplications. An additional $500 late fee will be required for consideration of applications postmarked between March 2 and March 30. Any application postmarked March 30 or later will not be accepted. The postmark applied by the United States Postal Service (or the appropriate national postal service for non-US citizens) is the date of mailing and takes precedence over postmarks applied by in-house mailing equipment.

Part II

The appropriate fees and completed application materials for admissibility must be postmarked and mailed by November 15 preceding the scheduled examination. This applies to initial applications or reapplications. An additional $500 late fee will be required for consideration of applications postmarked in November 16 and December 15. Any application postmarked December 16 or later will not be accepted. The postmark applied by the United States Postal Service (or appropriate national postal service for non-US citizens) is the date of mailing and takes precedence over postmarks applied by in-house mailing equipment.
Fees
All fees must accompany the application for examination.

Part I
An applicant who plans to take Part I must submit a fee of $1,250 with completed application materials, $600 of which is an application processing fee and is not refundable.

Part II
An applicant who plans to take Part II must submit a fee of $1,700 along with the required documentation for Part II application, $600 of which is an application processing fee and is not refundable.

Late Fee
An additional nonrefundable $500 is required after the March 1 deadline for Part I and after the November 15 deadline for Part II.

Reapplication
Physicians who have failed either Part I or Part II can apply for admissibility for re-examination during any subsequent examination period. The same requirements will be in effect for reapplication as for initial admissibility. Currently, there is no limit to the number of times a physician may apply for repeat examinations.

Refunds and Forfeiture of Fees
Except as hereafter provided, no fees paid will be refunded. The Board will return the refundable portion of the fee only in the event that
• an applicant withdraws the application prior to the meeting of the Board to act thereon, or
• an applicant is declared not admissible to the examination.

Once an applicant has been declared admissible and is a candidate, the fees will be forfeited if the candidate withdraws for any reason, or does not appear for the scheduled examination for which he or she applied.

The ABPMR does not assume responsibility for notifying an applicant of the impending loss of admissibility due to an incomplete application or incomplete qualifications.

The Board is a nonprofit organization, and the candidates' fees are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration. The Board reserves the right to change the fees when necessary.

Board Admissibility
"Board admissible" is a term used by the ABPMR to define the status of an applicant who has been accepted by the ABPMR as a candidate to take the examination for which he or she has applied. Designation of "Board admissible" does not continue beyond the date such an examination is given, regardless of results. The Board does not accept any use of the term "Board eligible" in lieu of documented admissibility.

The Examination
As part of the requirements for certification by the ABPMR, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of PM&R. The examination for certification is given in two parts, computer-based (Part I) and oral (Part II).

Part I and Part II of the Board examination are given once each year at such times and places as the Board designates. While Part I of the examination is administered simultaneously at Pearson Professional Centers nationwide, Part II is administered only in Rochester, Minnesota.

Additional information provided in several brochures, Preparing for Your Computer-Based Exam and Computer-Based Testing Fact Sheet, and Preparing for the ABPMR Oral Examination, may be of interest to applicants. Copies of all publications are available from the Board office.

Exam Irregularity and Non-Disclosure Policy and Acknowledgement/Cooperation Agreement
All ABPMR certification exams, including the content and wording of exam questions, constitute confidential ABPMR information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABPMR written, computer-based, or oral examination questions, content, or materials, either before the examination, on-site, or in the future, is strictly forbidden. Use of ABPMR examination materials for the purpose of examination preparation or training is also strictly forbidden.

Violation of the ABPMR Exam Irregularity and Non-Disclosure Policy, or the giving or receiving of aid in any ABPMR examination as evidenced either by observation at the time of the examination or by statistical analysis, or engaging in other conduct that subverts or attempts to subvert the examination or the ABPMR certification process, is sufficient cause for the ABPMR to:
• Bar an individual from the examination,
• Terminate participation in the examination,
• Withhold and/or invalidate the results of the examination,
• Withhold a certificate,
• Revoke a certificate, or
• Take other appropriate action.

Residents, candidates, and diplomates in physical medicine and rehabilitation will be required to sign a Non-Disclosure Agreement acknowledging and agreeing that all ABPMR examinations are confidential and are protected by copyright law. The Non-Disclosure Agreement expressly prohibits disclosing, publishing, reproducing, or transmitting any ABPMR examination content, in whole or in part, in any form by any means, verbal or written, electronic or mechanical, for any purpose.

Part I
The computer-based examination is divided into morning and afternoon periods, each allowing 3 1/2 hours. An on-screen tutorial is available at the beginning of the first session, allowing examinees to become familiar with both the computer and the format of the examination.

The examination questions are designed to test the candidate's knowledge of basic sciences and clinical management as related to PM&R and will be in the form of objective testing. The Part I examination is based on the content areas in the Part I examination outline, available from the ABPMR office or online in the Certification Booklet of Information.

Part II
As currently structured, the oral examinations consist of three examiners examining the candidate, with each examiner conducting a 40-minute segment of the total 120-minute examination. Two 5-minute breaks divide the three portions of the oral examination.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions that come within the field of PM&R. During the oral examination, the examiner will ask questions about diagnostic procedures, therapeutic procedures, and patient management.

The candidate should be prepared to demonstrate familiarity with the literature of basic and clinical research, giving evidence of application of the literature to evidence-based medicine. Conciseness and clarity of statements are expected. Evidence of the professional maturity of the candidate in clinical procedures and of factual knowledge will be sought.
In addition to clinical PM&R, the oral examination may cover certain aspects of the basic sciences. The basic science components of the examination may include anatomy, physics, physiology, pathology, and other fundamental clinical sciences and competencies as listed under Residency Training Requirements.

The Certificate
Upon approval of the application and the candidate's successful completion of the examinations, the ABPMR will grant a certificate to the effect that the candidate has met the requirements of the ABPMR. The recipient of a certificate will be known as a diplomate, or a certificant, of the American Board of Physical Medicine and Rehabilitation.

The Board began issuing 10-year, time-limited diplomate certificates in 1993. The expiration date for these certificates is June 30 of the given year. Maintenance of Certification procedures and requirements are described briefly in a following section and in depth in a separate booklet of Information available upon request from the Board office or may be downloaded from the ABPMR Web site, www.abpmr.org. Certificates issued prior to 1993 have no time-limited stipulations; however, holders of these pre-1993 certificates may voluntarily participate in the Maintenance of Certification program.

Residents entering a training program are hereby informed and must be aware that time-limited certification for PM&R began in 1993 for all diplomates certified thereafter. A certificate granted by this Board does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice PM&R. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of PM&R in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

Certification is a voluntary process by which the ABPMR grants recognition to a physician specialist who has met predetermined qualifications specified by the ABPMR. Many qualities are necessary to be a competent physician, and many of these qualities cannot be quantified or measured. Thus, certification is not a guarantee of the competence of the physician specialist.

Communication
Published Listing of Certified Diplomates

Reporting Changes in Information
Once certified, diplomates are asked to notify the ABPMR office of any changes in address, place of employment, telephone or fax number, or personal name. Such information must be submitted in writing by fax, e-mail, mail, or the form provided on the ABPMR Web site. For name changes, a copy of the official documentation is required. Diplomates are responsible to notify the Board office regarding any changes in licensure status.

Board Policies
Accommodations for Persons With Disabilities
The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of the examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for modifications are urged to obtain a copy of Procedures for Requesting Accommodations under the ADA. This publication, available from the ABPMR, outlines the documentation required of applicants with disabilities who request examination modifications.

All required documentation must be submitted to the ABPMR office by the date specified in the application materials. Applicants anticipating the need for accommodations should contact the ABPMR well in advance of the date specified in the application materials in order to allow sufficient time to submit any required documentation.

Unethical or Irregular Behavior
Applicants for an examination must certify that the information provided in their applications is true and accurate, and must also agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the exam. Examples of unethical or irregular behavior include, but are not limited to, situations where:

1. any misrepresentation is discovered in the candidate's application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examination;
2. any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the ABPMR in order to obtain a right, privilege, or benefit not usually granted by the ABPMR to similarly situated candidates;
3. any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of computer-based testing results, or violation of the Exam Irregularity and Non-Disclosure Policy; or
4. the on-site proctor of the computer-based examination or the oral examiner deems any portion of the candidate's absence from the designated examination room for whatever reason and any duration as unexcused or otherwise impermissible.

If the ABPMR determines that unethical or irregular behavior has occurred prior to, during, or after the examination, the ABPMR may take actions to bar the involved person(s) from all future examinations, invalidate the results of or refuse to score prior examinations taken by the person(s), withhold or revoke the certificate(s) of the person(s), and/or take other appropriate action. If sanctions are imposed pursuant to the Board policy, the ABPMR may notify legitimately interested third parties of its action. The person in question shall be given written notice of the charges and an opportunity to respond in accordance with the rules and regulations of the ABPMR.

In the event of such a determination, the ABPMR will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. In some instances, the evidence of irregularity, though sufficiently strong enough to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

All examinations administered by the ABPMR are copyrighted as the sole property of the ABPMR and must not be reproduced or retained in any manner. Any collection of administered test items, in whole or in part, is a federal offense and also may subject the candidate to the sanctions listed above. No notes, computer disks,
Misrepresentation
Misrepresentation or alleged misrepresentation of a person as a diplomate of the American Board of Physical Medicine and Rehabilitation, or as having obtained a status of eligibility to take the certification examination will be investigated and acted upon by the ABPMR. The Board will seek verifiable evidence of such misrepresentation from the individual in question and other sources. Once sufficient evidence for reasonable verification of such misrepresentation has been obtained, the Board will notify the individual and each related licensing agency of the evidence it has been able to obtain. Such misrepresentation may include, but is not limited to, inclusion of an uncertified physician's name in a listing of other certified physicians, whether in newspapers, telephone yellow pages, or other means of soliciting patients, with the implication that all so listed are certified in PM&R.

Substance Abuse
If a history of substance abuse exists, candidates must provide documentation that they can safely and effectively perform the duties and responsibilities of a Board diplomate. The Board treats this information as confidential. Such documentation may consist of:
1. evidence of a successful completion of a supervised treatment program;
2. evidence of a documented period of abstinence, or
3. evidence of current participation in a supervised rehabilitation program combined with evidence that the candidate is no longer engaged in the abuse of drugs and/or alcohol.

Revocation of Certification
Any certificate issued by the ABPMR remains the property of the Board. Any certificate issued by the ABPMR shall be subject to revocation at any time if the Board determines, in its sole judgment, that the diplomate holding the certificate was in some respect not properly qualified to receive or retain it. The Board may, at its discretion, rescind a certificate for due cause, including, but not limited to, the following:
1. The diplomate made any material misstatement or omission to the Board;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued, whether or not the Board knew of such a deficiency;
3. The diplomate engaged in unethical or irregular behavior in connection with an examination of the ABPMR, whether or not such practice had an effect on the performance of the candidate on that examination. Examples of unethical or irregular behavior may include, but are not limited to, copying answers from or knowingly giving answers to another individual, using notes during an examination, copying or distributing examination questions, or any violation of the ABPMR Exam Irregularity and Non-Disclosure Policy;
4. The diplomate misrepresented his or her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
5. The diplomate engaged in conduct that violated the moral or ethical standards of medical practice accepted by organized medicine in the locality where the diplomate is practicing, resulting in a revocation, suspension, qualification, or other limitation of his or her license to practice medicine, or the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers; or
6. The diplomate's license to practice medicine has been revoked, suspended, qualified, or limited in any jurisdiction.

If the Board determines to revoke any certificate for any reason, the person affected thereby shall be given written notice of the reasons for the proposed revocation. Upon revocation of certification, the holder shall return the ABPMR certificate and other evidence of certification to the Board, and his or her name shall be removed from the list of certified physiatrists.

Appeal of Decisions
An appeal process is available to individuals who disagree with the ABPMR's decisions regarding their admissibility to examinations, requests for special accommodations, accuracy of scoring procedures, or revocation of certification. A copy of the ABPMR Appeal Policy and Procedure is available upon request from the ABPMR office.

Certificate Reinstatement
Should the circumstances that justified revocation of the certificate be corrected, the Board may, at its discretion, reinstate the certificate after appropriate review of the individual's licensure and performance, using the same standards and requirements applied to the applicants for certification.

Maintenance of Certification
Beginning in 1993, the Board issued time-limited certificates that are valid for 10 years. To maintain certification beyond the 10-year period, diplomates certified since 1993 must participate in the Maintenance of Certification (MOC) program.

The guiding principle of the ABPMR MOC program is to foster the continuing professional development of quality patient care and all aspects of the practice of PM&R by its diplomates. Through its MOC program, the ABPMR seeks to encourage, stimulate, and support its diplomates in a program of self-directed, life-long learning through the pursuit of continuing medical education.

The MOC process permits diplomates to demonstrate that they continue to meet the requirements of the ABPMR. Maintenance of Certification also provides patients and their families, funding agencies, and the public in general with assurance of the continuing up-to-date knowledge of PM&R diplomates.

To participate in the MOC program, an ABPMR diplomate must:
• hold a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada. Evidence of unrestricted licensure in all states where a license is held will be required;
• pay an annual $100 fee;
• provide evidence of an average of 50 continuing medical education (CME) credits annually, for a total of 500 CME hours over the 10-year period (with all such CME credits being recognized by the AMA or AOA); and
• successfully complete a written or computer-based examination. Beginning in 2006, this will be a proctored examination.

Diplomates are automatically enrolled in the MOC program upon issuance of their time-limited certificates. Those who do not pay their fees or do not report CME credits for 4 or more years are considered nonparticipants. The Board office will notify nonparticipants when their certificates have expired.

Currently, the MOC examination is an open-book, take-home test consisting of 200 multiple-choice questions. Diplomates have 10 weeks to complete the examination and return it to the ABPMR. The examination content is organized into modules; all participants complete a core module, and select two additional modules from specific subspecialty areas in PM&R. In February 2006, the MOC examination will be administered as a proctored, computer-based test.
given at Pearson Professional Centers nationwide. For complete information on the MOC process and requirements, refer to the current Maintenance of Certification Booklet of Information on the ABPMR Web site at www.abpmr.org, or by contacting the ABPMR office.

Subspecialty Certification

Spinal Cord Injury (SCI) Medicine
The authority to grant subspecialty certification in SCI medicine was granted to the ABPMR by the ABMS in March 1995, with the first examination given in October 1998. The examination and information on the examination process for subspecialization in spinal cord injury medicine are available to all diplomates of ABMS Member Boards.

The SCI Medicine examination is administered as a computer-based test at Pearson Professional Centers nationwide. After the 2007 examination, the SCI Medicine examination will be offered in alternate years (ie, 2009, 2011, 2013, and so on).

Applications for the SCI medicine examination are available after April 1 in the year the examination will be given. Completed applications are due by July 1 of the same year. The Subspecialty Certification in Spinal Cord Injury Medicine Booklet of Information which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.

Pain Medicine
In March 1998, the ABPMR and the American Board of Psychiatry and Neurology (ABPN) joined the American Board of Anesthesiology (ABA) in recognition of pain management (pain medicine) as an interdisciplinary subspecialty with a single standard of certification. The ABA administers the examination, which covers the various content areas of pain medicine. The examination is administered as a computer-based test, and future pain medicine examinations are slated for September each year at testing centers nationwide. Contact the Board office for specific dates.

Applications for each pain medicine examination are available in January, and the completed applications are due by February 15 of the year in which the examination will be given. The Subspecialty Certification in Pain Management Booklet of Information, which summarizes the training requirements and the application process, including deadlines and fees, is available from the ABPMR office and via the ABPMR Web site.

Pediatric Rehabilitation Medicine
The authority to grant subspecialty certification in pediatric rehabilitation medicine (PRM) was granted to the ABPMR by the ABMS in March 1999, with the first examination given in November 2003. The application and information on the examination process for subspecialization in PRM is available to all ABPMR diplomates.

The PRM examination is administered as computer-based testing at Pearson Professional Centers nationwide. Applications for each year's PRM examination are available after April 1. Completed applications are due by July 1 of the year in which the examination will be taken. The Subspecialty Certification in Pediatric Rehabilitation Medicine Booklet of Information, which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.

American Board of Plastic Surgery

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The members listed below were nominated from the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), the American Association of Hand Surgeons (AAHS), the American Society for Surgery of the Hand (ASSH), and the American Society of Maxillofacial Surgeons (ASMFS).

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Gwen A Hanusein, Examination and Projects Coordinator
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Jennifer M Wise, Administrative Assistant
Melissa M Rinnier, Staff Assistant

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Plastic Surgery, Inc [ABPS], to ascertain whether the information below is correct.)

Introduction
The ABPS, which was organized in June 1937 by representatives of various groups interested in this type of surgery, received recognition as a subsidiary of the American Board of Surgery (ABS) in May 1938. The ABPS was given the status of a major specialty board in May 1941 by action of the Advisory Board for Medical Specialties as approved by the Council on Medical Education of the American Medical Association (AMA), which has designated certain specialty fields as being suitable to be represented by specialty boards.

The Board is organized under the laws of the State of Illinois for charitable, scientific, and educational purposes. No part of its net earnings shall inure to the benefit of any private member, director, officer, or other individual, nor shall the Board ever declare or make to any such persons any dividend or other distribution. Nothing herein, however, shall prevent the payment of reasonable compensation for services rendered or the reimbursement of reasonably expenses incurred in connection with the Board’s affairs.

Plastic surgeons certified by the Board are listed in the Official ABMS Directory of Board Certified Medical Specialists, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS).

Mission Statement
The mission of the ABPS is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification, and recertification of plastic surgeons as specialists and subspecialists.

Description of Plastic Surgery
Plastic surgery deals with the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniofacial structures, hand, extremities, breast and trunk, external genitalia, or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.

Special knowledge and skill in the design and surgery of grafts, flaps, free tissue transfer, and replantation is necessary. Competence in the management of complex wounds, the use of implantable materials, and in tumor surgery is required. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and craniofacial surgery, liposuction, and tissue transfer. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.

Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behavior, and interpersonal skills to achieve problem resolution and patient satisfaction.

Sponsoring Organizations
The ABPS consists of at least 20 directors who manage the affairs of the organization. The Board elects one director from names submitted by the American Board of Surgery (ABS). Public member(s) are elected from nominations submitted by the directors. The Board elects at least 19 directors from names submitted by the following 20 sponsoring organizations:

- The Aesthetic Surgery Education & Research Foundation, Inc
- Association of Academic Chairmen of Plastic Surgery
- The American Association for Hand Surgery
- The American Association of Plastic Surgeons
- The American Association of Pediatric Plastic Surgeons
- The American Burn Association
- The American Cleft and Craniofacial Association
- The American College of Surgeons
- The American Society for Aesthetic Plastic Surgery, Inc
- The American Society for Surgery of the Hand
- The American Society of Maxillofacial Surgeons
- The American Society of Plastic and Reconstructive Surgeons
- The American Surgical Association
- The Canadian Society of Plastic Surgeons
- The Council of Regional Societies of Plastic and Reconstructive Surgery
- The Plastic Surgery Research Council
- Plastic Surgery Education Foundation

Certification Requirements
Once elected to the Board, that person’s obligation will be primarily to the Board and not to the sponsoring organization.

In addition, one director is elected by the Board from names submitted by the ABS.

These individuals are the directors of the Board. Surgeons who fulfill the requirements of the Board and who are granted certification by the Board are known as diplomates of the ABPS.

Purposes
The essential purposes of the Board are

1. to establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense;
American Board of Plastic Surgery

2. to conduct examinations of approved candidates who seek certification by the Board;
3. to issue certificates to those who meet the Board's requirements and pass the respective examinations;
4. to do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.

The Board is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery. Standards of certification are clearly distinct from those of licensure; possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician, nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals or to define who shall or shall not perform plastic surgical operations. The Board is not a primary source of censure or primary review of ethical problems.

Policies

It is the Board's prerogative to determine the professional, ethical, moral, physical, and mental fitness of any candidate for its certificate.

The Board will consider opinions expressed concerning an individual's credentials only if they are in writing and signed.

It is the policy of the Board to maintain its autonomy and independence from political and economical considerations that might affect plastic surgery.

Advertising Requirements

The Board recognizes the role of legitimate advertising in the changing medical scene, but it does not approve of advertising that arouses unrealistic expectations, is false or misleading, minimizes the magnitude and possible risks of surgery, or solicits patients for operations that they might not otherwise consider.

Such advertising is improper and inconsistent with the high standards of professional and ethical behavior implied by certification by the ABPS. Misstatements regarding Board status are also inconsistent with the minimum ethical standards of the certified physician. The Board may penalize individuals misstating their status.

Although in the examination process, candidates may not advertise any status with the Board until certified after passing the Oral Examination. This includes, but is not limited to, statements, forms, or images that express or imply that one is a candidate, admissible, eligible, qualified, or affiliated with the Board prior to achieving certification.

Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, curriculum vitae, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers, magazines, and newspapers.

Candidates also may not represent themselves as members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society symbol as this can be regarded by the public as evidence of certification by the Board. The Board recommends that candidates and senior partners contact the marketing department of ASPS to determine adherence to the Society's policies before placing practice advertisements in print.

A candidate will be deferred from the examination process for at least 1 year if the Board receives written documentation of such advertising.

General Requirements

The following requirements for admissibility are in agreement with those promulgated by the ABMS:
1. The Board will accept only those persons whose major professional activity is limited to the field of plastic surgery.
2. The person must maintain an ethical standing in the profession and moral status in the community acceptable to the ABPS in conformity with the Board's Code of Ethics. Moral and ethical practices that do not conform with the Board's Code of Ethics may result in rejection of an application or deferral of examination until such matters have been resolved satisfactorily.

The Board may deny a candidate the privilege of sitting for an examination, or may refuse issuance of a certificate, if it is found by additional disclosures or a recent change in status that the candidate no longer meets the general or professional requirements.

Professional Requirements

The Board considers the requirements detailed in the sections on prerequisite training and training requirements to be minimal. Candidates are encouraged to take advantage of broadening experiences in other fields.

The Board reserves the right to:
1. request lists of operations performed solely by the candidate for 1 or more years;
2. request special and extra examinations: written, oral, or practical;
3. request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification;
4. consider evidence that a candidate's practice after completion of training is not in accord with generally accepted medical or ethical standards, which may result in rejection of the application or deferral of the examination until such time as the matter has been satisfactorily resolved.

Undergraduate Medical or Osteopathic Education

Before prerequisite training, candidates must have graduated from a medical school in a state or jurisdiction of the United States that is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian medical school accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or a US osteopathic school accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada must possess a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed a Fifth Pathway program in an accredited school of medicine in the United States.

Official Evaluation of Prerequisite Training

Official evaluation of prerequisite training by the Board is required prior to the initiation of residency training in plastic surgery for residents in independent programs and after the first year of residency for those in integrated plastic surgery programs. This simple preliminary step will prevent later disappointment. It is the responsibility of all residents in plastic surgery to obtain this evaluation.

The Request for Evaluation of Training Forms are mailed upon request throughout the year. There is no deadline for submission of material to the Board office. Each prospective candidate must obtain a Request for Evaluation of Training Form from the Board.
office prior to completion of prerequisite training. The completed Request for Evaluation of Training Form, a $150 nonrefundable processing fee (made payable to The American Board of Plastic Surgery, Inc., in US Funds), and a copy of the prospective candidate’s medical school diploma is required upon submission.

A Confirmation Letter will be sent directly to the resident upon review and approval of the prerequisite training. The Plastic Surgery Matching Program does require the Board’s Confirmation Letter for the Match Application. Prospective candidates should be aware of the Match Application deadline, usually in the fall. Please allow 6 weeks for the processing of the Request for Evaluation of Training Forms and mailing of the Confirmation Letter from the Board office.

Directors of accredited residency training programs in plastic surgery must require all prospective trainees to have an official evaluation and approval of their prerequisite training by the Board before they begin plastic surgery training.

Approval for residency training in plastic surgery will be provided to those individuals who clearly meet the Board’s established training requirements. Further information for detailed credential review will be obtained on all other individuals where training was in other than accredited programs.

Official evaluations will be made by the Credentials and Requirements Committee. Individual officers or members of the Board cannot and will not make such estimates or rulings. It should be emphasized that the answers to many questions require a decision by one or more of the committees of the Board. This applies particularly to evaluation of training and questions of admissibility. Decisions are referred to the entire Board at the next scheduled Board meeting.

The process of reaching a final decision may require several months, since the full Board meets only twice annually. March 1 and September 1 are the deadline dates for receipt of written submission of special requests, documentation, and required fee for consideration by the Credentials and Requirements Committee.

The Board will issue neither a letter verifying prerequisite training nor an Application for Examination and Certification Form until the Request for Evaluation of Training Form has been received and approved.

Training Requirements

There are two major pathways toward obtaining acceptable graduate level training in plastic surgery: the independent model and the integrated model.

In an independent model, the candidate must complete both (1) prerequisite training and (2) requisite training (plastic surgery). In an integrated model, no such distinction exists.

Residents may transfer, prior to the last 2 years, from an independent type of program to another independent program and from an integrated type of program to another integrated program, but they may not exchange accredited years of training between the two different models without specific prior approval by the Residency Review Committee for Plastic Surgery. The candidate must also provide written notification to the Board of anticipated transfers and obtain prior approval by the Board.

The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year.

1. Independent Model

This model includes programs with 2 or 3 years of plastic surgery training. The Independent Model has two options. The first option has two variations. Each of the pathways described satisfy the requirements of the Board for entry into the certification process.

1. Option 1, variation A requires at least 3 years of clinical general surgery residency training to complete the prerequisite requirements of the Board. Residents must complete a minimum requirement of 36 months of training including specific rotations, which are noted in the Booklet of Information. This requirement of the Board stipulates that a minimum of 3 years of clinical training in general surgery, with progressive responsibility, in the same program must be completed before the resident enters a plastic surgery residency.

Option 1, variation B is the “combined” or “coordinated” residency. This option is the same as option #1A, with the exception that medical students are matched into a general surgery training program with a noncontractual understanding that they will become plastic surgery residents at the same institution after satisfactorily completing the 3-year minimum prerequisite requirement in general surgery. During this time they are considered residents in general surgery with an “expressed” interest in plastic surgery, but are not considered plastic surgery residents by the RRC-PS, AACPS, or ABPS until completing the prerequisite training program and entering the requisite years. These programs are not differentiated in the Graduate Medical Education Directory (the “Green Book”), but rather are found listed among general surgery and independent plastic surgery programs. Prerequisite and requisite requirements are completed at the same institution in this model.

2. Option 2 is available for residents who have satisfactorily completed a formal training program (and are board admissible or certified) in general surgery, otolaryngology, neurological surgery, orthopedic surgery, urology, or oral and maxillofacial surgery (the latter requiring 2 years of clinical general surgery training in addition to an MD/DDS). Successful completion of these ACGME- or ADA-accredited programs fulfills the prerequisite training requirement.

Residents can officially begin a plastic surgery training program (prerequisite training) after completion of any of these prerequisite options, all of which require confirmation by the Board (Request for Evaluation of Training Form with confirmation letter regarding the acceptability of the prerequisite training for the Board’s certification process). In the Independent Model options, only the requisite period of training in the Independent Model is under the supervision of the RRC-PS. Note that the education in the Independent Model is accredited by the RRC-PS. However, in the “combined” model, the general surgery years are accredited by the RRC for General Surgery and not the RRC-PS.

Prerequisite Training

For United States or Canadian doctors of medicine or osteopathy with their medical degree or osteopathic degree granted in the United States or Canada, and international medical graduates, one of the following pathways must be taken:

1. A minimum of 3 years of clinical training in general surgery with progressive responsibility in the same program is required. Programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). Rotating internships will not be accepted in lieu of a clinical year in general surgery. Broad surgical training experience is required.

A total of 36 months of general surgery is required. A minimum of 18 months must be devoted to rotations in the primary and secondary in the primary and secondary components of general surgery as listed in Categories 1 through 12 below:

1. General surgery
2. Alimentary tract surgery
3. Abdominal surgery
4. Breast surgery
5. Head and neck surgery
6. Vascular surgery
7. Endocrine surgery
8. Surgical oncology
9. Trauma
10. Critical care
11. Pediatric surgery
12. Transplant

During the 36 months of general surgery, no more than a total of 12 months may be served in the other areas of surgical training such as:

1. Gynecology
2. Neurologic surgery
3. Ophthalmology
4. Orthopedic surgery
5. Otolaryngology
6. Pathology
7. Anesthesia
8. Burns
9. Surgical pathology
10. Surgical dermatology
11. Oral and maxillofacial surgery
12. Cardiothoracic surgery

During the 36 months of general surgery no more than 1 month can be spent on pathology or dermatology and no more than 2 months on oral and maxillofacial surgery.

During the 36 months of general surgery no more than 3 months may be spent on a single rotation of the other subspecialties and no more than 6 months may be assigned on the combination of plastic surgery and hand surgery rotations.

This program must be approved by the Residency Review Committee (RRC) for Surgery and accredited in the United States by the ACGME or in Canada by the RCPSC for full training. The minimum of 3 years of clinical training with progressive responsibility in the same program in general surgery must be completed before the candidate enters a plastic surgery residency. The satisfactory completion of this requirement must be verified in writing by the general surgery program director (see "Verification of Prerequisite Training," below).

2. An accredited residency training program in neurological surgery, orthopedic surgery, otolaryngology, or urology. Prospective candidates may initiate residency training in plastic surgery following satisfactory completion of the entire course of training in the United States or Canada, as prescribed for certification by the American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, the American Board of Otolaryngology, or the American Board of Urology. They must meet and comply with the most current requirements in these specialties. Satisfactory completion of training must be verified in writing by the training program director (see "Verification of Prerequisite Training," below) and evidence of current admissibility to the respective specialty board's examination process in the United States is required.

**For prospective candidates with an MD degree obtained in the United States or Canada combined with a DMD or DDS degree**

Satisfactory completion of a residency program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency. The satisfactory completion of this training must be verified in writing by the oral and maxillofacial surgery program director. This program may include the integration of a medical school component resulting in a doctor of medicine (MD) degree or the Medical Degree may be obtained before or after residency training in oral and maxillofacial surgery.

This combined training must also include a minimum of 2 years of only clinical general surgery training progressive responsibility under the direction of the general surgery program director after obtaining the MD degree. These 24 months may be devoted only to those rotations in the 13 primary and secondary components of general surgery as listed previously. The general surgery program director must verify in writing the completion of 2 years of general surgery training, the level of responsibility held, inclusive dates, and specific content of rotation. Rotations in general surgery during medical school, prior to the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement. If the general surgery component is completed at an institution other than the sponsoring institution of the oral and maxillofacial surgery residency, then this training must be completed consecutively, with all 24 months spent in the same general surgery program that has been reviewed by the RRC for Surgery and is accredited by the ACGME in the United States.

**Verification of Prerequisite Training**

To obtain verification from the program director under whom the candidate completed prerequisite training, the Board office will mail a verification form to the program director for completion and return by the program director. It is the candidate's responsibility to determine that the form has been completed and returned to the Board office.

**Requisite Training**

**Graduate Education in Plastic Surgery**

Two years of plastic surgery training is required, and the final year must be at the senior level. Residents entering a plastic surgery residency accredited for 3 years of training must complete the entire 3 years, including 1 year of senior responsibility.

Prospective candidates are required to complete both years of a 2-year program in the same institution or the last 2 years of a 3-year program in the same institution. In either instance, the final year must be at the senior level.

Training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the RRC for Plastic Surgery and accredited by the ACGME or those programs approved by the RCPSC.

**Content of Training**

Candidates must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

It is imperative that a resident hold positions of increasing responsibility when obtaining training in more than one institution, and 1 full year of experience must be at the senior level. The normal training year for the program must be completed. No credit is granted for part of a year of training.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable training year is 4 years. Should absence exceed 4 weeks per annum for any reason, the circumstances and possible makeup time of this irregular training arrangement must be approved by the RRC for Plastic Surgery, and documentation of this approval must be provided to the Board by the program director. No credit but no penalty is given for military,
maternity/paternity, or other leaves during training. Residents or Candidates in the examination process called to active military duty do not need to submit a reaplication if 5 years expire during the active duty period.

Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in both the functional and cosmetic management of congenital and acquired defects of the head and neck, trunk, and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination(s) of the Board after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science—anatomy, pathology, physiology, biochemistry, and microbiology—to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthesiology, and chemotherapy.

Accredited Residency Programs

Information concerning accredited training programs for the independent model may be found in the Graduate Medical Education Directory (the "Green Book") published by the American Medical Association (AMA) under the aegis of the ACGME. Copies of this directory are available at many medical schools and libraries, or candidates may order the directory directly from the AMA by calling toll-free 800-621-6335, or by writing to Order Department OP416782, American Medical Association (AMA), PO Box 900876, Atlanta, GA 31193-9876; www.ama-assn.org. The Board does not inspect or approve residences. The RRC for Plastic Surgery inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency has filed an application for approval by the RRC for Plastic Surgery. For information contact the office of Doris A Stoll, PhD, 515 N State St, Chicago, Illinois 60610; 312 464-5505; www.acgme.org.

The RRC consists of nine members, three representatives from each of the following: the ABPS, the ACS, and the AMA.

Neither the Board nor its individual members can be responsible for the placement of applicants for training. The Board does not maintain a list of available openings in programs. Prospective candidates seeking accredited training in plastic surgery should correspond directly with the directors of those training programs in which they are interested.

Most plastic surgery residencies participate in a special Plastic Surgery Matching Program. For information, contact Plastic Surgery Matching Program, PO Box 7684, San Francisco, California 94120-7684; 415 447-0350; www.sfmatch.org.

Nonapproved Residencies

No other residencies in the United States, Canada, or other countries are acceptable in lieu of those specified above. This in no way implies that quality training cannot be acquired elsewhere, but the Board has no method of evaluating the quality of such programs and must be consistent in its requirements.

The Board grants no credit for training, residency, and/or experience in disciplines other than those named.

2. Integrated Model

United States Program

Candidates must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the LCME or the AOA.

Graduates of allopathic medical schools in the United States or its territories not accredited by the Liaison Committee for Medical Education (LCME) who have successfully completed the licensure requirements in a US jurisdiction are deemed to have appropriate undergraduate medical credentials.

Graduates of schools of medicine from countries other than the US or Canada must present evidence of final certification by the Educational Commission for Foreign Medical Graduates (ECFMG). Information on this certification can be obtained by writing to ECFMG, 3624 Market St/4th Fl, Philadelphia, PA 19104-2688; 215 386-5800; www.ecfmg.org.

Accreditation by the ACGME is required for all years of the training program.

Training in the Integrated Model requires no less than 5 years of RCP-PS accredited residency under the authority and direction of the plastic surgery program director. The curriculum includes the basic experience as detailed above under "prerequisite training" and is determined by the plastic surgery program director and approved by the RCP-PS. No less than 2 years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. The last 2 years of training must be completed in the same program.

Transfers to Integrated Programs

A resident transfer into a vacant position in an Integrated Program must be approved by the program director, the RCP-PS and the ABPS. The following documentation must be provided to the Board office for review and approval:

1. Letter from the RCP-PS approving the opening in the integrated program;
2. Letter from the general surgery program director indicating the exact dates of training that will be completed at the time of the transfer;
3. Letter from the integrated plastic surgery program director indicating the acceptance of the resident; and
4. Completed Request for Evaluation of Training Form, $150 Processing Fee, and photocopy of medical school diploma from the resident.

Canadian Combined Program

This requirement will pertain to all those applying for admission to the ABPS examination process beginning in the year 2000, but candidates may begin such a course of training before then if they so desire.

The third year of training in the Canadian 5-year combined program must consist of varied rotations of a general surgery nature demonstrating progressive responsibility at a third-year level. This program must be approved by the RCPSC for full training.

Rotations may include the alimentary tract; the abdomen and its contents; the breast, skin, and soft tissue; the head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders, particularly tumors of the skin, salivary glands, thyroid, parathyroid, and oral cavity; the vascular system, the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto; the endocrine system; surgical oncology, including coordinated multimodality management of the cancer patient by screening surveillance, surgical adjunctive therapy, rehabilitation, and follow-up; comprehensive management of trauma, including musculoskeletal, hand, and head injuries (responsibility for all phases of care of the injured patient is an essential component of general surgery); and complete care of critically ill patients with underlying surgical conditions in the emergency room, intensive care unit, and trauma/burn units. No more than 6 months of this training may be spent on any single subspecialty surgical service, such as a burn unit, during the 3 years.

A Request for Evaluation of Training Form must be completed and returned by the candidate to the Board office along with a $150
nonrefundable processing fee in US funds (made payable to The American Board of Plastic Surgery, Inc).

A Verification Form must be completed and signed by both the director of postgraduate education for the university's department of surgery and the director of the university's training program in plastic surgery. After completion of plastic surgery training, the director of postgraduate surgical education and the plastic surgery program director will be required to complete and sign the last page of the Application for Examination and Certification Form.

Applying for Examination and Certification
The prime purpose of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons. The Board cannot issue letters attesting to admissibility to the examination process to any person, institution, or organization until this formal application, along with the required supporting documents, have been received and approved.

The Application Process
In order to be admitted to the examination process leading to Board certification, prospective candidates should write to the Board office requesting application materials no later than December 30 of the final year of their plastic surgery residency by one of the following methods:
- submitting the Senior Resident Form provided by the Board to each plastic surgery program director
- writing, faxing, or sending an email to the Board office requesting Application Materials
- submitting a Web site application request at www.abplsurg.org

A Senior Resident Form may be obtained from the residency program director, who will receive these post cards in December. Upon this written request, an Application for Examination and Certification Form will be provided and should be completed and submitted to the Board office by the deadline indicated in the application cover letter.

Prospective candidates must submit a completed Application for Examination and Certification Form to the Board office within 2 years after completion of their residency in plastic surgery in order to be considered for admission to the examinations leading to Board certification. Prospective candidates with disabilities requesting special accommodations for the examination process must do so in writing and provide documentation of the disability when submitting the Application for Examination and Certification Form (refer to "Examination of Candidates with Disabilities").

Deadline for Submission of Application Material
Applications for admission to the written examination must be received in the Board office by the deadlines listed in the Booklet of Information.

Licensure
All candidates must have a current, valid, registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province, and they must continue to be licensed throughout the certification process. A temporary limited license, such as an educational, institutional, or house permit, will be acceptable for the first year of admissibility to the Written Examination until full licensure is achieved. Candidates must submit a photocopy of an active registration certificate bearing a date that will be valid at the time of examination(s), with each Reply Form submitted.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current registration of licensure but must provide appropriate information regarding their status.

Restrictions to Medical Licensure
It is the candidate's responsibility to report, in a timely manner, all disciplinary actions to medical licenses from any and all state medical boards. The following sanctions by any and all state medical licensing boards where the candidate holds a license are considered a restricted license and will delay a candidate's admissibility to the Written or Oral Examination:
- Limitation on practice or parts of practice
- Probation
- Probation with monitoring
- Probation with supervision
- Suspension

Other sanctions to a candidate's medical license such as reprimands, fines, community service, or a stayed suspension must be reported to the Board and will be considered by the Ethics Committee before a candidate is admissible to the Written or Oral Examination.

Hospital Privileges
Candidates must provide evidence of active operating privileges in plastic surgery in a hospital throughout the examination process. Exceptions may be made for Written Examination candidates at the initiation of practice in plastic surgery or those pursuing additional fellowship training. Privileges held exclusively in outpatient facilities are not acceptable.

Letters of Recommendation
If a candidate has completed training in more than one program in plastic surgery, the program director of the first year of training must verify to the Board, in writing, the satisfactory completion of that year of training. Additionally, the Board may require favorable evaluations and verification from other surgeons.

Residency Graduation Form (US Programs)
A Residency Graduation Form will be mailed by the Board office directly to the plastic surgery program director for completion at the end of the resident's training in plastic surgery. A single form will be sent for each resident and will require signatures in two places. The first signature, by the program director, will attest that the resident has completed a residency training program in plastic surgery accredited by the RRC for Plastic Surgery or by the RCPS under his/her direction and that the accredited number of years included a year of senior responsibility. The second signature will signify that the program director recommends the resident for admission to the examination process of the Board.

The Board requires each program director to complete a Residency Graduation Form for each graduating resident by July 15 of the year of residency completion.

If the program director elects not to sign either statement, the director is required to provide a full written explanation of the reason the required signature(s) is not provided. The individual's application cannot be processed, nor will the individual be admitted to the examination process of the Board, without both required signatures.

The program director must record any deficiencies that were responsible for the lack of signature(s) and discuss these with the individual. This written communication must be given to the individual and a copy must be forwarded to the Board office. If further educational training or experience is completed, the program director should request, within 30 days, that another Residency Graduation Form be sent for the required signature(s). If the individual is still felt to be deficient and not recommended for admission to the examination process of the Board, the program director again must communicate the cause for the lack of signature(s) to the Board office.

Failure on the part of the program director to complete the Residency Graduation Form within the stipulated framework will be
considered an abrogation of the responsibility of the program director, and the RRC for Plastic Surgery or the RCPSC shall be so notified.

Notification of Admissibility
Candidates have unlimited opportunities to successfully complete the Written and Oral Examinations. Candidates must reapply every 5 years to remain admissible to the examination process. Candidates deferred from the examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Written Examination. Candidates must adhere to the Board’s Advertising Requirements, listed earlier, as well as the Code of Ethics.

All candidates must comply with the current requirements in effect for the year in which the examination is taken regardless of the time the original application was approved.

It is the responsibility of candidates to seek information concerning the current requirements for certification by the Board. These requirements are delineated annually in the Booklet of Information. The Board does not assume responsibility for notifying candidates of changing requirements. The Board recommends that candidates visit the Board’s Web site or contact the Board annually by email to obtain a Booklet of Information for the current requirements and deadline dates.

All candidates taking examinations of The American Board of Plastic Surgery, Inc. must complete the entire examination. Certification by any other specialty Board does not exempt candidates from any part of the examination process.

Fellowship training does not affect admissibility to the Written Examination. However, active practice in plastic surgery is required for admissibility to the Oral Examination.

Written Examination: October 17, 2005

Requirements for the Written Examination
1. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the examination process. Verification of current plastic surgery privileges must be provided to the Board from the medical staff office(s) of each institution(s).
2. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrict­tions will delay the candidate’s progress through the examination process.

The Written Examination will be conducted in the fall each year or at any other time deemed suitable by the Board. The examination will be given on 1 day throughout the United States and Canada. No exceptions will be made, and special examinations will be given only under unusual circumstances (see Special Situations).

The Written Examination is a Computer-Based Test (CBT) offered at Prometric Testing Centers (PTC). The Board cannot guarantee scheduling for specific test centers.

Test Centers for CBT
Prometric provides services for professional licensure, academic assessment, and certification for various other professional and academic needs. Prometric administers testing programs for educational institutions, corporations, professional associations, and other organizations.

All Prometric Test Centers are set up similarly. This not only helps enhance security, but also provides the same standards of comfort and uniformity for all candidates. Locations of Prometric Test Centers available for the Written Examination can be found at the Prometric Web site, under the “Test Takers” & “Locate a Test Site” buttons. In the Test Center Locator drop down field under “Select your area of study,” chose Professional Licensure and Certification. Select your test state on the right drop down field. Click “NEXT.” Scroll down the client/program list to American Board of Plastic Surgery, Click next and ABPS-PS-WE Plastic Surgery Written Examination will appear. The list of test centers in your selected state will appear.

Admissibility to the Written Examination
Candidates will be admissible to the Written Examination in the fall following successful completion of residency in plastic surgery, provided the Application for Examination and Certification is approved.

The Board reserves the right to defer a candidate in the examination process for consideration of ethical or other issues. Refer to the Board’s Code of Ethics.

Admission to Examination
Candidates will not be accepted for admission to the Written CBT Examination if the Reply Form (green), medical license, verification of hospital privileges in plastic surgery, and Examination Fee are not received by the deadline date indicated in the Announcement Letter. Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee.

Announcement Information

Reply Form and Examination Fee Deadline
Two groups of candidates are taking the examination in 2005. These include those who completed residency before 2005 and have an approved Application for Examination and Certification and those who complete residency on June 30, 2005. The instructions and deadlines below pertain to these two groups.

Candidates Approved for Examination
An Announcement Packet will be sent in January to candidates approved for the examination process on or before December 31, 2004. The Reply Form (green) deadline for the Written Examination is the close of the business day on March 3, 2005. The Examination Fee of $1,250 and all required materials must accompany the Reply Form (green) in order to be scheduled for the Written Examination. A late penalty fee of $500 must accompany the Reply Form and Examination Fee if received by the Board office from March 4, 2005, up to and including the close of the business day on March 15, 2005. Reply Forms (green), Examination Fees, and documents noted above received March 4 to March 15 will be considered only on a space available basis.

Senior Resident Candidates
An Approval Letter and Announcement Packet will be sent in July 2005 for candidates approved for the examination process after June/July 2005. The Reply Form (green) deadline for the Written Examination is the close of the business day on July 20, 2005. The Examination Fee of $1,250, and all required materials must accompany the Reply Form (green) on July 20, 2005. This deadline for candidates completing residency on June 30, 2005, is absolute. No late Reply Forms will be accepted.

Reply Forms (green) and Examination Fees received in the Board office after the close of the business day on March 15 or July 20 as noted above, will not be accepted for admission to the 2005 Written Examination.

Important: Both sides of the Reply Form (green) must be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note
on the Reply Form if these privileges are pending with a full explanation of details. Candidates are responsible for their own travel and expenses to test center sites. A guaranteed delivery service is recommended to insure receipt of materials by the deadline dates.

Receipt of the Scheduling Permit
Upon receipt and approval of all required materials, candidates will be scheduled for the examination. Candidates will be sent a Scheduling Permit (orange) approximately 4 to 6 weeks before the examination. The Scheduling Permit (orange) will include the date of the examination, instructions, a scheduling number, candidate identification number (CIN), and toll free phone number for making an appointment at a Prometric Test Center. Contact the Board office immediately if the name on the Scheduling Permit is not an exact match to that listed on the photographic identification that was submitted to the Board office with the Reply Form.

Scheduling a Test Center Appointment
Candidates should contact Prometric immediately upon receipt of the Scheduling Permit in order to schedule an appointment. Candidates must have the Scheduling Permit in hand to schedule the appointment. Appointments are assigned on a first-come, first-served basis. If a candidate delays scheduling an appointment, he/she may not receive the preferred location. Any Prometric representative will ask for information from the Scheduling Permit and provide details regarding the test centers and location specified by the candidate. If a preferred test center is not available, the candidate will be advised of other nearby test centers where a testing appointment is available. Prometric does not make appointments prior to the provision of the permit to candidates.

Testing Day Requirements
Advise the Board office immediately by telephone if the Scheduling Permit is lost prior to the examination. Candidates will not be admitted to the Prometric Test Center without the scheduling permit and a valid government issued photograph identification. The candidate's name as listed on the Scheduling Permit must be an exact match to that listed on the photographic identification. Contact the Board office immediately if there is a difference in name. Candidates must present the following items to the Prometric Test Center:
1. Scheduling Permit (orange)
2. Photographic Identification

Withdrawal From Examination
The Board office must receive a letter from the candidate indicating the intent to withdraw from the examination at least 30 calendar days before the date of the examination. Candidates will be refunded $550, the Examination Fee less a processing charge of $700. Candidates who withdraw from the examination after this date or who fail to appear for the examination will forfeit the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Registration and Administration of the Written Examination
All candidates must take the entire examination on the same day. Individual Prometric Test Center issues will be handled on site with final approval by the Board. If for any reason candidates are delayed or cannot arrive on time, they must notify the Board office immediately and the Board will contact the Prometric Test Center. If candidates are unable to attend the examination, they must notify the Board office either by letter or by telephone. Any candidate who is more than 30 minutes late may not be admitted to the examination.

Candidates are not permitted to bring any notes, textbooks, clipboards, pocketbooks, personal digital assistants (palm pilots, etc), electronic devices, or other reference materials into the test center. Cell phones and beepers must be turned off. Scratch paper is not permitted.

Examination questions are prepared by and/or at the direction of The American Board of Plastic Surgery, Inc, are the sole and exclusive property of the Board, and said examination items are protected under the copyright laws of the United States and other countries. The examination items may only be used for such purposes as are designated from time to time by the Board and other than such designated purposes. The Board reserves all other rights. Copying, by any means, of all or any part of such examination items or unauthorized use in any way whatsoever of said examination items is strictly prohibited.

Change of Address
If a candidate's address, as it appears on the Scheduling Permit, is incorrect or will change before the "Result Mailing Date," please contact the Board office immediately.

Examination Schedule
Candidates are advised to read the Announcement Letter for possible changes in the Written Examination format. The Written Examination Computer-Based Test will consist of the following format:

15-minute optional tutorial.
• 400 multiple-choice questions formatted in four blocks of 100 questions. Each block is 1 hour and 40 minutes in length.
• Total break time of 35 minutes (optional).
• Total testing time is 6 hours and 40 minutes. Total time at the test center is no longer than 7 hours and 30 minutes.

All candidates will have the same number of questions and the same time allotment. Within each block, candidates may answer questions in any order and review and/or change their answers. When exiting a block, or when time expires, no further review of questions or changing of answers within that block is possible.

Candidates will have 35 minutes of total break time, which may be used to make the transition between blocks and for a break. A break may only be taken between each block of questions.

Examination Tutorial
A tutorial is provided which reviews each screen and 10 to 20 inactive items for practice. This is provided to relieve anxiety about the mechanics of computer-based testing. The tutorial also reviews the process of marking items for review at the completion of each section or block of the examination. Once a section has been completed, candidates may not access questions from the previous section or block of items. The tutorial is available for downloading to personal computers from the Board's Web site in the Examination Information section. The Board strongly recommends that candidates review the tutorial a number of times to become familiar with the CBT format.

Content of the Written Examination
The Examination consists of multiple-choice (one best answer) questions. In general, each test item consists of a question, a case history, or a situation, followed by a list of possible answers. Instructions for completion of questions are provided in the computer program, which candidates will receive at the start of the examination.

The subjects covered in the examination are listed below and will cover the entire field of plastic surgery:
2. Basic knowledge of pathology, eg, the biologic behavior of neoplasms, inflammation, and repair.
3. Basic techniques, wound healing, microsurgery, transplantation.
5. Pre- and postoperative care, anesthesia, cardiorespiratory care, complications, and clinical pharmacology.
6. Cosmetic and breast surgery.
7. Tumors of the head and neck, skin, and breast, including treatment by radiation therapy, immunotherapy, chemotherapy, and surgery.
8. Trunk, lower extremity, musculoskeletal system, pressure ulcers, rehabilitation.
9. Hand, peripheral nerves, rehabilitation.
10. Maxillofacial and craniofacial surgery and microsurgery.
11. Congenital anomalies, genetics, teratology, facial deformity, speech pathology, gynecology, and genitourinary problems.
12. Psychiatry, and legal medicine.

The questions for the examination cover subjects considered to be of fundamental importance to competent performance in the field of plastic surgery. Every effort is made to avoid “trick” questions, ambiguity, and questions involving irrelevant facts. All questions are analyzed by psychometric methods to assure their quality.

Candidates will pass or fail on the strength of their performance on the entire CBT format Written Examination.

Result Letters
Written Examination result notification letters (pass or fail) will be mailed on December 22. The time period between administration of the examination and notification of the results is necessary to allow for extensive analysis and to assure that individual results are reliable and accurate.

Results of the examination will be divulged to no one until after the result letter has had time to reach candidates. If a week has elapsed after the “Result Mailing Date” and candidates still have not received the result letter, they may then call the Board office for the examination results. Information will be given only to the candidate. No designees will be accepted. The Board staff will verify the candidate’s identity before releasing results by telephone.

Each candidate will receive a single final grade (pass or fail) for the entire examination. The score (pass or fail) on the examination will be determined by the total number of alternatives answered correctly. Therefore, candidates are encouraged to answer all items.

Pass
If a candidate passes the Written Examination, he/she will be informed in writing.

Fail
If a candidate fails the Written Examination, he/she will be informed in writing. A candidate who has received a failing result must repeat the entire Written Examination.

Score Validation ($200)
Score Validation of the Written Examination is available upon written request. To request score validation, candidates must write to the Board office within 30 days of the date on the result letter. The Score Validation Fee is $200.

The Written Examination is scored and analyzed by the National Board of Medical Examiners (NBME), which has extensive experience in the field of medical examinations.

Cancellation of Examination
Should The American Board of Plastic Surgery, Inc, in its sole discretion, cancel the Written Examination, or as a result of events beyond its control be unable to administer the Written Examination at the appointed date, time, and location; or should the Board fail to conclude a candidate’s Written Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Written Examination, nor for any expense the candidate may have incurred in connection with the canceled Written Examination, nor for any expense the candidate may have incurred in connection with the canceled Written Examination.

Oral Examination: November 10, 11, 12, 2005

Case Collection Instructions Requirements and Information
Prior to becoming admissible to the Oral Examination, candidates must have passed the Written Examination.

Candidates admissible to the Oral Examination will be sent an Information Letter annually, including registration instructions to obtain an individual user name, password, and requirements for case list compilation. The case list compilation program is a Web-based application hosted by DataHarbor.com. A common portal for data collection called Tracking Operations and Outcomes in Plastic Surgery (TOPS) is used by the Board and the American Society of Plastic Surgeons (ASPS). The program provides a standardized case list format that facilitates the Board’s review. The data submitted to the Board is strictly confidential and will not be shared with ASPS. These standardized data collection fields will be familiar to candidates in the future when presenting data to ASPS for membership and research activities.

Candidates must have Internet access to complete the case list compilation. It is strongly recommended that candidates dedicate at least 30 minutes to thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

Admissibility to the November 2005 Oral Examination
Candidates are required to submit a 7-month case list collected during the period beginning September 1, 2004 through March 31, 2005, the $540 nonrefundable Case List Review Fee, and advertising materials by the April 22, 2005 deadline to be sent an Announcement Packet for the November 2005 Oral Examination.

Candidates have unlimited opportunities to successfully complete the examination process. Candidates must reapply every 5 years to remain admissible to the Examination process. Candidates deferred from the Examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Oral Examination.

The Board reserves the right to defer a candidate from the Examination process for consideration of ethical or other issues.

Practice Requirements for Oral Examination
1. Candidates must be actively engaged primarily in the practice of plastic surgery before, during, and after the case collection period and throughout the examination process.
2. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the case collection and examination process. Current verification of hospital privileges in plastic surgery must be provided from all medical staff offices of every institution with the Reply Form.
3. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrictions will delay the candidate’s progress through the examination process.
4. A fellowship is not considered independent practice. Case collection may not occur during fellowship training.

The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other issues. The candidate is urged to refer to the Advertising Requirements and the Board’s Code of Ethics.
Case List Compilation

Candidates for the November 2005 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the 7-month period beginning September 1, 2004 and ending March 31, 2005. Case lists, fees, and advertising materials are due in the Board office by the close of the business day on April 22, 2005. The Board utilizes the data provided to become familiar with the candidate’s practice and to select five cases for the case report session of the examination.

[Note: Candidates should make address corrections on the Data Harbor Web site. An address correction upon first entry onto the TOPS site will generate an email notification to the Board office of any address changes. Notification can also be made by email to oral@abplsurg.org. Candidates should not assume that address changes entered later in the candidate data fields will automatically alert the Board office to address changes.]

The printed case list will be in chronological order for each institution (hospital, office-based surgery, etc) and will include: patient’s initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, case classification, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including complications), site of operation (ie, inpatient vs outpatient facility), and duration of procedure. Affidavits for each institution are automatically printed out on the last page of each institution’s list of cases. The Candidate Affidavit, printed as a separate document, attests that the case list contains all cases performed during the 7-month period. The Candidate Affidavit also attests that the CPT codes listed are an exact representation of those submitted, or would have been submitted (eg, CPT codes listed for cosmetic cases, Veterans, Military, Kaiser Permanente, or foreign practice environments), for billing purposes.

Data entry, proofing, and editing must be completed by April 22, 2005 in order to meet the submission deadline. The Clinical Log application program will not allow changes in the case list data after this date, although you may view and print the case list at later dates.

The case list is prepared, selected, and printed from the menu options. After generation of the case list and preparation of the additional material, the original case list, and an exact photocopy of the original case list and the candidate case summary sheet, all advertising documents and the $640 Case List Review Fee must be submitted to the Board office by the deadline date of April 22, 2005.

Instructions for Data Compilation

The Board recommends that candidates begin compiling the case list on a weekly or monthly basis, rather than waiting until the last month of the case list collection period to begin data compilation on the TOPS application. The case log screen will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen including case number, patient name, record number, facility, date of surgery, edit date, and status. A search can be accomplished by clicking the Search Cases at the top of that page. The Add Case Screen highlights all required fields with an asterisk and outlines incomplete required fields with a red box. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. To comply with HIPAA regulations, the Board and candidates must complete a Business Associate Agreement.

General Guidelines

The case list must include:

- All operative procedures, whether inpatient, outpatient, or office-based surgery.
- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed nonoperatively.
- All emergency room patients who required an operative note.
- Multiple operative procedures performed on the same patient.
- This inclusion allows automatic cross-referencing by the computer program. However, hospital number or other identifying numbers and patient initials must be consistent for the patient with multiple procedures (eg, if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). Do not use the full Social Security Number (SSN) as an identifier in order to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to verify and identify the cases with the patient initials.
- Cases performed by a resident and attended by the candidate, or cases billed as co-surgeon. Do not include.
- Office-based surgery of a minor nature (eg, excision of nevus). However, the Board suggests that the candidate err in the direction of inclusion of cases rather than exclusion when in doubt.
- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure.
- Assistant cases, namely cases billed by the candidate as an assistant surgeon.

Data Entry

Required fields are noted with an asterisk and are outlined with a red box (incomplete) until data is entered.

1. Enter patient name. Only patient initials (first; middle, if available; last) will be displayed to the Board and on the case list.
2. Enter a patient number in the medical record # field. Use the same patient number for all procedures for the same patient during the case collection time regardless of the location (eg, office, out-patient facility, hospital) to allow for cross-referencing.
3. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes.
4. Enter date of procedure. Multiple procedures on the same patient, on the same date, should be entered as one case.
5. Enter hospital facility name. Click on the yellow asterisk/pencil to add/edit the name of a facility.
6. Enter the admission status as inpatient or outpatient. An inpatient admission is defined as an overnight stay of 1 or more nights. An outpatient admission is defined as 23 hours or less.
7. Enter date of procedure. Multiple procedures on the same patient, on the same date, should be entered as one case. Use the date of admission for nonoperative inpatient cases.
8. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes.
9. Enter the diagnosis description as free text. Providing complete diagnosis and procedure information is essential. From the operative notes, give an accurate written description of the diagnosis and the operative procedure(s). Ignore the ADD ICD 9 code function. Do not use ICD-9 and CPT codes in place of the written description of the diagnosis and procedure(s). If the case was nonoperative, include a discharge summary diagnosis.
10. Enter the procedure description as free text. Comments about complications or death of a patient may also be added here.
11. Include all CPT codes plus modifiers used for insurance billing purposes. CPT codes must be assigned as well for all cases that
were not billed to insurance (eg, cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc) are not required. For nonsurgical admissions 99 CPT codes can be used.

To provide an equitable examination for all candidates, no candidate will be exempt from CPT coding. Candidates practicing in Managed Care Relationships, Military, Veterans Administration, Kaiser Permanente, Shriners Hospitals, Canada, and foreign countries must also include CPT codes for all cases.

The automatic CPT code descriptors, which print when a CPT code is entered, are the copyright of the AMA. A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (X2, X3 etc, eg, for multiple skin grafting procedures).

12. Case classification is a two-part item in order to reduce the category overlap. The Category relates to the nature or origin of the defect. The Anatomy relates to the anatomical location of the procedure. Fields (noted in contrasting colors) other than those listed below, utilized for other data collection projects, should not be used. In the TOPS screen, these fields become available when the Add CPT Code option is clicked. Pick one option in each column for every CPT code listed. One selection from each column is required:

<table>
<thead>
<tr>
<th>Category:</th>
<th>Anatomy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic</td>
<td>Head &amp; neck</td>
</tr>
<tr>
<td>Burn</td>
<td>Breast</td>
</tr>
<tr>
<td>Cancer (non-skin)</td>
<td>Hand</td>
</tr>
<tr>
<td>Congenital</td>
<td>Upper extremity</td>
</tr>
<tr>
<td>Skin (including skin cancer)</td>
<td>Trunk</td>
</tr>
<tr>
<td>Trauma</td>
<td>Lower extremity</td>
</tr>
<tr>
<td>Other</td>
<td>Genitalia</td>
</tr>
<tr>
<td>Bone &amp; joint</td>
<td></td>
</tr>
<tr>
<td>Nonoperative</td>
<td></td>
</tr>
</tbody>
</table>

There are no quotas with respect to the categories. The Board office staff cannot advise the candidate on how to classify a case. Candidates should make the most reasonable assignment for each case. When more than one category applies to a case, candidates should use their professional judgment. If the case involves microsurgery, be sure to indicate this in the procedure description. A few examples are:

- Reduction Mammaplasty: Other; Breast
- Breast Reconstruction: Cancer; Breast
- Abdominoplasty: Cosmetic; Trunk
- Abdominoplasty with Abdominal Hernia Repair: Other; Trunk

13. Patient ASA Status, Mode of Anesthesia, and Anesthesia Supervised By are optional. Do not complete these fields, as they are not displayed on your final case list.

14. Providing "outcome" information is essential. A complications menu appears when number 3 "complications" is selected. Not all cases "heal without complications." Examples include "necrosis of tip of flap" or "normal sensation returned, but index finger still after tendon repair."

Complications are displayed on the case list only as a Minor, Moderate, or Major Complication. Refer to the Web Manual for the category breakdown. Narrative statements can be included in the procedure description text box. The outcome categories are:

- #1: No Complications: No complication or complication so trivial that no intervention is required.
- #2: Outcome Unknown: This includes patients lost to follow-up and is displayed that way on the case list.

#3: Complications: Check all that apply, including: delayed healing; infection; unplanned consultation with another specialist; adverse event such as DVT, MI, PE, or Flap loss; or unplanned re-operation.

Complete the Mortality within 30 days of the procedure box. This is treated as a required field. However, the Mortality data will not be displayed in the printed case list.

15. The Primary Payment Source field is not a required field.

16. The completed lists must be signed by the medical record librarian/administrator of each institution (hospital, ambulatory surgery center, etc) and properly notarized as a complete list of the candidate's operative experience. The notarized affidavit attests that the cases listed for the institution represent all cases performed by the candidate at the facility. Operations done by the candidate in the office must also be listed and notarized by the appropriate office personnel who can attest to the completeness of the cases listed. The institution's affidavit sheet prints out in sequence as the last page of each institution's case list.

The Board recommends that the candidates contact the medical records department well in advance of the case list submission date to schedule the review and notarized signature process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

17. Two Candidate Case Summary Reports (original and copy) must be submitted. This report facilitates the Board's review. The TOPS application generates the form directly by menu selection after the case list has been finalized.

Preparation for Submission of Data

1. The Finalize Case List action, noted with a key icon, is used to print the 7-month Case List. This is the only copy that is accepted. Use the Case Log screen to view the list of all cases. Carefully proofread for accuracy. Handwritten information is not accepted. Once the case list is finalized it is not possible to add, delete, or modify any data. Printing must be done in advance to meet the April 22, 2005 deadline.

   [Note: The TOPS program displays a prompt to complete missing data elements before allowing you to proceed with the Finalize Case list action.]

2. Obtain notarized affidavits from the medical record librarian/administrator of each institution (see Instructions for Data Compilation, above). Only the "Finalize Case list" printout may be used to obtain the notarized affidavits.

3. It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order, and properly collated. Candidates should then copy the entire case list including notarized affidavits. The Candidate Affidavit should be the first page and the Statistical Summary Report should be the last page. Candidates often use this list for application to the American College of Surgeons. Therefore, candidates should retain an additional photocopy of the case list. The Board office does not supply copies. Candidates should save an electronic copy from the Internet site (using the "Save As" option under File on the toolbar) to disk, CD, or personal hand drive for reference purposes.

4. Staple the "Candidate Affidavit Sheet" to the top left-hand corner of the first institution's section of your case list. Follow the same procedure for the copy. The Candidate Affidavit Sheet prints as the last page of the "Finalize Case List" Report. It should accurately note the total number of pages in the case list, eg, "these are all the cases from page 1 to 151."

5. Arrange the original 7-month case list, including the signed and notarized affidavits for each institution in numerical order with the pages for each institution stapled together at the top.
left-hand corner. Arrange an exact copy of the case list in the same manner. The end of each institution's case list is noted by the Institution Affidavit Sheet, which includes the six digit candidate number, name, address, telephone number(s), and notarized affidavit signed by the medical records administrator. Follow these instructions carefully. Improperly stapled case lists delay processing and review of the submissions.

6. Prepare the stapled original 7-month case list together, including the signed and notarized affidavits. Place the Statistical Summary Report on the bottom. Candidates should bind the entire 7-month case list using a clip or a rubber band. Follow the same procedure for the stapled copy. Do not place this material in binders, folders, notebooks, or sheet protectors.

7. Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements, and articles. No video or audiotapes are required. The candidate is instructed to refer to information on advertising in the Admissibility section of the Booklet.

**Submitting Material to the Board Office**

The deadline date for submission of case list materials for the November 2005 Examination is the close of the business day on April 22, 2005. No additions, deletions, or modifications can be made after that date.

To summarize, candidates are required to submit the following items to the Board office:

- One original and one photocopy of the case list. This includes the signed and notarized affidavits for each institution and the top page, which is the Candidate Affidavit Sheet.
- One original and one photocopy of the Statistical Summary Report. Attached separately as the last page.
- One original only of all advertising materials including, but not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements and articles.
- Check in the amount of $540 (non-refundable, United States currency only) made payable to The American Board of Plastic Surgery, Inc.
- Submit all required material to the Board office: Seven Penn Center, 1635 Market St, Ste 400, Philadelphia, PA 19103-2204.

The Board strongly recommends that candidates send materials by a guaranteed delivery carrier, thus providing assurance and receipt of delivery. Use of a guaranteed delivery carrier, which often can verify receipt of delivery within 30 minutes, eliminates candidate concerns regarding delivery by the deadline date and minimizes the need to call the Board office. Certified mail service does not provide a guaranteed delivery date.

**Reminder**

Candidates who do not provide the required items in the manner outlined will not be considered for admission to the Oral Examination.

Incomplete or incorrectly submitted items will be returned to the candidate with the Review Fee. No exceptions will be made regarding late, incomplete, incorrect, or missing data from the case lists.

No case lists or other material will be accepted after the April 22, 2005 deadline date.

**Photographic Documentation**

Particular emphasis should be placed on the necessity of photographic documentation. Preoperative and postoperative photographs are mandatory for all cases selected for case reports, and intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the five selected patient cases presented for the Oral Examination. The Board provides this form in the case report packet sent after the Reply Form (green) is received. Digital photographs are acceptable.

The Board advises candidates who have not acquired the habit of routine photographic documentation of all patients to do so immediately. Any cases from the collection period may be selected and all must have photographic documentation, including all hand cases (ie, carpal tunnel cases, etc). Transparencies are not acceptable.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA Requirements and state law as appropriate. For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs, or imaging records for examination, testing, credentialing, and/or certification purposes by The American Board of Plastic Surgery, Inc. HIPAA requirements and state law must be followed. wording for the consent a candidate must provide to the patient would be:

"I hereby grant permission for the use of any of my medical records including illustrations, photographs, or other imaging record created in my case, for use in examination, testing, credentialing, and/or certifying purposes by The American Board of Plastic Surgery, Inc.'"

________________________ Patient Signature
________________________ Witness Signature
________________________ Date

**Board Review and Selection Process**

The Board reviews the candidate's 7-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity, and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification. In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the 2005 Oral Examination. This will not count as an unsatisfactory performance.

The candidate may submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

The Board selects five cases from the candidate's case list and the candidate is required to prepare five case reports for these selected cases. The selected case reports will be prepared in the same format and with similar requirements as in past years.

**Attending the Oral Examination**

The Oral Examination will be conducted each fall or at such other time as deemed suitable by the Board. The examination will be given on the dates and at the times specified. No exceptions will be made.

**Announcement Information and Admission to the Oral Examination**

Candidates admisible to the Oral Examination, who have five cases selected by the reviewers from the submitted case list materials, will be mailed an Announcement Packet on August 5, 2005. This Packet includes a Booklet of Information, Reply Form (green), a
hotel reservation card and the list of five selected cases for preparation of case reports.

Candidates must sign their intent to take the examination by completing and returning the Reply Form (green). Examination Fee of $1,000, a photocopy of a valid unrestricted medical license, and current verification of medical staff privileges in plastic surgery maintained throughout the case collection and examination process to the Board office by the close of the business day on September 3, 2005. Candidates must return all of the items above to be scheduled for the 2005 Oral Examination.

Important: All items on The Reply Form (green) must be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note on the Reply Form if these privileges are pending with a full explanation of details.

Material received September 4, 2005, through September 10, 2005, will require a Late Penalty Fee of $700. Material received after the close of the business day on September 10, 2005, will not be accepted for admission to the Oral Examination.

Candidates are responsible for their own travel, hotel accommodations, and expenses.

Admission to the Oral Examination
Once the Reply Form and required materials are received and approved and the candidate is scheduled, the candidate will be mailed a case report preparation packet including materials for assembling and binding the selected case reports. These materials include folders, tab indices, a Photographic Affidavit Sheet, Progress Note Section Dividers, and labels for the front of each folder. It is essential that candidates indicate the Board six-digit candidate number on each label to be affixed to the cover of each case report, along with the other required information.

The candidate will also be mailed an Admission Form (white) approximately 4 weeks before the examination. The Admission Form lists the candidate's name, current address, candidate number, date and location of the examination, and the examination schedule.

The candidate must advise the Board office immediately by telephone if the Admission Form (white) is lost prior to the examination or for any change in address.

The Board reserves the right to independently corroborate medical records in case report submissions for the five Board selected cases and to review issues related to informed consent.

Withdrawal From the Examination
Candidates wishing to withdraw from the examination must provide written notification to the Board office at least 30 calendar days before the date of the examination. Candidates will be refunded $300, which is the Examination Fee less a processing charge of $700. Candidates who withdraw from the examination after this date or who fail to appear for the examination will forfeit the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Case Report Preparation and Presentation Requirements for Case Reports
Insufficient Case Support Data
Candidates should review the selected cases as soon as possible after they are received, and must read carefully the instructions on case preparation detailed later in this document. Failure to prepare the cases according to the specific instructions may lead to the disqualification of examination at the examination site. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 1, 2005.

The following materials, collated in the order below, must be present in each of the submitted case reports. Candidates are required to use folders, tab indices, Candidate Photographic Affidavit Sheet, and Progress Note Section Dividers provided by the Board to assemble each of the five case reports. This will facilitate review of the case reports by the Examiners.

[Note: Patient names should be blanked out, with the exception of the initials, in all materials submitted as listed below to protect patient confidentiality.]

The required materials are:

Before the First Tab:
1. One Selected Case List Summary Sheet (before the first tab of case report #1 only)
2. One Photographic Affidavit Sheet (before the first tab of case report #1 only - provided by the Board)
3. Title Page for each case report (before the first tab of each case report)

Tabs:
1. Narrative Summary
2. Photographs**
3. Operative Notes: Photocopies of the operative notes
4. Anesthetic Report: Photocopies of the anesthesia records
5. Laboratory Data: Photocopies of pertinent laboratory data
6. Pathology: Photocopies of pertinent pathology reports
7. Radiology: Photographs of the pertinent radiographs
8. Progress Notes: Copies of hospital progress notes and/or office/clinic notes (separate office/clinic from hospital notes with divider sheet provided)
9. Billing: Photocopies of bills including CPT codes and procedures with notarized statements
10. Other: if needed (eg information from patient case before or after the 7-month case collection period if needed)

**Photographic Consent Forms from the candidate's office should be included in the photographic section of the case report folder. Patient names should be blanked out as noted above. Candidates must use the ten tab indices, provided by the Board, to divide the material compiled when assembling case reports for the required sections above. 

See the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully. Incomplete, improper, or incorrectly organized presentation of this material is sufficient cause to disqualify a candidate for continued examination.

In the event that more than one procedure is performed on the patient during the 7-month case list collection period, all procedures and hospitalization(s) that fall within the 7-month collection period must be included. Candidates are not required to document procedures that fall prior to or after the 7-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the 7-month case collection period does not have to be complete — the candidate may be selective.

[Note: If the records are not in English, an accurate, complete, and concurrent English translation of the entire record must be included.]

Explanation of Requirements
These guidelines, based in part on suggestions from previous candidates, are provided as assistance for candidates to produce uniform and consistent case report submissions for an equitable examination.
American Board of Plastic Surgery

Before the First Tab:

1. Selected Case List Summary Sheet
   (Before the first tab of case report #1 only)
   Candidates must provide one Selected Case List Summary Sheet, typed on standard letter-sized (8 1/2" x 11") white paper. If necessary, copy multiple pages as a double-sided list. Insert the summary sheet(s) before Tab 1, at the beginning of the folder for case report #1. The list must be identified with the candidate name and six digit Board candidate number. This is a separate page from the title sheet for case #1.

2. Photographic Affidavit Sheet
   (Before case report #1 only-one sheet, provided by the Board)
   The Board provides one Affidavit Sheet which must be signed and properly notarized, attesting that all digital or regular photographs are the original and unaltered documentation of the patient cases presented for the Oral Examination. The Candidate Photographic Affidavit must be placed immediately behind the Selected Case List Summary Sheet prior to the first Tab in case report #1.

3. Title Page
   (Before the first tab of each case report)
   Each report must be typed or reproduced on standard, letter-sized (8 1/2" x 11") white paper with the candidate's full name, Board candidate identification number, the Board case number (ie, #1, 2, 3, 4, & 5—not the assigned number from the case list compilation), the hospital or other identifying number (eg, office-assigned patient number; do not use the patient's full social security number), the principal diagnosis, and the primary operation listed on the title page. Categorize cases exactly as was done on the 7-month case list compilation.

Tabs:

1. Narrative Summary (First Tab)
   Preoperative, operative, and postoperative course of the patient is required. A final separate paragraph entitled "outcome" must be included. The outcome of the treatment and the final condition of the patient must be indicated. If more than one procedure was performed on the selected patient, this information will be included on the next page or in column format on one page.

2. Photographs
   Preoperative and postoperative photographs, approximately 4" x 6" color, black and white, or digital prints should be provided on standard letter-sized (8 1/2" x 11") white paper. The Board strongly recommends intraoperative photographs when they provide clarifying information. Note the one Photographic Affidavit Sheet (provided by the Board and placed behind the Selected Case List Summary Sheet) applies to all submitted photographs. It must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination. Diagrams or simple drawings may be substituted for intraoperative photographs only. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.
   The five Patient Consent or Release Forms for use of patient photographs and records must be included in each casebook. Consent or Release Forms should include each patient's permission for use of photographs and records for educational, testing, and credentialing purposes. Patient names should be blanked out, with the exception of the initials, on the consent form and on all materials to protect patient confidentiality.

3. Operative Report
   This should include photocopies of originals for all operative reports for procedures performed by the candidate on this specific patient during the 7-month collection period. Operative reports of minor procedures performed by the candidate in the office during the 7-month collection period should also be included. Candidates may include photocopies of the operative reports of procedures performed outside the 7-month collection period or that another surgeon performed if they clarify the patient's course. All operative notes are to be grouped together in chronological order.

4. Anesthetic Report
   Photocopies of the original anesthetic records are required. This should include all anesthetic records for procedures performed by the candidate during the 7-month collection period. Candidates may include photocopies of the anesthetic reports of procedures performed outside the 7-month collection period or that another surgeon performed if they clarify the patient's course. Anesthetic records should be organized in chronological order.

5. Laboratory Data
   Photocopies of pertinent laboratory data are required. These should be also be grouped together in chronological order. Candidates are encouraged to use their judgment when including this material.

6. Pathology
   Photocopies of any pertinent pathology reports are required. All pathology reports should be organized in chronological order.

7. Radiology
   Photographic print(s) or scans are required. Actual X-rays are unacceptable. Each X-ray or scan must be dated in a manner that is easily visible. Photocopies of corresponding reports from the radiologist for each X-ray should be included in this section. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the radiograph.

8. Progress Notes - Hospital Progress Records and Office/Clinic Notes
   Photocopies of the original progress notes including the patient's history and physical examination, discharge summaries, and all post-operative and post-discharge progress notes, both in the hospital and from the office/clinic records, including the initial consultation must be included. If legibility is a problem, a typewritten copy may be added. Photocopies of physician orders, vital signs, and nursing notes are not necessary, and may be included only if they are needed to clarify the patient's course. All notes should be organized in chronological order. Hospital notes and office/clinic progress notes should be separated with the divider sheet provided by the Board.
   When excessively long hospitalizations result in progress note sections of such thickness that they cannot be bound in one case folder, this section may be edited of nonessential notes, bound separately, and brought to the examination. The candidate retains the notes and does not turn them in with the case reports. A notation regarding the editing must appear at the beginning of the progress note section. The candidate will produce this extra material only upon the examiners' request.

9. Billing, Including CPT Codes
   Each case must include a copy of a bill with the dollar amount deleted.
   All CPT Codes as listed on the case list must be included. The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk, or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent or that the bill was not submitted to a patient or third party payors. The notary public verifies the identity of the person providing the signature.
If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included.

These bills include, but are not limited to:
1. Health Insurance Claim Forms (HICF)
2. Electronically generated bills
3. Bills to patients not submitted to third party payors
4. Cosmetic procedures when no bill was sent
5. Procedures performed gratis or for charity
6. A computer generated replacement for a missing bill

To facilitate review by examiners, procedures or CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.

CPT codes for Veterans Administration patients and services performed gratis should be coded exactly as any other case.

10. Other (Tenth Tab)
Any additional material such as procedures performed on the patient before or after the case collection period may be added here. Edited material from long hospitalizations should not be included in this tab.

Insufficient Case Support Data
Candidates should review the selected cases as soon as possible after they are received, and must read carefully the instructions on case preparation detailed in this document. Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 1, 2005.

Disqualification of Case Reports
If a candidate is disqualified for continuation in the examination process because the Case Reports are judged unacceptable (for whatever reason) it will not be recorded as a failure. However, because the Board has incurred expenses to provide a candidate with an examination, a refund of $500, the Examination Fee less the processing charge of $700, will be refunded to the candidate.

Presentation of Case Reports
During the 40-minute examination, the candidate must be prepared to defend his/her treatment planning and choice of and execution of the operation, to present alternate treatment plans considered, and to discuss ethical or economic issues related to the case. Hospital and office records must clearly identify the candidate as the attending physician and surgeon. However, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. Cases done by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgical procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized preparation of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate for continued examination.

Examination Schedule
The Oral Examination will occupy 2 ½ days. A detailed schedule is included in the Announcement Letter. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination.

Instructions and Procedures
Candidates will receive specific instructions concerning the examination during the Registration and Orientation Session at the examination site. Candidates will also be given a schedule indicating the time, the room, and the Examiner Teams for the Case Report Session and the two Theory and Practice Sessions of the examination. Failure to appear on time for any session of the examination will lead to a grade of FAIL on that section. Candidates should be outside the examination room 10 minutes before the scheduled time for the Theory and Practice Sessions and 5 minutes before the Case Report Session. It is not necessary for candidates to announce their presence. If, however, a candidate has not been invited into the examination room by the examiners by 10 minutes after the scheduled time, candidates should notify the temporary Board office immediately.

The Board has made every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. If a candidate finds that an examiner to whom he/she has been assigned played a role in the candidate's training, is a friend or relative, is a professional associate, or has examined the candidate previously, the temporary Board office must be notified immediately. Unless conflicts are identified in advance of the actual examination, the conduct and grades of that session cannot be contested based on prior contact or knowledge.

Description of the Examination
Each examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. During each session, the examiners are given some guidelines to follow. This approach facilitates uniformity of examination technique and limits duplication. Each of the examiners on each team will pose problems and questions to candidates.

The following criteria are provided to the examiners as guidelines.

The candidate:
1. Identifies the general problems
2. Considers reasonable goals in case diagnosis and management
3. Selects appropriate options in case diagnosis and management
4. Understands risks and benefits of various approaches
5. Addresses complications and unexpected problems adequately
6. Demonstrates ability to structure an alternative

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is 40 minutes in duration.

Oral Examination Examiners
All examiners are diplomates of The American Board of Plastic Surgery, Inc. and are active in the practice and/or teaching of plastic surgery, and have been certified by the Board for a minimum of 5 years. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner. Evaluators review performance of the teams during all examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate's performance during the session observed.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the
The strength of their combined performance on all three sessions of the Oral Examination.

At the conclusion of each examination session, candidates may be offered an opportunity to add to earlier answers, modify them, or simply comment on the examination process.

Three teams of two examiners will examine each candidate. All six examiners will give grades and all six grades combined will determine the passing or failing status of each candidate.

The Board is committed to the standard that the examination shall be as comprehensive and objective as can be practically offered. The intention is that every candidate be provided an equal opportunity to become Board certified.

Change of Address

If a candidate's address, as it appears on the Admission Form (white), is incorrect, the corrected or new address must be indicated on the Admission Form (white) in the space provided. This card is required when receiving the Result Letter on the last day of the Oral Examination. The Admission Form also contains a space to list the candidate name, as it should appear on the certificate.

Debriefing Session

On the evening of the last examination day, there will be a voluntary debriefing session, which the Board encourages candidates to attend, for the purpose of evaluating the examination.

Distribution of Result Letters to Candidates

Result letters will be distributed after the conclusion of the debriefing session offered on the third day of the examination. Candidates are required to present the Admission Form (white), photographic identification, and the candidate survey to the proctors in order to receive their result letters. Candidates not present for distribution of the result letters will have the letter mailed from the Board office the week following the Examination.

Cancellation of Examination

Should the ABPS, in its sole discretion, cancel the Oral Examination, or as a result of events beyond its control be unable to administer the Oral Examination at the appointed date, time, and location, or should ABPS fail to conclude a candidate's Oral Examination, the ABPS is not responsible for any expense the candidate may have incurred in connection with the cancelled Oral Examination, nor for any expense the candidate may incur for any substitute Oral Examination.

Fee Schedule

<table>
<thead>
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<th>US Funds only:</th>
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<tbody>
<tr>
<td>Processing Fee - Training Evaluation</td>
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<td>Oral Examination Late Penalty Fee</td>
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<td>Missing Items Penalty Fee</td>
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<td>Written and Oral Examination</td>
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<td>Reapplication Registration Fee</td>
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<td>Credential Review Fee</td>
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<td>Ethics Review Fee</td>
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<td>Certificate Fee</td>
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<td>Verification of Status Fee</td>
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<td>Check Returned for Insufficient Funds Fee</td>
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<td>Photocopying Fee</td>
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<td>Repeat Examination Fee</td>
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<td>—See examination fees above</td>
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<td>Informal Appeal Fee</td>
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<td>Formal Appeal Fee</td>
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<tr>
<td>Diplomate Annual Dues Fee</td>
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</table>

Funds only:

An annual dues fee was initiated in 1999. The Board office sends out announcements annually. Retired diplomates are excluded from the annual dues request.

All fees must be submitted in United States currency by check or money order. Foreign currencies, including Canadian, are unacceptable.

Credit Cards are not accepted.

Fees are subject to change by the Board.

The fee schedule is applicable to current examinations and will apply regardless of when a candidate is approved for admission to the examination process.

The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration.

Most fees are nonrefundable.

Refunds

For the Written Examination, a refund of the examination fee (less a processing charge of $700) will be granted provided the candidate submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For the Oral Examination, a refund of the examination fee (less a processing charge of $700) will be granted provided the candidate submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For either the Written or Oral Examination, candidates who notify the Board office in writing less than 30 calendar days prior to the examination date of their intent to withdraw, or who fail to appear for examination, will forfeit the entire examination fee. The Board may waive this rule only if the circumstances warrant.

Special Situations

Appeals Policy

The Board has established a policy relative to resolution of questions or disagreements regarding its decisions on admissibility to examination; the form, content, administration, or results of the Written Examination; the administration of the Oral Examination; and the revocation of certificates. If an individual has a concern in any of these areas, it should be expressed in writing to the Board office, and a copy of the Appeals Policy will be sent to that individual.

Examination of Candidates With Disabilities

The ABPS has established a policy regarding examination of candidates with disabilities. If a candidate is requesting an accommodation based on a disability, the request should be expressed in writing to the Board office when submitting the Application for Examination and Certification Form. A copy of the policy regarding Examination of Candidates with Disabilities will be sent to that candidate. The ABPS complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to candidates with proven disabilities.
All materials submitted to document a disability must be received in the Board office in a timely fashion but no later than the deadline for all other documents required for admission to the examination for which accommodation is sought.

**Examination Irregularities**
The validity of scores on the Board's examinations is protected by every means available. The Board will not report a score which it has determined to be invalid, i.e. which does not represent a reasonable assessment of the candidate's knowledge or competence sampled by the examination. The performance of all candidates is monitored and may be analyzed for the purposes of detecting invalid scores.

Prometric Test Center proctors supervise the Written Examination to ensure that the examination is properly conducted. If evidence by observation or analysis suggests that a candidate's scores may be invalid because of irregular behavior, the Board will withhold those scores pending further investigation and the affected candidate will be notified.

Examples of irregularities affecting the validity of scores would include (but not be limited to) the following: 1) using notes; 2) sharing information or discussing the examination in progress; 3) copying answers from another candidate; 4) permitting one's answers to be copied; or 5) unauthorized possession, reproduction, or disclosure of examination questions or other specific information regarding the content of the examination, before, during, or after the examination.

In such circumstances, upon analysis of all available information, the Board will make a determination as to the validity of the scores in question. If the Board determines that the scores are invalid, it will not release them, and notification of that determination may be made to legitimately interested third parties.

Candidates or other persons who are directly implicated in an irregularity are subject to additional sanctions. For example, the Board may bar such persons permanently from all future examinations, terminate a candidate's participation in an ongoing examination, invalidate the results of the candidate's examination, and withhold or revoke a certificate or take other appropriate action. Candidates or other persons subject to additional sanctions will be provided with a written notice of the charges and an opportunity to respond to such charges in accordance with the reconsideration and appeal procedure established by the Board.

**Substance Abuse or Chemical Dependency**
Candidates with a history of abuse of a controlled substance or chemical dependency will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition and the Board is satisfied that they are currently free of such substance abuse or chemical dependency.

**Certification**
After candidates have met the requirements for admissibility and passed the examinations, the Board will issue certificates attesting to their qualifications in plastic surgery. A surgeon granted certification by the Board is known as a diplomate of the Board.

It shall be the prerogative of the Board to determine the fitness, professionally and ethically, of any candidate for a certificate, and the Board, for cause, may defer or deny certification to any candidate.

**Certificates**
Certificates issued by the Board shall be in such form as the Directors may from time to time determine. Certificates are signed by the chair, vice-chair, and secretary-treasurer of the Board and shall have placed upon them the official seal of the Board.

Certificates of the Board shall state that the holder has met the requirements of the Board and is certified by the Board as a medical specialist in plastic surgery and is entitled to be known as a "Diplomate of the American Board of Plastic Surgery, Inc." The names of all diplomates will be submitted to the American Board of Medical Specialties (ABMS) for publication in its directory. Diplomates should notify the Board in advance if they do not wish to be listed.

Additional certificates are available upon written request. A fee of $100 for each certificate ordered should be included with the request. The diplomate's name should be listed, as it should appear on the certificate.

**Recertification Program**
Effective 1995, certificates issued by the Board are dated and valid for 10 years. Certificates issued prior to 1995 are valid indefinitely. A diplomate may enter the Recertification Program during the 3 years preceding the diplomate's original expiration date.

The Recertification Program has several key components, including evidence of: 1) professional standing, 2) Lifelong learning, 3) practice profile, and 4) successful completion of cognitive examination. Refer to the Recertification Booklet of Information and the information posted on the Board's Web site.

**Revocation**
Any diplomate of the Board will be subject to disciplinary action, including suspension and revocation, if at any time the Board determines, in its sole judgment, that the diplomate holding the certificate was not properly qualified to receive it or the diplomate holding the certificate has violated any of the following reasons for disciplinary action.

The Board may discipline a diplomate for just and sufficient reason, including, but not limited to, the following:
1. Conviction of a felony;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued;
3. The diplomate misrepresented his/her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
4. The diplomate engaged in conduct resulting in discipline by any medical licensing authority or in a revocation, suspension, qualification, or other limitation of his/her license to practice medicine in any jurisdiction;
5. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers;
6. Resignation from any organization while under investigation.

The diplomate will be given written notice of the reasons for the Board's action by registered or certified mail to the last address that the holder has provided to the Board. Disciplinary action is final upon the mailing of the notification.

Individuals may appeal the decision imposing discipline by complying with the Appeals Policy. Failure to make a timely appeal will result in a loss of appeal rights.

Should the circumstances that justified discipline be corrected, the Board may, at its discretion, reinstate the diplomate after appropriate review of the diplomate's licensure and performance.

Each certificate issued by the Board shall be subject to revocation if the diplomate so certified has made any misstatement of material fact, or has failed to make any statement of material fact, in his/her application for such certificate or in any other statement or representation to the Board or its representatives, or has otherwise
acquired the certificate by deception. Upon revocation, the certificate must be returned to the Board.

The Board shall have the jurisdiction and right to determine whether or not the information placed before it is sufficient to constitute grounds for the revocation of any certificate. The diplomate will be provided with a copy of the Appeals Policy of the Board, and this policy will be observed in pursuing resolution of the problem.

Certification and Recertification in the Subspecialty of Surgery of the Hand (formerly CAQSH)
The Board offers an examination for Certification and Recertification in the Subspecialty of Surgery of the Hand. The examination is described in a separate Hand Surgery Booklet of Information, which may be obtained from the Board office upon request. There is no requirement nor necessity for a diplomate of The American Board of Plastic Surgery, Inc to hold a Certificate in the Subspecialty of Surgery of the Hand in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

Foreign Certificates
A physician holding a foreign certificate issued by the Board between 1960 and 1973 must relinquish the certificate to the Board in the event that the individual returns to the United States for the purpose of practicing plastic surgery. A foreign certificate is not valid in the United States. Such individuals may apply for examination and certification in the manner described herein.

Inquiries as to Status
The Board does not consider a candidate's record to be in the public domain. When an inquiry is received by the Board regarding a candidate's status with the Board, a general, but factual, statement is provided which indicates that candidate's status within the process of certification. The Board provides this information only to individuals, organizations, and institutions with a reasonably valid purpose of practicing plastic surgery. A foreign certificate is not valid in the United States. Such individuals may apply for examination and certification in the manner described herein.

Important Dates and Deadlines

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Written Exam – Computer-Based Test</td>
<td>October 17, 2005</td>
</tr>
<tr>
<td>Written Exam Senior Resident's Form for Application Requests</td>
<td>December 31, 2004</td>
</tr>
<tr>
<td>Written Exam Announcement Packet Sent to Previously Approved Candidates</td>
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<td>Written Exam – Last Date Application Packets Sent</td>
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<td>Written Exam Reply Forms Due Approved Candidates</td>
<td>March 3, 2006</td>
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<td>Written Exam Reply Forms Due With Late Fee</td>
<td>March 4, 2006</td>
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<tr>
<td>Written Exam Applications Due Senior Residents</td>
<td>April 10, 2006</td>
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<td>Written Exam Applications Due Senior Residents With Late Fee</td>
<td>April 30-31, 2006</td>
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<td>Residency Graduation Forms Due From Plastic Surgery Program Directors</td>
<td>July 1, 2005</td>
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<tr>
<td>Written Exam Reply Forms Due for Senior Residents and Those Approved After 12/31/04</td>
<td>July 20, 2005</td>
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<tr>
<td>Written Exam Scheduling Permits Sent to Scheduled Candidates</td>
<td>August 2005</td>
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<td>Written Exam Withdraw Date With Partial Refund</td>
<td>September 17, 2005</td>
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<tr>
<td>Written Exam Results Mailed</td>
<td>December 22, 2005</td>
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<td>Oral Exam – Phoenix Arizona</td>
<td>November 10, 11, 12, 2005</td>
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<td>Oral Exam Case Collection Instructions Sent</td>
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<td>Period</td>
<td>September 1, 2004-March 31, 2005</td>
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<td>Oral Exam Case List Due With Review Fee</td>
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<td>Oral Exam Case List Due With Late Fee</td>
<td>April 23-28, 2005</td>
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<td>Notification of Five Selected Cases</td>
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<td>Oral Exam Reply Forms Due</td>
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<td>Oral Exam Reply Forms Due With Late Fee</td>
<td>September 3-9, 2005</td>
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<td>Oral Exam Candidate Notification of Insufficient Case Report Data</td>
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<td>Oral Exam Hotel Reservation Deadline</td>
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<td>Oral Exam Withdraw Date With Partial Refund</td>
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<td>Oral Exam Results Delivered</td>
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<td>Oral Exam Performance Critique Requests Due</td>
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<td>Spring Board Meeting – Requests, Documents, and Fee Due From Individuals for Special Consideration</td>
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<tr>
<td>Fall Board Meeting - Requests, Documents, and Fee Due From Individuals for Special Consideration</td>
<td>September 1, 2005</td>
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</tbody>
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American Board of Preventive Medicine

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John S Crowley, MD, MPH Vice Chair, Aerospace Medicine, Fort Rucker, Alabama
William W Greaves, MD, MSPH Vice Chair, Occupational Medicine, Milwaukee, Wisconsin
Miriam H Alexander, MD, MPH, Vice Chair, Public Health and General Preventive Medicine, Baltimore, Maryland
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Clyde B Schechter, MD, MA, Bronx, New York
James M Vanderploeg, MD, MPH, Executive Director, Chicago, Illinois
Constance R Hyland, Administrator, Chicago, Illinois

Requirements for Admission to Examinations

Each applicant for a certificate in aerospace medicine, occupational medicine, or public health and general preventive medicine must meet certain requirements to be admitted to the certifying examination. Such requirements are determined by the American Board of Preventive Medicine (ABPM).

Approval for admission to the examination can only be established after the review of a complete application by the full Board. No individual member of the Board is authorized to give an opinion on the admissibility of candidates, nor does the Board do preliminary credential reviews.

For the information of applicants, such requirements are summarized below. An applicant's worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience.

General Requirements

1. Medical School: Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or a medical school located outside the United States and Canada that is deemed satisfactory to the Board.

2. Current License(s): Unrestricted and currently valid license(s) to practice medicine in the District of Columbia or a state, territory, commonwealth, or possession of the United States or in a province of Canada. No license may be restricted, revoked, or suspended or currently under such notice.

3. Clinical Year: A year of supervised postgraduate clinical training provided as part of a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME). Clinical training accredited by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada is also acceptable. The training must include at least 6 months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.

4. Academic Year: Successful completion of a course of graduate academic study and award of a Master of Public Health or equivalent masters or doctoral post-graduate degree, the course content of which shall include biostatistics, epidemiology, health services management and administration, and environmental health.

5. Practicum Year: Residency practicum of not less than 1 year that is accredited by the ACGME in the specialty area for which certification is being sought and that shall have provided supervised experience in the practice of that specialty area of preventive medicine and planned instruction, observation, and active participation in a comprehensive organized program.

6. Current Practice: The applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which certification is being sought for at least 1 of the 3 years preceding application for certification (alternative pathway and special pathway applicants will need to demonstrate 2 of the 5 years preceding application for certification in the specialty area for which certification is being sought).

Special Requirements in Aerospace Medicine, Occupational Medicine, and Public Health and General Preventive Medicine

A period of not less than 1 year of supervised training and instruction, accredited by the ACGME in the specialty area for which certification is being sought, is required. (See No. 5 under "General Requirements," above.)

Alternative Pathway to Certification

Persons graduating from a school of medicine or school of osteopathic medicine prior to January 1, 1984, who have not formally completed all of the components previously described, may be considered for admission to the examination if their training and experience are judged by the Board to provide a suitable alternative to formal training.

The Board will consider granting credit toward satisfying training requirements for such factors as:

1. Completion of 3-credit hour, postgraduate-level academic course work in each of the four core areas: epidemiology, biostatistics, health services management and administration, and environmental health or teaching one or more of the four courses at the postgraduate level and that is acceptable to the Board; and

2. Periods of full-time practice, research, or teaching in the specialty area of preventive medicine in which certification is sought. A total of 8 years of full-time practice is required if no other specialty certification is held, but may be reduced to 6 years if certification is held in another specialty recognized by the American Board of Medical Specialties (ABMS). For those with an MPH or equivalent masters or doctoral postgraduate degree but no practicum year, a period of 4 years of full-time practice is required in the specialty area of preventive medicine for which certification is being sought, a period that can be reduced to 3 years if other ABMS specialty certification is held.

Each applicant is considered individually by the Board in accordance with the existing guidelines. An applicant's worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience. Practice time needed for the alternative pathway to certification is summarized on this worksheet. Applications must be received by June 1 of each year. Requirements must be completed by August 1 of the year in which the applicant wishes to sit for the examination.
Persons graduating from a school of medicine or school of osteopathic medicine after January 1, 1984, will be admissible to the examination only after completing ACGME-accredited residency training in preventive medicine. This alternative pathway to certification is not available for such graduates.

Special Pathway for ABPM Diplomates
Diplomates of ABPM who have graduated from medical school after January 1, 1984, may request consideration through a special pathway. In order to qualify for this special pathway, applicants must have completed an ACGME-accredited residency in a specialty area of preventive medicine, been certified in that specialty area, be applying for certification by ABPM in an additional preventive medicine specialty area, and have sufficient practice time to meet the requirements. A total of 2 years of essentially full-time practice is required in the specialty area for which the additional certification is sought. In addition, the applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which the second certification is being sought for at least 2 of the last 5 years.

Subspecialties
Medical Toxicology
Every 2 years the ABPM offers subspecialty certification in medical toxicology to ABPM diplomates who meet the appropriate requirements for medical toxicology. Applications for the 2006 examination cycle will be available from the Board office beginning in March 2006 and will be accepted with postmark dates through May 1, 2006.

Undersea and Hyperbaric Medicine
ABPM offers subspecialty certification in undersea and hyperbaric medicine in late fall each year to physicians who hold current certification by one of the ABMS member boards and meet the appropriate requirements in undersea and hyperbaric medicine. The American Board of Emergency Medicine (ABEM) also offers subspecialty certification in undersea and hyperbaric medicine. Those physicians certified only by the ABEM must apply through the Board.

Internet Web Site
ABPM has a Web site that includes the latest version of its application and other publications: www.abprevmed.org. Please refer to this Web site address for current information about the ABPM.

Application
Applications are available on the ABPM Web site (www.abprevmed.org) from March 1 to June 1. The deadline for applications is June 1st each year. Applicants are encouraged to use the online application process. If you choose to submit a paper application, there will be a $200 processing fee in addition to the application fee.

Applicants requiring special examination accommodations due to a disability should contact the Board office to obtain the Application for Testing Accommodations form. This form is required at the time the examination application is submitted.

Examination
The examination is a 1 day computer-based examination given in November each year. It is administered at Pearson VUE Professional Centers across the United States. This multiple choice examination consists of a morning portion covering the core knowledge of preventive medicine and an afternoon portion covering either aerospace medicine, occupational medicine, or public health and general preventive medicine.

The subspecialty examination in undersea and hyperbaric medicine is a 1/2-day computer-based examination. The subspecialty examination in medical toxicology is administered every other year by the American Board of Emergency Medicine. The next offering is 2006.

Reapplication and Reexamination
An applicant approved for admission to the examination who does not take the examination, or who fails to pass the examination within the 3 year approval period, is required to file a new application and pay a new application fee.

Applicants not approved for admission to the examination may request reconsideration of their applications on the basis of new or additional information within 2 years of the filing date of the original application, with payment of the re-review fee.

Candidates not passing the examination may, upon timely registration and payment of appropriate fee, be admitted to reexamination during their approval period.

A candidate who has failed the examination on two or more occasions may be required to have additional training, in accordance with recommendations from the full Board, before being admitted to further examination.

Beginning with the exam offered in 2001 applicants who passed only the Core or Specialty Area component of the examination may achieve certification by retaking and passing the failed component of the exam at the next offering (approximately 1 year later). This policy applies only to the next examination offering; if an examinee does not pass the component at the next examination offering, taking both components of the examination will be required on future attempts.

Multiple Certification
An individual may apply sequentially for admission to examination in more than one specialty area of preventive medicine. Applicants may not apply in more than one specialty area in a given year. An applicant must fulfill the individual requirements of each specialty area in which application is made and cannot double-count the same periods for practice time.

Beginning with applicants who passed both the Core and Specialty Area components of the exam offered in 2001, diplomates may achieve certification in an additional specialty area by qualifying for, taking, and passing only the Specialty Area component of the exam within 7 years of their initial certification.

Certification
Upon satisfactory completion of the examination, a certificate will be issued stating that the applicant has been found to possess special knowledge in the specified specialty area of preventive medicine. The certificate will be signed by officers of the Board and will have the seal of the Board affixed. Each certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless it is revoked.

Any certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of issuance; or that any pertinent fact had been misstated, misrepresented, or concealed; or that any license to practice medicine has been suspended or revoked. [Note: The issuance of a certificate to a person does not constitute membership on the Board.]

Time-Limited Certificates
Note: By action of the Board in August 1994, ABPM now issues 10-year, time-limited certificates. The first time-limited certificates
were issued in 1908 to candidates who passed the certifying examination given in November 1907.

Notice of Certification
The examination results, without individual identifiers, are reviewed by the full Board in January. Final determination of candidates' certification status is made at that time.

Candidates who have taken the examination may expect to be notified of results by mail within 3 months after taking the examination.

Fees
The members of the Board serve without compensation. Fees are based on the actual expenses incurred in review of applications, examination development, administration and scoring, and office administration.

A nonrefundable application fee of $385* is required if the applicant holds an MPH or equivalent masters or doctoral post-graduate degree and has completed an ACGME-accredited residency in the specialty area of preventive medicine in which certification is sought.

A nonrefundable application fee of $660* is required if the applicant is applying through the alternative pathway to certification.

A nonrefundable application fee of $550* is required if the applicant is applying through the special pathway for ABPM diplomates.

In addition to the application fee, there is a $200 processing fee for paper applications.

A nonrefundable re-review fee of $180* is required to reactivate an application within 2 years of the original review.

An additional fee of $60* may be required for an incomplete application after the July 15 deadline.

The examination fee of $1820* is due with the application fee.

Fees for the Subspecialty of Medical Toxicology
The next offering of Medical Toxicology will be in 2006. Fees are to be determined.

Fees for the Subspecialty of Undersea and Hyperbaric Medicine
A nonrefundable application fee of $360* is required if the applicant is applying through the fellowship pathway.

A nonrefundable application fee of $520* is required if the applicant is applying through the practice pathway.

The examination fee of $1635* is due with the application fee.

* Note: All fees are reviewed annually and are subject to change and may be required for an incomplete application after the July 15 deadline.

Important Dates
- April 15—Deadline for receipt of action plans from candidates failing examinations on two or more occasions.
- June 1—Deadline for completed application forms, application fees, and reapplication requests to be received in the Board office for the November examination.
- June 1—Deadline for receipt of re-review requests and fees.
- July 15—Deadline for receipt of additional information not included with the June 1 application.
- August 1—Deadline for completion of requirements to sit for the November examination.
- August—Meeting of the Board to determine admissibility of applicants to November examination. Letters of notification of admissibility for November examination are mailed to candidates after the August Board meeting. Notification is not given by telephone.
- November—Annual 1-day computer-based examination at various sites across the United States. In 2005, the date of the examination is November 7.
- January—Meeting of the Board to determine the pass/non-pass score for the previous November examination.
- January—Results of November certifying examination are mailed to candidates. Notification is not given by telephone.

Applicants With Disabilities and Qualifications for Testing Accommodations

General Information
The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). Applicants are reminded, however, that "auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test" (Americans with Disabilities Act, Public Law 101-336 (§309 [b][3])). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. The documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists. If the Board deems it necessary, an independent assessment may be requested at the expense of the Board.

Documentation and other evidence substantiating the disability include, but are not limited to, each of the following:
- A report diagnosing the applicant's disability written by a professional appropriately qualified for evaluating the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- A history of the disability, including previous settings in which accommodations have been granted. Having had prior accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner...
must explain why current circumstances necessitate accommodations.

- Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases and the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.
- Specific recommended accommodations, with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the executive director at the Board office.

Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

Any applicant whose request for accommodations because of a disability is denied may submit a letter of appeal. All requests for reexamination should be submitted to the Board office within 30 days of the original notice of denial and must be accompanied by any further information that rebuts the Board's original decision. The Appeals Committee will then review the materials and make a decision that will be final and binding for the Board and the applicant.

American Board of Psychiatry and Neurology

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(Please note that this is not an official document of the American Board of Psychiatry and Neurology, Inc. The Board cannot accept responsibility for errors made in the printing of this material. Please contact the Board's executive office for official policies and procedures of the Board.)

Throughout this section, the American Board of Psychiatry and Neurology may be referred to as the "Board" or as "ABPN." The information in the ABPN section is effective for the October 31-November 4, November 7-11, and November 14-18, 2005, specialties examinations only. Contact the Board office for the most current information.

Deadlines for the October 31-November 4, November 7-11, and November 14-18, 2005, Specialties Examination

<table>
<thead>
<tr>
<th>Part</th>
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<th>February 1, 2005</th>
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<tr>
<td>Part</td>
<td>Late Application</td>
<td>March 1, 2005</td>
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<tr>
<td>Completion of residency training</td>
<td>June 30, 2005</td>
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<tr>
<td>Written confirmation of completion of residency training</td>
<td>July 15, 2005</td>
<td></td>
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<tr>
<td>Part</td>
<td>Reexamination Fee</td>
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(Provisional office if you have not received a reexamination billing statement by February 15, 2006.)

Fee Schedule (Effective March 2005)

Note: All fees must be submitted in US currency.

<table>
<thead>
<tr>
<th>Part</th>
<th>Application Fee</th>
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<tr>
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<td>Examination Fee</td>
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<td>Part</td>
<td>Late Application Fee (in addition to the above)</td>
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<tr>
<td>Part</td>
<td>Rescheduling Fee</td>
<td>$300</td>
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<tr>
<td>Part</td>
<td>Reexamination Fee</td>
<td>$925</td>
</tr>
</tbody>
</table>
Part I Reexamination Late Application Fee (in addition to the above) $500
Part II Examination Fee $1,725
Psychiatry Part II Reexamination Fee* $1,725
Neurology/Child Neurology Part II Reexamination Fee:
- One section $1,175
- Two or three sections $1,725
Application/Licensure Appeal Fee $250
Part I Appeal Fee $250
Part II Appeal Fee $100
Part II Appeal Fee*:
- One section $750
- Two or three sections $1,000
Irregular behavior appeal fee $350
Application for testing accommodations appeal fee $350
Duplicate certificate fee $150
Returned check charge $50
*Reexamination fees are in addition to any appeal fees.
^Appeal fees are refundable if decision is in appellant's favor.
The ABPN reserves the right to revise fee schedules at any time.

I. General Information

A. History
The ABPN is a nonprofit corporation that was founded in 1934 following conferences of committees appointed by the American Psychiatric Association, the American Neurological Association, and the then Section on Nervous and Mental Diseases of the American Medical Association. This action was taken as a method of identifying qualified specialists in psychiatry and neurology.

B. Composition of the Board
The Board consists of 16 voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, American Medical Association, and American Psychiatric Association; for neurology, they are the American Academy of Neurology and American Neurological Association. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

Elections to fill the places of members whose terms have expired take place annually. Neurology and psychiatry are always represented equally on the Board. The Board holds meetings several times each year for the purpose of examining candidates and transacting business.

C. Mission Statement
The mission of the ABPN is to serve the public interest by promoting excellence in the practice of psychiatry and neurology through lifelong certification, including competency-testing processes. Methods for achieving that goal include, but are not limited to, efforts to:
1. Describe, in terms of knowledge and skills, a physician with special expertise in evaluation, diagnosis, and treatment of patients with psychiatric and/or neurologic disorders or who require psychiatric and/or neurologic assessment.
2. Set the standards for knowledge and skills required for certification.
3. Construct and administer examinations designed to evaluate required knowledge and skills.
4. Monitor, evaluate, and improve the standards and procedures of the certification process.
5. Participate in the appropriate Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME) to set standards for the quality and scope of residency training programs to ensure that their graduates will obtain necessary training credit toward certification.
6. Issue certificates and other forms of recognition to successful candidates.
7. Make lists available of diplomats who have fulfilled the requirements for certification.
8. Inform the public, other professions, and other medical organizations of the purposes, activities, and responsibilities of the Corporation.
9. Participate in the activities of the American Board of Medical Specialties (ABMS) and its member Boards.

D. Rules and Regulations
In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc.

These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication.

The Board has authority to periodically issue and thereafter to amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, neurology with special qualification in child neurology, and the recognized subspecialties.

E. Certificates
The Board currently issues certificates for the following specialties:
- Psychiatry
- Neurology
- Neurology with special qualification in child neurology

The Board also currently issues certificates for the following subspecialties:
- Addiction psychiatry
- Child and adolescent psychiatry
- Clinical neurophysiology
- Forensic psychiatry
- Geriatric psychiatry
- Neuromuscular disorders
- Pain medicine
- Psychosomatic medicine
- Vascular neurology

A physician may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

F. Licensure
Throughout the certification and maintenance of certification processes, physicians must hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement, subject to the exceptions noted below.

An unrestricted medical license is a license to practice medicine that has been issued by an appropriate licensing board and contains no restrictions on the physician's privilege to practice professionally. Restrictions include, but are not limited to, revocation, suspension, condition, negotiated agreement, stipulation, probation, or contingency.

Subject to the exceptions noted below, certification shall continue in force only as long as the holder has an unrestricted medical license in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in
more than one jurisdiction, all licenses held by the physician must meet this requirement. An unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

A candidate in possession of any restricted medical license, even if the candidate also possesses an unrestricted license(s), will not be scheduled for examination, or issued a certificate, be authorized to be in possession of a certificate, or represent himself or herself as an ABPN-certified physician.

It is the responsibility of the candidate/diplomate to inform the Board immediately upon a change in licensure status.

Exceptions

- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians program or other appropriate, monitored alcohol or chemical substance-abuse recovery program if the physician has not been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited by a geographic area within a jurisdiction (e.g., practice limited to underserved areas) as long as such licenses are not in any way limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.
- Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application the for Part I examination. However, such applicants must submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination. Applicants holding more than one license must submit a copy of each license. Candidates who do not submit copies of their medical license(s) by the December 15 deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical license(s).

G. Recertification and Maintenance of Certification

Recertification

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, neurodevelopmental disabilities, and pain medicine, including those issued prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1985. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire 10 years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board-certified in that area of certification. Once a former diplomate passes the recertification examination, however, he or she will regain certification status. Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, pain medicine, psychosomatic medicine, and vascular neurology must also maintain certification in their primary specialty in order to apply for recertification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. If certification in the primary specialty lapses, certification in the subspecialty is no longer valid.

The only exception to the above is child and adolescent psychiatry. Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their subspecialty certification to remain valid and to recertify in child and adolescent psychiatry.

There is no time limit on regaining certification status through recertification.

Maintenance of Certification

As mandated by the American Board of Medical Specialties, the Board is in the process of completing the development of its maintenance of certification (MOC) program. The MOC program includes four components: Professional Standing; Lifelong Learning and Self-assessment; Cognitive Expertise; and Evidence of Performance in Practice.

Currently, diplomates are required to satisfy the licensure requirements and pass the cognitive (recertification) examination in order to renew their certification status.

Beginning in 2006, diplomates applying to sit for the cognitive (recertification) examination in 2007 must:

- Satisfy the licensure requirements.
- Complete an average of 30 specialty-specific, Category 1 CME credits per year, prior to applying for the cognitive (recertification) examination. Diplomates are responsible for maintaining a record of their CME activities.
- Provide evidence of participation in some self-assessment activity or activities. Such activities may include, but are not limited to, formal programs sponsored by specialty societies.

At this time, the following materials have been approved as self-assessment activities for Psychiatry:

- The Psychiatrist in Practice Examination (PIPE)
- Post-reading questions from Focus
- Organized post-CME activities (following a Category 1 activity)
- Other (The Board reserves the right to accept or reject any course or guideline submitted.)

At this time, the following materials have been approved for Neurology:

- Post-reading questions from Continuum
- Organized post-CME activities (following a Category 1 activity)
- Other (The Board reserves the right to accept or reject any course or guideline submitted.)

Evidence of Performance in will be required at a future date. Diplomates may sit for the cognitive (recertification) examination prior to the expiration date on their certificates if the current maintenance of certification requirements are satisfied. A passing score on the recertification examination will extend the renewal date of the certificate for 10 years from the date of the recertification examination.

H. Revocation of Certificates

The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

I. Irregular Behavior Including Unethical Behavior of Candidates

The Board believes that the ethics of candidates for certification are of concern. The following rules apply:

1. Falsification of credentials will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
2. The Board will consider legal action against anyone who forges an ABPN certificate, copies an ABPN examination or otherwise uses them in conflict with copyright laws, or in any other way violates the legal prerogatives of the Board. Such activities will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
3. Scores on written examinations may be invalidated for reasons of irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the
A candidate may submit a written appeal within 30 days of notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior. A new application form and current application and examination fees will be required.

4. Scores on oral examinations may be invalidated for reasons of irregular behavior. If the examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of the notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior.

5. Irregular behavior shall include, but not be limited to, the following conduct: (a) copying answers from another candidate’s examination; (b) knowingly permitting another candidate to copy one’s answers on an examination; (c) unauthorized possession, reproduction, or disclosure of examination materials or content, at any time; (d) use of audio equipment to record any part of an oral examination; (e) offering any financial benefit or other benefit to any director, officer, employee, proctor, diplomat, or other agent or representative of the Board in return for any right, privilege, or benefit that is not granted by the Board to other similarly situated candidates or persons; (f) not complying with proctors’ or examiners’ instructions; (g) disregarding time limits; (h) bringing food, drink, cellular phones, pagers or other electronic devices, books, study materials, personal belongings including watches and wallets, or other prohibited material into an examination room; (i) making telephone calls during an examination; and (j) any other form of disruptive behavior, including repeated or excessive verbal complaints, or talking during an examination unless instructed to do so.

6. Notification of the Board’s action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

Appeal Procedure for Invalidation Due to Irregular Behavior

A candidate whose examination scores are invalidated because of irregular behavior may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the invalidation of examination scores.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information that rebuts the invalidation.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of invalidation. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee’s determination is final and binding on both the Board and the candidate.

J. Board Eligibility

The ABPN, in accordance with the policy of the ABMS, does not recognize or use the term “Board eligible” and does not issue statements concerning “Board eligibility.” The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office.

K. Conflict of Interest

To maintain the confidence of the public and the medical profession in the integrity of the Board, it is important for those doing its work to avoid certain activities that could provide opportunity for a conflict of interest or the appearance thereof. A conflict of interest is defined as an instance wherein a competing outside activity or holding could influence or appear to influence the Board’s activities in the area of policy development, evaluation of training programs, or examination development. Examples of such competing outside interests are compensated direct employment, paid advisory or consultant positions, significant personal investments, or other affiliations as an officer and/or director in a pharmaceutical or medical supply company.

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).

Annually, Board members, test committee members, written examination proctors, the Executive Vice President, and staff members of the Board are required to complete a form disclosing the following general information:

1. License restrictions to practice medicine.
2. Participation in board review courses or publication of materials in any media format, including the Internet, regarding board review in psychiatry, neurology, or any of the subspecialties.
3. Significant financial holdings in any pharmaceutical or medical supply company.
4. An affiliation in the capacity of trustee, officer, director, or other major capacity with any pharmaceutical or medical supply company.
5. Any other affiliations that would present a potential or apparent conflict of interest or commitment.

Any individual who participates in any review course that is publicized as being a board review course, or in any course that could be construed as a board review course, or who has edited or provided written or audiovisual materials for publications identified as preparation for Board examinations, or who copies, reproduces, or discloses examination materials or content should not participate as an examiner in any oral examination, as a proctor in any written examination, or as a member of any Board committee for at least 12 months subsequent to the course or publication of any written or audiovisual materials.

All ABPN examiners are diplomates of the ABPN.

II. Requirements for Admission to Examination

A. General Requirements for All Applicants

To qualify to sit for examination, an applicant must:

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Have a medical license as defined in Section I.F above. Applicants are required to submit a copy of their medical licenses with their application.* If more than one license is held, a copy of each license is required.

* Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for Part I examination. However, the applicants must submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination.

3. Have satisfactorily completed the Board’s specialized training requirements in psychiatry, neurology, neurology with special qualification in child neurology, or any of the subspecialties. Training requirements for the specialties are explained in the sections that follow.
4. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. (See fees schedule and application deadlines. See Section III for a complete description of the application process.) Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

B. General Training Requirements
References to "residency" refer to entry at the second year of postgraduate (PGY-2) level unless otherwise stated. Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program. (See Section VI for more information about combined training programs.)

Training programs approved by the Residency Review Committees and accredited by the ACGME can be found in the current edition of the Graduate Medical Education Directory, published by the American Medical Association. This Directory includes the program requirements for residency education.

Training may be completed on a part-time basis, provided that it is no less than half time. Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

Effective for residents entering residency training (PGY-2 in psychiatry or neurology or PGY-3 in child neurology) as of July 1, 2002: the 36 months of full-time specialized residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than 10 years apart.

C. Training in More Than One Residency Program
To ensure continuity of training, the Board requires that 2 of the 3 years of residency training, excluding the PGY-1, be spent in a single program. In addition, credit will not be given for less than 1-year blocks of training, including the PGY-1. The ABPN Credentials Committee will consider exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, prior to the transfer. The letters must outline the resident's training content, duties, and responsibilities, including exact dates of training, and indicate clearly that the resident will satisfy all ACGME program requirements as outlined in the Graduate Medical Education Directory. Each case will be considered on an individual basis.

If the Credentials Committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident to submit with his or her Part I application. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their Part I applications.

When training is completed in more than one program, the training director of the first program should send the training director of the second program a letter detailing the training satisfactorily completed, including exact dates of training, and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

D. Psychiatry: Specific Training Requirements
Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.) An applicant seeking admission to examination for certification in psychiatry must have satisfactorily completed an ACGME-accredited PGY-1 (See below) and 3 full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME. Different requirements apply for applicants who began training in psychiatry prior to 1986. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

1. Three-year psychiatry residency program
A broad-based clinical year of ACGME-accredited training in internal medicine, family practice, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of 4 months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care;
and
Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME;
or

2. Four-year psychiatry residency program
Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than 1 month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment, rather than surgical procedure. Neurology rotations may not be used to fulfill this 4-month requirement.

Canadian Training Programs
Physicians entering residency training in psychiatry (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination ONLY if they:
1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
and
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada;
and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in psychiatry prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

Other International Training
Physicians entering psychiatry residency training on or after July 1, 1997, will not be granted credit for other international training. Physicians entering psychiatry residency training prior to July 1, 1997, may be granted credit for other international training ONLY if they:
1. Achieve a national certificate accepted by the ABPN by the year 2005. The only certificates accepted by the ABPN are MRCPsych, FRANZCP, FF Psych (SA), and Israel's Specialty Certification of the Scientific Council of the Israel Medical Association. If a physician's training was not completed in its entirety (internship and residency training) in the country issuing the certificate, the physician must complete an additional year of approved primary care training in the United States; and
2. Initiate the ABPN certification process by the year 2007. Physicians who entered residency training in the United Kingdom prior to July 1, 1986, should contact the Board office for training credit information.

E. Neurology: Specific Training Requirements

Unless otherwise specified, all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.)

An applicant seeking admission to examination for certification in neurology must have satisfactorily completed an ACGME-accredited PGY-1 (See below) and 3 full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME. The PGY-1 must be completed prior to the 3 years of residency training. Different requirements apply for applicants who began training in neurology prior to 1991. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

1. Three-year neurology residency program

A full year of ACGME-accredited training in internal medicine, or as an acceptable alternative, a full year in an ACGME-accredited program in which a minimum of 6 months of training must be in internal medicine, the details of which must be documented by the training director. The composition of these 6 months may not include rotations in neurology or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology, and

Three full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME; or

2. Four-year neurology residency training

Four years of training in a neurology residency program accredited by the ACGME.

Effective for residents entering residency training in neurology as of July 1, 2002, 6 months of neurology credit may be granted for neurosurgery training provided the training has not been accepted by another board for certification. A letter from the neurology program director, detailing the proposed training, must be submitted to the Board office for review and approval. Documentation, including exact dates of the neurosurgery training (from month/day/year to month/day/year), should accompany the letter.

Canadian Training Programs

Physicians entering residency training in neurology (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination only if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada; and

2. Achieve certification by the Royal College of Physicians and Surgeons of Canada; and

3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in neurology prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

Other International Training

Physicians entering neurology residency training on or after July 1, 1997, will not be granted credit for other international training. Physicians entering neurology residency training prior to July 1, 1997, may be granted PGY-1 credit for other international training only if they:

1. Achieve a national certificate accepted by the ABPN in internal medicine by the year 2005. The only internal medicine certificate accepted by the ABPN are MRCP(UK), MRACP, FCP, and MRCP(UK); and

2. Initiate the ABPN certification process by the year 2007.

F. Neurology With Special Qualification in Child Neurology: Specific Training Requirements

Proper preparation for the practice of child neurology requires that the practitioner be a qualified neurologist who has had additional training in pediatrics and child neurology. To qualify for this certification, a different type of preparation and certifying examination are required. The same diploma will be used, the only difference being that instead of certifying qualification in "neurology," it certifies qualification in "neurology with special qualification in child neurology."

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and Other International Training below.) Different requirements apply for applicants who began training in child neurology prior to 1991. These candidates should call the Board office if they have any questions.

Three patterns of training are acceptable for 2 of the 5 years of training:

1. General pediatrics

The usual pathway is 2 years of training in general pediatrics in an ACGME-accredited program. This is the only pathway that allows the applicant admission for examination by both the American Board of Pediatrics (ABP) and the ABPN; or

2. General pediatrics/basic neurosciences research

One year of training in general pediatrics in an ACGME-accredited program and 1 year of research in the basic neurosciences. The basic neurosciences pathway was created as an alternative track for residents who are planning a research career in academic child neurology. The year of basic neurosciences must provide training in a research discipline related to child neurology and is intended to increase the trainee's knowledge base and competitiveness for federal and nonfederal grant support. The trainee must make at least an 80% time commitment to basic neurosciences during this year of training.

For the purpose of this training track, "basic neurosciences" is defined as laboratory research related to the cellular or molecular basis of neurologic diseases. Examples of relevant basic disciplines include molecular neurogenetics, neurochemistry, neuropharmacology, neurophysiology, neuroanatomy, neuroimmunology, developmental neurobiology, biophysics, and cell biology.

Effective for residents entering residency training in child neurology as of July 1, 2003: The neurosciences training track must be approved prior to entry into residency training in child neurology. A form to guide the applicant's description of the research, his or her role, skills to be acquired, and the likely outcomes (eg, presentations, peer-reviewed manuscripts) is part of
the information to be provided. Credit will be given for basic neuroscience training obtained as part of an integrated clinical neuroscience program leading to certification in neurology with special qualification in child neurology. Credit cannot be obtained for basic neuroscience training obtained as part of a degree granting program (eg, PhD).

Residents entering child neurology training prior to July 1, 2003, must have this training track approved by the Board prior to completion of the 5 years of training.

A program director who intends to propose a neuroscience research training track for a resident should contact the Credentials Department at the Board office to request the proposal form. The form may also be downloaded from the ABPN Web site, www.abpn.com. This form along with letters from the mentor (and child neurology program director, if a different individual) must be submitted, describing the research and explaining how the year of neurosciences relates to child neurology and to the trainee's academic career. Documentation must include exact dates of training (from month/day/year to month/day/year); or

3. General pediatrics/internal medicine

One year of training in general pediatrics and 1 year of training in internal medicine in ACGME-accredited programs. An acceptable alternative to the 1 year of internal medicine is a full year of ACGME-accredited training that includes a minimum of 6 months of internal medicine, the details of which must be documented by the training director. The composition of these 6 months may not include rotations in neurology, pediatrics, or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering child neurology residency training on or after July 1, 2002, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology; and

All candidates will be required to complete 3 full years of postgraduate, specialized residency training in a child neurology program accredited by the ACGME.

Canadian Training Programs

Physicians entering residency training in child neurology (PGY-3) on or after July 1, 2002, may apply to the ABPN for examination ONLY if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada; and

2. Achieve certification by the Royal College of Physicians and Surgeons of Canada; and

3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in child neurology prior to July 1, 2002, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2006 and should contact the Board office if they have any questions.

Other International Training

Physicians entering child neurology residency training on or after July 1, 1998, will not be granted credit for other international training. Physicians entering child neurology residency training prior to July 1, 1998, may be granted up to 2 years of general pediatrics and/or 1 year of internal medicine credit for training completed in another international program ONLY if they:

1. Achieve a national certificate accepted by the ABPN in pediatrics and/or internal medicine by the year 2005. The only certificates accepted by the ABPN for pediatrics and/or internal medicine are MRCP(UK), MRACP, FCP(SA), and MRCP(I); and

2. Initiate the ABPN certification process by the year 2007.

III. Application for Certification

A. General Information

Physicians seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology must complete, sign, and file with the Executive Vice President of the Board an application on the current official form together with the required supporting documents. The Information for Applicants publication and associated Application for Certification are revised each year and may be downloaded from www.abpn.com or obtained from the Board office. Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

An acknowledgment mailer accompanies each application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgment that the Board office has received the application. Once the mailer is returned to the applicant, it may take up to 16 weeks for the applicant to receive further information regarding the status of the application. Applications are reviewed in order of receipt.

Applicants who do not receive any notification from the Board regarding their applications by July 1, 2006, should contact the Board office to inquire about the status of their application.

B. Deadlines and Fees

The deadline for receipt of completed applications in the Board office for the October 1-3, November 4, November 7-11, November 14-18, 2005 Part I examination is February 1, 2006. Applications received in the Board office after February 1, 2005 must include a nonrefundable late fee, and must be received in the Board office by March 1, 2005. Applications received in the Board office after March 1, 2005, will not be accepted and will be returned.

A complete list of fees appears at the beginning of this document. Applications submitted without the appropriate fees will not be accepted. Fees received without applications will be returned. Part I application and examination fees are neither refundable nor transferable.

C. Completing the Application and Supporting Documentation

1. Select a Specialty

Check the appropriate box to indicate the specialty in which you are seeking certification.

2. Candidate Name

The name on the application MUST be identical to the name on the photo identification to be used at examination registration. If the name stated on the application is different from that on the photo identification, admittance to Pearson VUE Testing Centers may be denied. In addition, if the name on supporting documentation differs from the name provided on the application, certified, legal documentation (marriage license, name change determination, etc) must be presented with the application. If the name changes at any time subsequent to submission of the application, certified, legal documentation of the name change must be submitted to the Board office.

3. Social Security Number

Provide your social security number.
4. Mailing Address
This is an address at which the Board can contact you; therefore, do not use a temporary address. Candidates are responsible for keeping the Board informed about any change of address. Address change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

5. Home and Office Telephone Numbers, Fax Number, and E-mail Address
Provide your home telephone number, primary office phone number, fax number, and e-mail address. Candidates are responsible for keeping the Board informed about any changes. Change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

6. Date of Birth
Provide your birth date.

7. Medical Education
Include the complete name of each medical school attended. Include accurate and complete attendance and graduation dates for each school, as well as the degree received (MD, DO, etc).

8. Licensure
All questions regarding licensure must be answered. Do not leave any blanks. In addition, enclose with the application a copy of either your unrestricted medical license or the current renewal registration card for your unrestricted medical license, whichever shows the license expiration date. If more than one license is held, enclose with your application a copy of each license or the renewal registration card. An applicant in possession of a restricted, suspended, or revoked medical license will not be accepted for any examination. (See Section I.P for information on restrictions and exceptions.)

9. Previous Application for Certification
Indicate if you have previously applied to this Board for certification. If this application was under a different name, provide all previous names, and include appropriate certified, legal documentation (marriage license, name change determination, etc) of the name change. If your name changes at any time subsequent to the submission of this application, certified, legal documentation of the name change must be submitted to the Board office.

10. Other Applications on File
Indicate if you have other applications on file with the ABPN, and, if so, in what specialty or subspecialty. A candidate may not have more than one application for certification in the same specialty or subspecialty on file with the Board office at any one time. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

11. Request for Testing Accommodations Due to a Disability
Please refer to Section VII.

12. First Postgraduate Year (PGY-1) (or first 2 years for child neurology)
Enclose with the application a letter of verification from the PGY-1 training director describing the exact length and content of rotations completed during the PGY-1. All documentation must include exact dates (from month/day/year to month/day/year) of training.

Psychiatry candidates only:
If the PGY-1 was a full year of internal medicine, pediatrics, or family practice, a photocopy of the certificate of completion, including exact dates, may be submitted in lieu of the letter from the PGY-1 training director.

Neurology candidates only:
If the PGY-1 was a full year of internal medicine, a photocopy of the certificate of completion, including exact dates, may be submitted in lieu of the letter from the training director.

Neurology with special qualification in child neurology candidates only:
If either of the first 2 years was a full year of internal medicine or pediatrics, a photocopy of the certificate(s) of completion, including exact dates, may be submitted in lieu of the letter from the PGY-1 and PGY-2 training director(s).

Reapplicants only:
Reapplicants previously accepted for examination must complete the application; PGY-1 documentation is not required with this reapplication.

13. Residency Training
List all residency training in chronological order, beginning with the date you entered residency training. Include exact dates (from month/day/year to month/day/year).

In addition, enclose with the application a copy of certificate(s) of training, including exact dates, or a letter of verification of training from the training director(s) including exact dates of training. If training was completed in child and adolescent psychiatry, the training director of the child and adolescent psychiatry program must document the child and adolescent psychiatry training.

If you are still in training, a letter from the training director must be submitted with the application documenting that you are in the final year of training and that training will be completed by June 30, 2005. This letter must include the date on which you started training and the anticipated completion date. Immediately after you have completed training, the training director must submit to the Board a letter verifying successful completion of training or a copy of the certificate of training. All documentation must include exact dates (from month/day/year to month/day/year) of training.

If documentation of successful completion of training is not received in the Board office by July 15, 2005, the candidate may be removed from the Part I roster.

Candidates who complete training after June 30, 2005, but no later than July 31, 2005, may submit a Part I application. The training directors must submit a letter verifying successful completion of training to the Board by August 10, 2005. All documentation must include exact dates (from month/day/year to month/day/year) of training. Applicants who complete training after July 31, 2005, will be denied opportunity to sit for the 2005 Part I Examination.

Due to the large volume of documentation that the Board office will be receiving on or before July 15, we ask that applicants DO NOT CALL to verify that the Board received documentation from their residency program. Applicants should check with their training director to confirm that documentation was sent to the Board office.

Reapplicants Only:
Reapplicants previously accepted for examination must complete the application; residency training documentation is not required with this reapplication.

14. Examination Site
The Part I examination will be administered at Pearson VUE testing centers. (For additional information, see Section IV.B, Part I Examination Procedures.)

15. Other Diplomate Information (if any)
List any other Board certifications.

16. Application Statement
Read, sign, and date the application statement. Applications with altered or unsigned application statements will not be accepted and will be returned.
D. Appeal Procedure for Negative Determinations Regarding Credentials

The rejection of credentials for admission to an examination is considered a negative determination. An applicant who has submitted a formal application and receives a negative determination regarding the application may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the rejection of the application.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information that rebuts the negative determination.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of negative determination. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the applicant.

IV. Examinations

A. General Requirements for All Applicants

The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board. Each examination shall cover such subjects as the Board may determine.

The purpose of the ABPN certification examinations is to test the qualifications of the candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks.

Each examination shall cover such subjects as the Board may determine. The ABPN uses the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) as the primary authority on psychiatric diagnostic nomenclature for its examinations.

The Board does not endorse or recommend any texts or other teaching aids identified as "board preparation" material. Furthermore, neither the Board nor any of its committees has any affiliation with or responsibility for programs identifying themselves as "board review courses."

To become Board certified, each candidate must pass both the Part I and Part II examinations. There is no limit on the number of times a candidate may apply for the Part I examination. To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination is valid for a period of 6 years or three opportunities to pass the Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their opportunities. The Board anticipates that the three opportunities will not take the maximum of 6 years. Candidates who are unsuccessful in the Part II examination during the allotted time period will be required to retake the Part I examination.

The Board is not liable for candidate travel and/or other related expenses incurred as a result of the cancellation of an examination.

General questions about requirements and logistics of ABPN examinations may be asked of ABPN staff by telephone or on-site. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of ABPN policy may rise to the level of harassment which may be considered irregular behavior (see Section I). At no time should a candidate discuss the administration or the grading of an examination with the examiners.

B. Part I Examination Procedures

Successful completion of the Part I written examination is required of candidates seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology. To successfully complete the Part I examination, a candidate must pass both the psychiatry and neurology sections of the written examination at the same administration. Currently, there is no limit to the number of times an applicant may apply to take the Part I examination. All applicants are required to sit for the Part I examination for which they have applied. Applicants who fail to sit for the examination are required to submit a new application, copies of all medical licenses, and the current Part I application and examination fees.

1. Scheduling and Test Procedures

The Part I examination will be scheduled for two 3½-hour sessions in the same day and will be administered at Pearson VUE testing centers beginning in 2005. The Board will advise applicants, in writing, of acceptance to the examination.

Approximately 2 months prior to the examination, candidates whose applications have been accepted will receive a notice announcing the locations of testing centers and describing the registration procedures and deadlines. Upon receipt of this notice, candidates are urged to contact Pearson VUE immediately to schedule an appointment for the examination. A delay in contacting Pearson VUE can result in fewer available openings for the examination.

Candidates are required to present two current (not expired) forms of identification, including one government-issued photo identification, upon arrival at the testing center. Government-issued photo identification includes military IDs, passports, driver's licenses, and state IDs. Both forms of identification must include signatures. In addition, one form of identification must include a recent photograph of the candidate. The name on the government-issued identification must match the name on the candidate's application for examination.

If the name that the candidate used on the application is different than the name that appears on the identification, certified, legal documentation (marriage license, name change determination, etc) verifying the name change must also be presented. Failure to comply with these requirements may result in the candidate's inability to gain admission to the examination.

Prior to the date of the examination, candidates must contact the Board office regarding any name or address changes. Certified, legal documentation verifying the name change must be provided to the Board office. Candidates are photographed and asked to provide an electronic signature at the testing center. These data are stored electronically. For security purposes, candidates are also electronically fingerprinted upon arrival at the testing center and whenever entering or leaving the testing room.

Candidates are observed at all times while taking the examination. This observation includes direct monitoring by testing center staff as well as video and audio recording of the examination session.

Please direct general question about requirements and logistics of examinations to ABPN staff by telephone. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of the Board's policy may be deemed harassment, which may be considered irregular behavior.

Candidates may not bring food, drink, cellular phones, pagers, other electronic devices, books, study materials, or other personal belongings including watches and wallets into the examination room. A secure locker is available to store personal items.
Candidates may not make telephone calls during an examination session. Bringing prohibited items into the testing center, making telephone calls during an examination, or removing notes taken during an examination session from the examination room may constitute irregular behavior and may be cause for invalidation of examination results. (See Section I.I.)

Candidates who are unable to sit for the examination on the day that they are scheduled for their examination MUST contact Pearson VUE 24 hours in advance to reschedule their examination. Such candidates will be rescheduled, provided there is still an opening in the testing window. If there is no other date available, such candidates must sit for the originally scheduled date.

Candidates who are unable to attend their scheduled or re-scheduled Part I examination are required to submit a new Part I application form, a copy of their medical license(s), and current Part I application and examination fees.

Candidates who are unable to sit for their scheduled Part I examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable. If the absence is determined excusable, the candidate will be rescheduled for the next Part I examination and the examination fee will be transferred. Such candidates will be responsible for paying a rescheduling fee. (See Fee Schedule.)

After completion of the Part I examination, the Executive Vice President of the Board will notify the candidates of the results in writing.

2. Reexamination

Candidates who fail the initial Part I examination may, upon payment of the Part I reexamination fee (see Fee Schedule), repeat the examination the following year.

A failing score on the Part I examination is considered a negative determination. Two negative determinations on the Part I examination necessitate reapplication (a new application, copies of all medical licenses held, and payment of the current Part I application and examination fees).

Reexaminees who do not sit for reexamination as scheduled also will be required to submit a new application form, a copy of their medical license(s), and payment of the current Part I application and examination fees. Candidates applying for reexamination do not need to include another copy of their PGY-1 and residency documentation.

C. Psychiatry Part I Examination Content

The psychiatry section of the examination will include questions in the following areas:

- Development through the life cycle
- Neuroscience
- Behavioral and social sciences
- Epidemiology and public policy
- Diagnostic procedures
- Psychiatric disorders
- Treatment of psychiatric disorders
- Special topics (suicide, dangerousness, ethics, gender, and somatic medicine and emergency psychiatry)

The neurology section of the examination will include questions in the following areas:

- Basic science aspects of neurologic disorders
- Incidence/risk of neurologic disorders
- Diagnostic procedures related to neurologic disorders
- Clinical evaluation of neurologic disorders/syndromes
- Management and treatment of neurologic disorders

D. Neurology/Neurology With Special Qualification in Child Neurology Part I Examination Content

The neurology section of the examination will include questions in the following areas of adult and child neurology:

- Neuroanatomy
- Neuropathology
- Neurochemistry
- Neuropsychology
- Neuropharmacology
- Neuroimmunology/neurovirology
- Neurogenetics/molecular neurology/neuropathology
- Neuroendocrinology
- Neuroimaging
- Neuro-ophthalmology
- Neuro-otology
- Cerebrospinal fluid

The section of the examination covering psychiatry, including cognition and behavior, will include questions in the following areas:

- Development and disorders of childhood
- Psychopathology and diagnostic criteria for common psychiatric disorders
- Physician-patient relationships
- Behavioral and personality changes associated with structural changes
- Alcohol and substance abuse
- Psychopharmacology
- Therapeutic modalities other than drugs
- Altered states of consciousness
- Memory disorders and cortical changes with dysfunction
- Diagnostic procedures
- Psychiatric/neurologic problems associated with medical disease
- Forensic psychiatry and neurology, epidemiology, transcultural psychiatry, public mental health, and systems-based practice

E. Appeal Procedure for Negative Determinations Regarding Written Examinations

A failing grade on the Part I examination is considered a negative determination. A candidate who receives a negative determination may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for hand-scoring of the examination.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of negative determination. The candidate will be informed in writing of the result of the hand-scoring, which will be final and binding on both the Board and the candidate.

F. Part II Examination Procedures

1. Assignment, Fees, and Scheduling

To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination will be valid for a period of 6 years or three opportunities to complete the Part II examination successfully, whichever comes first.

Successful Part I candidates will receive a notice of assignment to a Part II examination together with a billing statement for the required examination fee. Scheduling for the Part II examination is done on a regional basis whenever feasible.

Candidates must sign a statement that they possess a current, unrestricted license(s) to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada that complies with the requirements outlined in Section
I.F. Candidates who do not submit a copy of their license(s) or who submitted a temporary (education or training) medical license at the time of application for Part I are required to submit a copy of their license(s) by December 15 of the year in which they sit for the Part I examination. Candidates who do not submit copies of their medical licenses by this deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical licenses. (See Section I.F for information regarding licensure.)

The Board's policy regarding scheduling has changed. The Part II application and the 60-day pre-examination withdrawal policy have been eliminated.

Beginning with the May 2003 Part II examination, candidates who do not pay the Part II examination fee for their scheduled examination or reexamination by the deadline specified will forfeit their opportunity to sit for the examination. Candidates who decline or do not attend the Part II examination for which they are scheduled, unless excused, will forfeit an opportunity and fees. Such candidates are removed from the roster of candidates for that examination. They are scheduled for the next Part II examination that has space available, which may not be the next consecutive Part II examination. Candidates may have to wait up to 1 year for an available examination slot. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Beginning with the April 2000 Part II examination, an unexcused absence counts as an opportunity to take the Part II examination.

*Excused absences: Candidates who are unable to sit for their scheduled Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the Part II fees are transferred and such candidates are scheduled for the next Part II examination that has space available. Candidates may have to wait up to 1 year for an available examination slot. Candidates who are transferred to another examination are required to pay any fee increase in the Part II examination. Candidates who do not pay this fee by the deadline specified will forfeit an opportunity and all fees.

Beginning with the May 2004 Part II examination, a wait list will be maintained in an effort to fill any vacant slots in the Part II examination cycle. Candidates may request placement on a wait list for a specific Part II examination. A written request must be submitted to the Board office along with the Part II fees. Candidates are considered for a specific Part II examination based on the postmarked date on the written request. No request will be considered until the Part II fees have been paid for the originally scheduled examination. Placement on the wait list does not guarantee seating at a specific examination.

Candidates reassigned to the requested Part II examination are notified in writing and are removed from the roster of the originally assigned Part II examination. Candidates who do not sit for the reassigned Part II examination forfeit an opportunity. If the Board is unable to schedule candidates for a specific oral examination, such candidates must sit for the Part II examination originally assigned.

Approximately 8 weeks prior to the date of the assigned Part II examination, candidates receive informational materials and an admission notice specifying the date, time, and place to report for registration. Candidates are requested to report for registration only on the day and at the time indicated on the admission notice. Registration schedules are arranged to accommodate candidates in accordance with their examination schedules.

Candidates are required to bring government-issued photo identification with them to the examinations. They will be asked to present this ID at candidate registration. Government-issued photo ID includes military IDs, passports, valid driver's licenses, and state IDs. If the name on the admission slip is different than the name that appears on the photo ID, certified, legal documentation verifying a name change also must be presented.

Candidates may NOT bring food, drink, cellular phones, pagers, other electronic devices, books, or study materials into the examination room. Candidates may not make telephone calls during an examination session. Candidates may not speak to one another or confer with one another about the videotape or any examination content. These actions may constitute irregular behavior and may be cause for invalidation of examination results. (See Section I.I.)

2. Required Sections and Reexamination

**Psychiatry** candidates must pass both sections of the Part II examination. Candidates who fail one or both sections of the examination must repeat both sections at each subsequently scheduled examination until both sections are passed at the same examination.

**Neurology** candidates must pass all three (two adult and one child) sections of the Part II examination. Candidates must repeat the section or sections failed at each subsequently scheduled examination until all three sections are passed.

**Child neurology** candidates must pass all three (two child and one adult) sections of the Part II examination. Candidates must repeat the section or sections they failed at each subsequently scheduled examination until all three sections are passed.

All candidates taking the Part II examination are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a scheduled section of the examination, the examination results for sections taken are invalidated, fees are not refunded, and this counts as an opportunity to take the Part II examination.

**Exceptions:** Candidates who are unable to sit for all sections of their Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable.

For candidates in **psychiatry:** If the Board classifies the absence as excusable, the examination results for the completed section are invalidated and the fees are transferred or refunded. The examination does **not** count as an opportunity to take the Part II examination.

For candidates in **neurology** or in **neurology with special qualification in child neurology:** If the Board classifies the absence as excusable, the results for the section(s) that were completed will stand, and the grade for the section(s) not completed will be recorded as "incomplete." Fees are NOT refunded, and the examination will count as an opportunity to take the Part II examination.

Candidates who fail the Part II examination are scheduled for the next available Part II examination that has available space as long as they pay the reexamination fees and have not exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Candidates who are unsuccessful in the Part II examination during the allotted time period (6 years or three opportunities, whichever comes first) are required to retake the Part I examination. These candidates must request and submit a new Part I
application form and the current Part I application and examination fees.

G. Part II Examination Format
Part II, an oral examination, will include the examination of patients under the observation of one or more examiners. The manner of examining patients and the reasoning and deductions therefrom constitute an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, management recommendations, and assessment of risk are also essential parts of the examination, which focuses on evaluation of clinical skills.

Candidates are expected to discuss their findings with their examiner(s). Questions frequently cover such areas as diagnosis, differential diagnosis, evaluation, treatment, prognosis, and management. Reference to the basic sciences of psychiatry and neurology may be made.

Note-taking is permitted during the Part II examination provided that only blank paper is used. All notes must be left in the examination room at the conclusion of the examination. Failure to adhere to this policy constitutes irregular behavior. (See Section I.F.) Notes are not used in the assignment of grades and are destroyed.

1. Psychiatry
Psychiatry candidates take two examinations:
- One 1-hour examination in clinical psychiatry (patient)
- One 1-hour examination in clinical psychiatry (audiovisual)

In the patient section, the psychiatry candidate is given approximately 30 minutes to examine a patient under the observation of one or more examiners. Following the examination of the patient, the discussion with the examiner(s), which is approximately 30 minutes in length, focuses on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies. Additional questions may address the basic science of psychiatry.

The audiovisual section consists of a videotaped psychiatric examination, approximately 25 minutes in length, which the candidate observes. Candidates are then individually examined by one or more examiners with particular reference to the content of the tape. This discussion may also include other clinical topics.

2. Neurology and Child Neurology
Neurology candidates take three examinations:
- One 1-hour examination in clinical neurology (patient)
- One 1-hour examination in clinical neurology (vignette)
- One 1-hour examination in clinical child neurology (vignette)

Child Neurology candidates take three examinations:
- One 1-hour examination in clinical child neurology (patient)
- One 1-hour examination in clinical child neurology (vignette)
- One 1-hour examination in clinical neurology (vignette)

In the neurology and child neurology patient sections, the candidate is given approximately 35 minutes to examine a patient under the observation of one or more examiners. During the patient examination, the candidate’s ability to obtain a history and perform a neurologic examination is observed. Following the patient examination, the discussion with the examiner(s), which is approximately 15 minutes in length, focuses on the evaluation of the findings and discussion of the diagnosis, treatment, and management. Following discussion of the patient, written vignettes are discussed for approximately 10 minutes. The examiners also may ask additional questions concerning the basic science of neurology.

In sections where no patient is present, multiple written vignettes of patient encounters are utilized as a basis for discussion of diagnosis and treatment.

Candidates seeking certification in neurology must pass a 1-hour oral examination in clinical child neurology (vignette) that is set at the same level of difficulty established for child neurology candidates. The pass/fail standards for that hour in clinical neurology (vignette) are the same whether the candidate is seeking certification in neurology or in neurology with special qualification in child neurology.

Candidates seeking certification in neurology with special qualification in child neurology must pass a 1-hour oral examination in clinical neurology (vignette) that is set at the same level of difficulty established for neurology candidates. The pass/fail standards for that hour in clinical neurology (vignette) are the same whether the candidate is seeking certification in neurology or in neurology with special qualification in child neurology.

H. Notifications and Certificates
1. Grade Letters
Examination results are mailed approximately 30 days after the Part II examination. The Board sends the names of all those achieving certification to the ABMS for publication.

2. Certificates
Successful candidates receive their certificates within 120 days of receiving their grade letters. It is the candidate’s responsibility to notify the Board office, in writing, if he or she does not receive the certificate within the timeframe specified in the grade letter. If a candidate does not submit a written notification, the candidate must request a duplicate certificate and pay a processing fee. (See Fee Schedule.)

3. Duplicate Certificates
Requests for duplicates of ABPN certificates must include the diplomate’s name, address, phone number, birth date, signature, and indication of how the diplomate wants his or her name printed on the certificate. The diplomate must include (1) a copy of each current unrestricted medical license held stating the expiration date; (2) for security purposes, a copy of government-issued photo identification, such as a driver’s license or passport; (3) the appropriate fee. (See Fee Schedule.)

A form for requesting a duplicate certificate may be obtained from the ABPN Web site (www.abpn.com). Certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be 4 to 6 months until the diplomate receives the duplicate certificate.

I. Feedback and Appeal Procedures for Negative Determination Regarding Part II Examinations
A failing grade on a Part II examination is considered a negative determination.

1. Request for Feedback
A candidate who receives a negative determination may request feedback by submitting the following materials to the Executive Vice President at the Board office:
- A letter requesting feedback on his or her Part II examination
- The applicable feedback fee. (See Fee Schedule.)

The request for feedback must be postmarked within 30 days of the date indicated on the letter of negative determination.

For psychiatry, feedback shall consist of a checklist indicating those sections not passed.

For neurology and child neurology, feedback for the patient section shall consist of a checklist indicating those sections not passed. No specific feedback will be given for the vignette sections.

No other information will be provided as feedback.
2. Request for Appeal
A candidate who receives a negative determination may appeal the negative determination by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the negative determination.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 60 days of the date indicated on the letter of negative determination or within 30 days of the date indicated on the feedback letter.

The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

V. Subspecialization
For complete information about subspecialty certification, please contact the Board office to request the current edition of the following ABPN publications. These publications are also available in a downloadable format from the ABPN Web site, www.abpn.com.

- Information for Applicants for Certification in the Subspecialty of Child and Adolescent Psychiatry
- Information for Applicants for Certification in the Subspecialties of Addiction Psychiatry, Clinical Neurophysiology, Forensic Psychiatry, Geriatric Psychiatry, Neurodevelopmental Disabilities, Psychosomatic Medicine, and Vascular Neurology
- Information for Applicants for Certification in the Subspecialty of Pain Medicine

VI. Special Programs
A. Supplementary Certification
Candidates may apply for certification in another primary specialty. A candidate may have more than one application on file with the Board if the applications are for certification in different specialties or subspecialties. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

1. Dual Certification in Psychiatry and Neurology

Unless otherwise specified, all training must be completed in programs accredited by the ACGME.

Applicants seeking certification both in psychiatry and neurology who began residency training prior to January 1, 1988, should contact the Board office for requirements.

Applicants seeking certification both in psychiatry and neurology who began residency training on or after January 1, 1988, must have completed one of the following training tracks:

a. ABPN-approved combined psychiatry/neurology training program (recommended)
   - A PGY-1 that meets the requirements for entry into a neurology program,* and
   - Five years of residency training in an ABPN-approved combined psychiatry/neurology training program; or

b. Individual psychiatry and neurology programs
   - A PGY-1 that meets the requirements for entry into a neurology program,* and

Six full years of postgraduate residency training in ACGME-accredited programs including 3 full years in psychiatry and 3 full years in neurology;

or

2. Dual Certification in Child and Adolescent Psychiatry and in Neurology With Special Qualification in Child Neurology

Applicants who have achieved certification in neurology and who wish to be certified in neurology with special qualification in child neurology need to obtain the additional training described below. Unless otherwise specified, all training must be completed in programs approved by the ACGME.

Training requirements include:

- A minimum of 12 months of approved training in general pediatrics

and

- A minimum of 12 months of approved training in clinical child neurology.

A maximum of 3 months of child neurology training obtained during a neurology residency may be applied toward the required 12 months of child neurology training only if the 3 months took place in an ACGME-accredited child neurology program and if the training is documented by the neurology program director.

Candidates will be required to submit a new Part I application and the current application fee. Such candidates will not be required to retake the Part I examination in neurology. The Part II examination fee will be requested after the application has been approved. Two 1-hour examinations in child neurology will be taken during the Part II examination.

3. Dual Certification in Child and Adolescent Psychiatry and in Neurology With Special Qualification in Child Neurology

An applicant who wishes to obtain certificates both in child and adolescent psychiatry and in neurology with special qualification in child neurology must meet the following requirements:

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent
psychiatry (a minimum of 2 years of approved residency training in general psychiatry is required); and
- Completion of the requirements for certification in child and adolescent psychiatry; and
- Completion of the requirements for certification in neurology with special qualification in child neurology.

B. Joint Training in Pediatrics/Psychiatry/Child and Adolescent Psychiatry
The American Board of Pediatrics, the American Board of Psychiatry and Neurology, Inc, and the Committee on Certification in Child and Adolescent Psychiatry of the ABPN have approved programs for combined pediatrics/psychiatry/child and adolescent psychiatry residency training. This training consists of 24 months of pediatrics, 18 months of psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirements for certification in all three areas. Physicians pursuing training in these programs may not apply for examination until all training has been completed.

C. Joint Training in Neurology/Diagnostic Radiology/Neuroradiology
The American Board of Radiology and the American Board of Psychiatry and Neurology, Inc have approved programs for combined training in neurology/diagnostic radiology/neuroradiology. Completion of the program will satisfy the training requirements for certification in all three areas. In order to be certified in neuroradiology, a resident must have completed certification in both diagnostic radiology and neurology.

In order to satisfy training requirements in neurology, a resident who resigns from a combined neurology/diagnostic radiology/neuroradiology training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. The Board will grant up to 6 months of credit for training in neuroradiology toward the 36 months of training. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

D. Combined Training Leading to Certification by Two Boards
Board-approved combined/joint training programs are listed in the Graduate Medical Education Directory. The Board currently has the following programs:

1. Dual Certification in Psychiatry/Family Practice
The American Board of Family Practice and the American Board of Psychiatry and Neurology, Inc have approved programs for combined psychiatry/family practice residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/family practice training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the Graduate Medical Education Directory must be satisfied.

2. Dual Certification in Psychiatry/Internal Medicine
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc have approved programs for combined psychiatry/internal medicine residency. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the Graduate Medical Education Directory must be satisfied.

3. Dual Certification in Neurology/Internal Medicine
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc have approved programs for combined neurology/internal medicine residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

4. Dual Certification in Neurology/Physical Medicine and Rehabilitation
The American Board of Physical Medicine and Rehabilitation and the American Board of Psychiatry and Neurology, Inc have approved programs for combined neurology/physical medicine and rehabilitation residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/physical medicine and rehabilitation training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

VII. Applicants With Disabilities and Qualifications for Testing Accommodations
A. General Information
The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test.” (Americans with Disabilities Act, Public Law 101-336 §309 [b][1]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists. Candidates seeking disability accommodations should download the appropriate application from the ABPN Web site, www.abpn.com, or should contact the Board office immediately for an application. Applicants for Part II examinations requesting accommodations must check the box provided on the Part II billing statement and comply with all requirements regardless of previous requests and/or granted accommodations. Documentation of a disability and a completed Application for Testing Accommodations will be required no later than 30 days after the fee due date on the billing statement in order to be considered for special examination assistance or test modification.
If the Board deems it necessary, an independent assessment may be requested at the expense of the Board. Documentation and other evidence substantiating the disability include, but are not limited to, each of the following:

- A report diagnosing the applicant's disability written by a professionally qualified examiner. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.

- A history of the disability, including previous settings in which accommodations have been granted. Having had accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

- Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases (ICD) and the APA Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV).

- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to the Board's evaluation of the request.

B. Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the Executive Vice President at the Board office.

- Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

- An applicant who was denied accommodations may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

  - A written request for a formal appeal of the denial for accommodations.
  - The applicable appeal fee. (See Fee Schedule.)
  - Additional written information in support of the appeal.

- The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee's determination is final and binding on both the Board and the applicant.

For the most current, updated Information for Applicants booklets and other information about the ABPN, visit the Web site at www.abpn.com.

American Board of Psychiatry and Neurology

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Anthony V Proto, MD, Assistant Executive Director for Diagnostic Radiology, Richmond, Virginia
Lawrence W Davis, MD, Assistant Executive Director for Radiation Oncology, Atlanta, Georgia
Bhudatt Paliwal, PhD, Assistant Executive Director for Radiologic Physics, Madison, Wisconsin
Steven A Leibel, MD, President, Stanford, California
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K Kian Ang, MD, Houston, Texas
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George S Bisset, MD, Durham, North Carolina
N Reed Dunnick, MD, Ann Arbor, Michigan
Beth A Erickson, MD, Milwaukee, Wisconsin
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Valerie P Jackson, MD, Indianapolis, Indiana
Lawrence E Kun, MD, Memphis, Tennessee
Steven A Leibel, MD, New York, New York
Robert R Lukin, MD, Cincinnati, Ohio
John E Madewell, MD, Houston, Texas
Christopher Merritt, MD, Philadelphia, Pennsylvania
Anne C Roberts, MD, La Jolla, California
Robert J Stanley, MD, Birmingham, Alabama
Janet L Strafe, MD, Cincinnati, Ohio
Michael A Sullivan, MD, New Orleans, Louisiana
Stephen R Thomas, PhD, Cincinnati, Ohio
Kay V Vydeney, MD, Atlanta, Georgia

(The criteria and conditions are subject to change without notice. Applicants are advised to contact the American Board of Radiology [ABR] to ascertain whether the information below is current.

Certificates

A 10-year time-limited certificate will be issued to each candidate who has finished a prescribed and approved period of training and study and has passed written and oral examinations demonstrating an adequate level of knowledge and ability in diagnostic radiology or radiation oncology in accordance with the definitions as stated in the Bylaws and Rules and Regulations of the ABR.

A certificate granted by the Board does not of itself confer, or purport to confer, any degree or legal qualifications, privileges, or license to practice radiology.

Definitions

1. Diagnostic radiology is that branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnosis and therapeutic procedures utilizing radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiations emitted by x-ray tubes, radionuclides, ultrasonographic devices, and radiofrequency electromagnetic radiation emitted by atoms.
2. Radiation oncology is that branch of radiology that deals with the therapeutic applications of radiant energy and its modifiers and the study and management of cancer and other diseases.

Diagnostic Radiology Training Requirements
Candidates are required to have 5 years of approved training with a minimum of 4 years in diagnostic radiology. These 4 years must be spent in a department approved for training in diagnostic radiology by the Residency Review Committee (RRC) for Diagnostic Radiology of the Accreditation Council for Graduate Medical Education (ACGME), or by the Royal College of Physicians and Surgeons of Canada (RCPSC). A minimum of 6 months, but not more than 12 months, must be spent in nuclear radiology in the 4-year program. Candidates may spend no more than 6 months in rotations outside the parent institutions.

The other year must be accredited clinical training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these. This clinical year should be the first postgraduate year. No more than a total of 3 months may be spent in radiation oncology, radiation oncology, and/or pathology. All clinical training must be in an ACGME, American Osteopathic Association (AOA), or equivalent approved program.

It is not the intent of the ABR for programs to use any of the 4 years for traditional fellowship training. The designation of "fellowship" is reserved for training beyond the 4-year residency.

In a 4-year approved residency program, not more than 12 months may be spent in a single discipline (research is considered a discipline).

In a 4-year diagnostic radiology program, the resident is expected to remain in that program for all 4 years. If a transfer to another program is necessary or desired, the program director of the initial program must verify that the candidate has successfully completed the portions of the training that were undertaken in that program, and this training must be accepted by the program director of the new program.

Candidates will be considered for the physics portion of the written examination only when they have completed 12 months of diagnostic radiology training. After 24 months of diagnostic radiology training, the candidate will be allowed to sit for the clinical examination.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

Radiation Oncology Training Requirements
Candidates are required to have 5 years of approved training with a minimum of 4 years in radiation oncology. These 4 years must be spent in a department approved to train in radiation oncology by the RRC for Radiation Oncology for the ACGME, or by the RCPSC.

The 4-year residency training period must include 36 months of clinical training in radiation oncology with exposure to pathology and medical oncology. A maximum of 3 months' training in diagnostic radiology will be allowed. Candidates may spend no more than 3 months in rotations outside the parent institution.

The other year, which must precede the radiation oncology training, must be ACGME, AOA, or RCPSC-accredited clinical training in internal medicine, surgery or surgical specialties, pediatrics, family practice, obstetrics and gynecology, transitional, or categorical radiation oncology, or any combination of these. Specialties other than those listed, including pathology, do not satisfy the PGY1 requirement of the ABR.

Candidates will be admissible to the written examination only after they have completed 4 years of approved training or if they will complete this amount of training by September 30 of the year in which the examination is given. This must include a PGY1 clinical year of training in the United States or Canada. Requests for credit for this training in other countries must be submitted to the executive committee. [Note: Beginning with those candidates completing their training in 2004 and later, candidates must have completed their clinical PGY1 and 48 months of training in radiation oncology to sit for the written examination.]

The resident is expected to remain in the same radiation oncology training program for the duration of the training. If a transfer to another program is necessary or desired, the program director of the initial program must verify that the candidate has successfully completed the portions of the training that were undertaken in that program, and this training must be accepted by the program director of the new program.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

Successful candidates are issued a 10-year, time-limited certificate in radiation oncology.

Certificate of Added Qualifications (CAQs) and Certificate of Special Competence
A 10-year limited certificate will be issued to each diplomate certified in either radiology or diagnostic radiology who has finished a prescribed and approved period of training and study and has passed an oral examination demonstrating an adequate level of knowledge and ability in the area of expertise for which he/she has applied in accordance with the definitions stated in the Bylaws and Rules and Regulations of the ABR.

Definitions
1. Neuroradiology is that branch of radiology dealing with (1) the brain and its coverings, (2) the skull base and ENT, and (3) the spine.
2. Pediatric radiology is the branch of radiology dealing with children.
3. Vascular and interventional radiology is the branch of radiology dealing with the diagnosis and treatment of diseases using percutaneous methods guided by various radiologic imaging modalities.
4. Nuclear radiology is the branch of radiology that involves the use of radionuclides and radiolabeled substances for diagnostic imaging and related in vivo techniques.

Certificates of Added Qualifications in Neuroradiology, Pediatric Radiology, and Vascular/Interventional Radiology
Candidates must successfully complete 1 year full-time training (fellowship) in a program approved for such training and accredited by the ACGME or RCPSC following the completion of residency training and must have completed at least 1 year of practice or additional training (one third of that time) in the subspecialty. Fellowship training must be documented by letter from the program director. Practice experience must be verified by letter from the chief of service or department chairman.

Diagnostic Radiology with Special Competence in Nuclear Radiology
Candidates will be required to have a minimum of 1 year of full-time training in nuclear radiology in a department approved for training in nuclear radiology by the RRC for diagnostic radiology or
nuclear medicine by the RRC for Nuclear Medicine and accredited by the ACGME. Credit will not be given for any training obtained during the 4 years of diagnostic radiology residency.

Qualifications of Applicants for Certification by the ABR

Each applicant for admission to an examination for a certificate to be issued by the ABR in diagnostic radiology or radiation oncology shall be required to present evidence satisfactory to the Board that the applicant has met the following standards:

1. General Qualifications: That the applicant is a specialist in diagnostic radiology or radiation oncology as outlined in Article II, Section 2, of the Rules and Regulations and is recognized by his/her peers to have high moral and ethical standards in his/her profession.

2. General Professional Education: Graduation from a medical school accredited at the date of graduation by the Liaison Committee on Medical Education of the American Medical Association, the RCPSC, or from a college of osteopathic medicine approved by the AOA. If the applicant is a graduate of a medical school outside the United States or Canada, the applicant must be screened with approval by an agency acceptable to the Board of Trustees.

3. Special Training: The period of special training shall be as the Board of Trustees, by resolution or motion, shall determine from time to time. The Board of Trustees requires a written statement from the applicant's current program director, attesting that the applicant has satisfactorily completed the required special training in radiology or radiation oncology by the appointed time and is prepared to take that examination.

4. In special instances these requirements may be modified by majority vote of the entire Board of Trustees or by the executive committee acting in its stead.

5. If the program director fails to indicate in writing that the applicant will have the required special training, documentation of the reason(s) must be submitted along with evidence that the candidate has been appropriately apprised of his/her deficiencies. The executive committee of the Board will notify the applicant in writing that an appeals mechanism exists as outlined in paragraphs 6 and 7 below.

6. In utilizing the appeals mechanism, the applicant must provide the executive committee of the Board with a written statement supporting the appeal. The executive committee may ask the program director to submit a written response to the applicant's appeal.

7. The executive committee must reach a final decision without delay in determining the candidate's admissibility to the examination.

Application and Fee

Application for examination must be made in exact duplicate (two copies on prescribed forms that may be obtained downloaded from the ABR Web site at www.theabr.org). These forms should be submitted with the current application fee (US currency) by the deadline established for filing. Applications for the written examination to be given in any year will not be accepted prior to July 1 of the preceding year and must be filed no later than the deadline of September 30 of the preceding year. There is a nonrefundable fee for any application postmarked between October 1 and October 31. No application will be accepted after October 31.

Incomplete applications will not be accepted. The postmark affixed to the last item received to complete the application must be on or before the deadline date.

In the event of withdrawal of an application, only a portion of the fee can be refunded.

A candidate will have three consecutive opportunities to appear for and pass the written examination, beginning with the written examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and fee in effect at that time. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled written examination will be regarded as one of the three opportunities.

A candidate who has passed the written examination will have three consecutive opportunities to appear for and pass the oral examination, beginning with the oral examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and the fee in effect at that time and reinitiate the examination process, including the written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled oral examination will be regarded as one of the three opportunities.

A candidate who finds it necessary for any reason to cancel after acceptance of an appointment for either the written or oral examination shall be required to submit an additional fee. This amount represents administrative costs to the Board. A candidate who fails to appear for an examination without notifying the office of the ABR at least 20 days prior to the first date of the examination will be charged the full application fee.

Content of Written Examination in Each Field (Diagnostic Radiology)

Each examination consists of multiple-choice "A" type questions (one best-response type). The Part I "Physics of Medical Physics, Biological Effects and Safety" examination is given on the afternoon of 1 day and the Part II "Diagnostic Imaging" examination is given on the morning of the following day.

New written examinations are formulated each year in all categories of radiology, and the content of the examinations is carefully evaluated in order to keep pace with new information and developments. The number of questions in each category may be changed as necessity dictates from year to year.

Failures
Candidates for the written examination will have three consecutive opportunities to appear for and pass the examination. A candidate who fails to accomplish this must submit a new application and the fee in effect at that time and retake the entire written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled examination will be regarded as one of the three opportunities.

Conditions
Candidates conditioning the written examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire written examination.

Oral Examination
Oral examinations are given at a time designated by the Board of Trustees. At the present time, the oral examinations are conducted yearly in May or June.

Admissibility to the oral examination is determined by the executive committee.

No recording device of any kind may be brought to the examination.
A certificate will not be issued until verification has been received from the program director that all requirements have been fulfilled in the training program.

**Content of Oral Examination for Diagnostic Radiology**
Candidates applying for examination in diagnostic radiology will be examined for a period of 25 minutes each by ten examiners. The categories to be covered are musculoskeletal, cardiopulmonary, gastrointestinal tract, genitourinary tract, neuroradiology, vascular and interventional radiology, nuclear radiology, ultrasound, pediatric radiology, and breast radiology.

**Content of Oral Examination for Radiation Oncology**
Candidates applying for examination in radiation oncology will be examined for a period of 30 minutes each by eight examiners. The subject matter of this examination concerns the clinical management of malignant disease and is usually presented according to the anatomical site of the primary tumor. The anatomical sites are divided into the following eight categories: gastrointestinal tract; gynecologic malignancies; genitourinary tract; lymphoma/leukemia; head, neck, and skin; breast; central nervous system and pediatric malignancies; and lung and mediastinum, soft tissue, and bone.

**Reexaminations**

**Failures**
A candidate who fails the oral examination in diagnostic radiology or in radiation oncology may be scheduled for reexamination. The reexamination fee in effect at that time must be submitted.

A candidate who fails the oral examination after three consecutive opportunities must start the examination procedure from the beginning with the submission of a new application and fee in effect at that time, and retake the entire written examination.

**Conditions**
Candidates in diagnostic radiology who have conditioned one, two, or three categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates in radiation oncology who have conditioned one or two categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates must pass the reexamination by both examiners in each category to remove the condition. Candidates conditioning in the oral examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire oral examination at the next opportunity.

**Status of a Physician**
The Board will reply to an inquiry concerning the status of a physician with one of the following statements:
1. The physician is Board certified.
2. The physician is in the examination process, that is, has an approved application on file but has not passed the examination.
3. The physician is neither certified nor in the examination process.

*Note: No official status of Board qualified or Board eligible is recognized by the Board.*

**Final Action of the Board**
The final action of the Board is based on the applicant’s professional record, training, and attainment in the field of diagnostic radiology or in radiation oncology, as well as on the results of his/her examination. This Board has been organized, not to prevent qualified radiologists from obtaining certification, but to assist them in becoming recognized in their communities as men and women competent to practice diagnostic radiology or radiation oncology.

**Revocation of Certificates**
Certificates issued by this Board are subject to the provisions of Articles of Incorporation and the Bylaws. According to Article IX, Section 4, of the Bylaws, any certificate issued by the Board of Trustees shall be subject to revocation in the event that
1. the issuance of such certificate, or its receipt by the individual so certified, shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, the ABR, or of these Bylaws or rules and regulations adopted by the Board of Trustees; or
2. the individual so certified shall not have been eligible in fact to receive such certificate; or
3. the individual so certified shall have made any misstatement of fact in the application, or in any other communication, to the corporation or its representatives; or
4. the individual so certified shall have been convicted by a court of competent jurisdiction of a felony or of any misdemeanor involving, in the opinion of the Board of Trustees, moral turpitude; or
5. the license to practice medicine of the individual so certified shall be revoked.

Before any such certificate shall be revoked, a notice shall be sent by registered or certified mail to the last known address of the holder of such certificate, as it appears on the records of this corporation, setting forth the act, omission, or conduct alleged or complained of and giving the holder of such certificate a reasonable opportunity to answer in writing thereto. Such certificate holder shall have not less than 30 days in which to reply thereto. The Board of Trustees may, at its discretion, make such further investigation as it deems necessary and proper.

The Board of Trustees of this corporation shall have the sole power, jurisdiction, and right to determine and decide whether the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation, and the decision of such Board of Trustees in the premise shall be final.

All correspondence should be addressed to the executive director:
Robert R Hattery, MD
American Board of Radiology, Inc
5441 E Williams Cir, Ste 200
Tucson, AZ 85711
520 790-2900
520 790-3200 Fax
Specialties.

one who has acquired during training knowledge and experience related to the diagnosis, preoperative, operative, and postoperative management, including the management of complications, in the essential content areas listed below. Experience in any of these content areas does not necessarily encompass its full range and complexity of procedures, particularly advanced operations and treatments of a specialized nature. This is especially true of disciplines that have Accreditation Council for Graduate Medical Education (ACGME)-accredited residencies beyond general surgery residencies and mechanisms for additional certification. The following content areas are essential in the comprehensive education of a broadly based surgeon:

- **Alimentary tract**
- **Abdomen and its contents**
- **Breast, skin, and soft tissue**
- **Endocrine system**
- **Head and neck surgery**
- **Pediatric surgery**
- **Surgical critical care**
- **Surgical oncology**
- **Transplantation surgery**
- **Trauma/burns**
- **Vascular surgery**

Additionally, the general surgeon is expected to have:

- preoperative, operative, and postoperative experience in transplantation surgery, plastic surgery, and cardiothoracic surgery
- significant experience in performing minimally invasive surgical procedures, including basic and advanced laparoscopic procedures
- experience with endoscopic techniques, particularly proctosigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, laryngoscopy, and bronchoscopy
- an understanding of the diagnosis and management of urgent and emergent problems in gynecologic, neurologic, orthopaedic, and urologic surgery
- an understanding of the administration of anesthetic agents, airway intubation, and conscious sedation
- familiarity with the special requirements of bariatric and geriatric surgical patients, including operative care, and counseling of patients and families
- familiarity with the role of breast reconstruction after mastectomy
- knowledge and skills in palliative care and management of pain, weight loss, and cachexia in patients with malignant and chronic conditions

The general surgeon also should have:

- experience with sentinel lymph node mapping for breast cancer and melanoma
- experience with diagnostic ultrasonography of the following areas:
  - head and neck
  - breast
  - abdomen, including intraoperative and laparoscopic ultrasound
- endocrine
- familiarity with evolving diagnostic and therapeutic techniques, including:
  - radiographic and ultrasonic localization techniques for breast biopsy
  - fine needle aspiration techniques for cytologic biopsy
  - investigation and manipulation of the distal common duct (including sphincterotomy)
  - physiologic testing and evaluation of the vascular system and invasive vascular interventional techniques

**The Meaning of Certification**

The Board considers certification to be based upon a process that includes the education and evaluation phases and an examination phase. It holds that undergraduate and graduate education are of the utmost importance and requires the program director's
endorsement and attestation that the applicant has had an appropriate educational experience and has attained a sufficiently high level of knowledge, judgment, and skills to be prepared for designation by the Board's Certificate as a Specialist in Surgery upon successful completion of the examinations and to enter into independent practice of the specialty.

Possession of a certificate is not meant to imply that a diplomate is competent in the performance of the full range of complex procedures that encompass each content area. It is not the intent nor the role of the Board to designate who shall or shall not perform surgical procedures or any category thereof. Credentialing decisions are best made by locally constituted bodies based on an assessment of an applicant's extent of training, depth of experience, and patient outcomes relative to peers.

**Graduate Education in Surgery**

**I. General Information**

The purpose of graduate education in surgery is to provide the opportunity to acquire a broad understanding of human biology as it relates to disorders of a surgical nature and the technical knowledge and skills appropriate to be applied by a specialist in surgery. This goal can best be attained by means of a progressively graded curriculum of study and clinical experience under guidance and supervision of senior surgeons and which provides progression through succeeding stages of responsibility for patient care up to the final one of complete management. Major operative experience and senior/chief responsibility at the final stage of the program are essential components of surgical education. The Board will not accept into the process of certification anyone who has not had such an experience in the specialty of surgery, as previously defined, regardless of the number of years spent in educational programs.

The graduate educational requirements set forth on these pages are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. These requirements do not preclude additional desirable educational experience and program directors are encouraged to retain residents in a program as long as is required to achieve the necessary level of qualifications.

The integration of basic sciences with clinical experience is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept such courses in lieu of any part of the required clinical years of surgical education.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of an applicant before establishing admissibility to examination or awarding certification.

While a program may develop its own vacation, illness, and other leave policies for the resident, 1 year of approved residency toward the Board's requirements must be 52 weeks in duration and must include at least 48 weeks of full-time surgical experience. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of residency expected by the Board. (See also Requirements for Certification in Surgery, I.B.5.)

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

**II. Acceptable Programs**

The residency programs in surgery in the United States that are reviewed and approved by the Residency Review Committee for Surgery (RRC-S) and the ACGME are acceptable to the Board as an adequate educational experience.

In Canada, those university residency programs in surgery accredited by the Royal College of Physicians and Surgeons offer an acceptable educational experience. Applicants from such programs must meet the Board's specific requirements and cannot receive credit for postgraduate education in countries other than the United States or Canada.

Except as mentioned above, participation in postgraduate surgical programs in countries other than the United States is not creditable toward the Board's educational requirements unless under the specific conditions set forth in the section "Credit for Foreign Graduate Education." Listings of accredited programs in the United States may be found in the Graduate Medical Education Directory, published annually under the auspices of the ACGME.

**Requirements for Certification in Surgery**

**I. General**

A. Must have demonstrated to the satisfaction of the authorities of their graduate educational program in surgery, to their peers, and to the Board, that one has attained the level of qualifications in surgery required by the Board.

B. Must have a moral and ethical standing satisfactory to the Board and in conformity with the Statements on Principles of the American College of Surgeons, and its interpretations.

C. Must be actively engaged in the practice of surgery as indicated by holding admitting privileges to a surgical service in an accredited health care organization, or be currently engaged in pursuing additional graduate education in a component of surgery or one of the other recognized surgical specialties.

D. Must hold a permanent, unconditional, unrestricted, and unexpired license to practice allopathic or osteopathic medicine in a state or jurisdiction of the United States or province of Canada. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement of the Board.

**II. Educational**

**A. Undergraduate Medical**

1. Must have graduated from an accredited school of allopathic or osteopathic medicine in the United States or Canada.

2. Graduates of schools of medicine from countries other than the United States or Canada must present evidence of Final Examinations in Surgery by the Royal College of Surgeons of Canada.

**B. Graduate Education in Surgery**

1. Must have satisfactorily completed a minimum of 5 years of progressive education, following graduation from medical school in a program in surgery accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada.

2. Must have completed all phases of graduate education in surgery in a program in surgery so accredited. Experience obtained in accredited programs in other recognized specialties, although containing some exposure to surgery, is not acceptable. A flexible or transitional first year is not creditable toward the Board's requirements as a PGY-1 unless it is accomplished in an institution having an accredited program in surgery and at least 6 months of the year is spent in surgical disciplines.

3. Candidates must have, in a program accredited for a minimum of 5 years, at least 54 months of clinical surgical experience with
progressively increasing levels of responsibility. There must be no less than 36 months devoted to the primary components of surgery (general surgery) as previously defined. The entire chief resident experience must be devoted to the primary components of the specialty of surgery. No more than 4 months of the chief residency may be devoted to any one of the primary components of surgery. During junior years, a total of 6 months may be assigned to nonclinical or nonsurgical disciplines that are clearly supportive of the needs of the individual resident and appropriate to the overall goals of the general surgical training program. Experience in surgical pathology and endoscopy is considered to be clinical surgery, but obstetrics and ophthalmology are not. No more than a total of 12 months during junior years may be allocated to any one surgical specialty other than general surgery.

4. Must have 12 months in the capacity of Chief Resident in general surgery. The Board considers the terms Chief Resident and Senior Resident to be synonymous and to mean the 12 months in the program in which the resident assumes the ultimate clinical responsibilities for patient care under the supervision of the teaching staff. The majority of the 12 months of chief residency must be served in the final year. However, to take advantage of a unique educational opportunity in a program during a resident's final year, a portion of the chief residency may be served in the next to the last year, provided it is no earlier than the fourth clinical year and has been approved by the RRC-S followed by notification to the Board. The chief residency must be spent only in the parent or an integrated institution unless rotation to an affiliated institution has been approved by the RRC-S.

5. The Board normally expects a residency year to include no less than 48 weeks of full-time surgical experience. For documented medical problems or maternity leave the Board will accept 46 weeks of surgical training in 1 of the first 3 years and 46 weeks of training during 1 of the last 2 years. Thus the Board requires a total of 142 weeks of full-time surgical experience during the first 3 clinical years and 94 weeks during the last 2 years.

6. The Board believes that for optimal surgical education the resident should spend at least the final 2 residency years in the same program.

III. Operative Experience

Applicants for examination must meet the criteria established by the RRC, i.e., a minimum of 500 procedures in 5 years and a minimum of 150 procedures in the chief/senior year. This must include operative experience in each essential content area contained in the Definition of Surgery (General Surgery) set forth previously.

Each applicant must submit a tabulation of the operative procedures performed as surgeon, the number of patients for whom the applicant had primary responsibility that required critical care irrespective of previous operative history, and the number of patients with multiple organ trauma where a major general surgical operation was not required. Moreover, the applicant must indicate their level of responsibility (e.g., surgeon chief, surgeon junior, teaching assistant, first assistant). The Board provides an Operative Experience form for this purpose to applicants when they obtain application material. The Board will accept alternative forms (such as the Resident's Record form available to program directors through the RRC-S) in lieu of the Board's form. However, such forms must contain all categories of experience listed on the Board form. This information must be in the proper sequence and again indicate the resident's level of responsibility.

In tabulating cases toward Board requirements, credit may be claimed "As Surgeon" when the resident has actively participated in the patient's care; has made or confirmed the diagnosis; participated in selection of the appropriate operative procedure; has either performed or been responsibly involved in performing the critical portions of the operative procedure; and has been a responsible participant in both pre- and postoperative care.

When previous personal operative experience justifies a teaching role, residents may act as teaching assistants and list such cases for the fourth and fifth year only. Residents may claim credit as teaching assistants when they have actually been present and scrubbed and acted as assistants to guide a more junior trainee through the procedure. All this must be accomplished under the supervision of the responsible member of the senior staff. An individual cannot claim credit as both responsible surgeon and teaching assistant.

Applicants are advised to keep a copy of the lists of their submitted experience. The Board cannot furnish copies.

IV. Special Information for Program Directors

A. Program directors are cautioned that appointment of residents at advanced levels, without being certain that their previous training is in accordance with the Board's requirements, may result in the affected residents not being accepted by the Board upon completion of the program. In any case in which there is question, program directors should make inquiry of the Board prior to taking action.

B. According to the Program Requirements for Residency Training in General Surgery promulgated by the ACGME, special approval of the RRC-S must be obtained (1) if a chief resident is assigned to an institution other than the parent one or an "integrated" one; (2) if rotations to any one approved "Affiliate" exceed 6 months; (3) if more than 1 year of the total program is spent away from the parent and integrated institutions; or (4) if more than 6 months total is spent in any assignment outside the parent, the integrated, or approved affiliated institutions. The Board concurs in this and deviations from these stipulations will be considered unacceptable training.

C. Since the RRC-S does not act upon the adequacy of postgraduate surgical education outside the United States, program directors must request the Board's approval, in advance, if they wish periods of training abroad to be creditable toward the Board's requirements. The Board will rule on individual requests.

Credit for Military Service

Credit will not be granted toward the minimum requirements of the Board for service in the Armed Forces, the Public Health Service, the National Institutes of Health, or other governmental agencies unless the service was as a duly appointed resident in an accredited program in surgery.

Credit for Foreign Graduate Education

Acceptance for examination and certification by the American Board of Surgery is based upon satisfactory completion of the stated requirements in accredited residency programs in surgery in the United States. Regardless of an individual's professional attainments here or abroad, no credit will be granted directly to an applicant for surgical education in a foreign country. The Board will consider granting partial credit only upon the request of the program director of an accredited program who has observed the applicant as a junior resident for 9 to 12 months and wishes to advance the applicant to a higher level in that program. The credit granted will not be valid until the applicant has successfully completed that program. If the applicant moves to another program the credit is not transferable and must again be requested by the new program director.

Applicants from accredited Canadian programs must have completed all of the requirements in the Canadian program or in combination with an accredited US program. No credit for postgraduate surgical education outside the US and Canada will be granted to
those applicants seeking certification who completed a Canadian program. Applicants from Canadian programs must complete the Board's stipulated requirements.

Requirements Governing Admissibility to Examinations for Certification In Surgery

An applicant is admissible to the examinations only when all of the preliminary and graduate educational requirements of the Board, currently in force at the time of receipt of the formal Application, have been satisfactorily fulfilled; the operative experience has been reviewed and deemed acceptable; the general credentials are in order; the program director has certified to the Board in writing that the applicant has attained the required clinical skills; and the formal Application has been reviewed and approved. The applicant then must successfully complete the Qualifying Examination before becoming admissible to the Certifying Examination.

I. Qualifying Examination

Applicants will be offered five opportunities to take the Qualifying Examination within the 5-year period following approval of their formal Application, at centers designated by the Board in accord with their last recorded address. Applicants who do not submit their Application to the Board within 3 years of completing a program accredited by the ACGME or who do not take the Qualifying Examination within 2 years following approval of their Application will no longer have any status with the Board and will be allowed to re-enter the certification process only after completion of one of the defined readmissibility pathways.

Qualifying Examination Readmissibility

If applicants are not successful in completing the Qualifying Examination within the stated admissibility period, they may apply for re-admission to examination by submitting a written application to the Board and must meet all current requirements for re-admission to the certification process in effect at the time of this application. Once written approval to enter the re-admission process has been received, the applicant must complete specified educational activities within a period of 5 years from the date of approval.

The educational requirement may be met in either of two pathways:

The first pathway (structured year) is the satisfactory completion of an additional year of structured education in surgery in a general surgery residency program accredited by the ACGME in which the program director has agreed to provide the additional year according to the Board's guidelines. The Board's approval of this additional experience must be secured in advance.

An alternate pathway requires that the applicant must complete a three-step educational process consisting of:

A. Completion of the most recent version of the American College of Surgeons Surgical Education and Self Assessment Program (SESAP);
B. Completion of a secure examination of 100 questions derived from the Clinical Management section of the In-Training/Surgical Basic Science Examination and achieve a score at or above the 90th percentile score achieved by PGY-5 residents on this examination;
C. Completion of a secure examination of approximately 200 questions derived from the two latest versions of SESAP (ie, Versions 10 and 11) and achieve a score of 80% correct.

All of the alternate pathway educational requirements may be carried out at the applicant's choice of time and location. The secure examinations will be administered at designated professional testing centers. For an applicant to become readmissible to the Qualifying Examination in any given year, SESAP and the secure examinations must be satisfactorily completed no later than 2 months prior to the date of the Qualifying Examination in that year. Upon Board approval of the applicant's readmission educational experience, the applicant then must complete a formal Application for Readmission to Examination which will include documentation of a currently valid state medical license, submission of an operative case log for the most recent 12 months, submission of satisfactory reference letters from both the chief of surgery and chair of the credentials committee at all hospitals in which the applicant practiced, and documentation of 100 hours of CME activity during the last 24 months, of which 60 hours must be Category 1. (Completion of SESAP will satisfy the 60-hour Category 1 requirement.)

Applicants who satisfactorily complete all the requirements for readmission to the Qualifying Examination will become readmissible to the examination for five opportunities in 5 years and will be designated "In the Examination Process."

II. Certifying Examination

The Certifying Examination will be offered to those who have passed the Qualifying Examination and have thus become "Candidates for Certification."

Candidates will be offered five opportunities to appear for examination during the 5 academic years after completion of the Qualifying Examination. This is a revision of the Board's previous policy when candidates were offered three examination opportunities in 5 years. There will be no extensions to either of these limits other than to candidates who are on active military duty outside the United States. The 5-year admissibility period shall begin on July 1, following successful completion of the Qualifying Examination, and end on June 30, 5 years later. If candidates are unsuccessful in passing the Certifying Examination in five opportunities, they will no longer be admissible to examination regardless of the original expiration date for admissibility.

It is advisable that Candidates who are unsuccessful in passing the Certifying Examination should take it no more often than once yearly in order to allow time for additional preparation before the next opportunity. Under special professional or personal circumstances that are explained in writing to the Board office, candidates may be scheduled as often as twice in a single academic year. Examination more often than this will not be allowed.

A. Additional Opportunities for Previously Unsuccessful Certifying Examination Candidates

The new rules for admission to the Certifying Examination (ie, 5 opportunities in 5 years) are effective starting in 2003 but are retroactive to all candidates who did not pass the Certifying Examination in three opportunities in 5 years. For this group to regain admissibility to the Certifying Examination the following will be required:

1. Completion of the Application for Readmission to Examination
2. Possession of a currently valid state medical license
3. Reference letters from the chief of surgery and chair of the credentials committee at all hospitals where privileges are held
4. Documentation of completion of 100 hours of CME activity during the 24-month period prior to the date of the Application, of which 60 hours must be Category 1

When all of the preceding requirements are completed and the Application for Readmission to Examination is approved in the Board office, the candidate will become readmissible to the Certifying Examination for two opportunities in 2 years and will be designated "In the Examination Process."

B. Certifying Examination Readmissibility

Candidates may regain admissibility to the Certifying Examination by completion of a structured additional year of education in general surgery residency according to the policy in this area that is separately defined. Upon completion of the year, the program
director must provide written attestation that the candidate has successfully completed all requirements. The candidate must then complete an Application for Readmission to Examination and provide documentation of possession of a currently valid state medical license. When the requirements for readmission to examination are completed and approved in the Board office, the candidate will become admissible to the Certifying Examination for five opportunities in 5 years and will be designated "in the Examination Process."

III. Special Actions
The Board, on the basis of its judgment, may deny or grant an "Applicant" or "Candidate for Certification" the privilege of examination whenever the facts in the case are deemed by the Board to so warrant.

IV. Board Status
The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of credentials and will be reported only as "Certified," "Not Certified," or "In the Examination Process."

Certification in Surgical Specialties
The Board has been authorized by the American Board of Medical Specialties to award Certification in certain disciplines related to the overall specialty of surgery to those diplomates of this Board who meet the defined requirements. These disciplines include vascular surgery, pediatric surgery, surgery of the hand, and surgical critical care.

Those seeking Subspecialty Certification by the American Board of Surgery must have a currently valid Certificate in Surgery issued by the Board; must have completed the required additional education in the discipline beyond that required for General Certification; must demonstrate operative experience and/or patient care data acceptable to the Board; must show evidence of dedication to the discipline by the means specified by the Board; and must receive favorable endorsement by the director of the residency program in the particular discipline. Finally, successful completion of the prescribed examinations is required.

Those who are interested in obtaining information regarding Certification in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, or Surgical Critical Care may obtain it from the Board upon request.

Examinations Offered by the Board
The Board offers examinations leading to Certification and Recertification in Surgery, Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and in Surgical Critical Care; also In-Training Examinations in General Surgery and in Pediatric Surgery.

The examinations for Certification are offered to individuals, but the In-Training Examinations are offered to program directors for their use as an educational assessment of the individual resident's grasp of surgical fundamentals.

The Board notifies candidates for General and Subspecialty Certification of their performance on examinations. The Board also reports examinee performance to the director of the program in which the candidate completed the final year of residency. All reports pertaining to In-Training Examinations are provided only to program directors.

All examinations are developed by directors of the American Board of Surgery with contributions by Examination Consultants.

I. Qualifying Examination
This examination is written and is offered once a year in the fall. It is given simultaneously in a number of locations in the United States.

Applicants whose Applications have been approved by the Board are sent annually, throughout their period of admissibility, an announcement of the examination. With the announcement is a reply card that must be returned to the Board with other specified material if the applicant wishes to be scheduled for this examination. Shortly before the date of examination an Admission Card is sent to the applicant indicating the specific location of the examination center and reporting times. At the time at which the Candidate reports for the Qualifying Examination, government-issued photo identification will be required.

The 1-day Qualifying Examination consists of multiple-choice questions designed to evaluate knowledge of general surgical principles and the basic sciences applicable to surgery.

Successful completion of the Qualifying Examination is a requirement for all to attain the status of "Candidate for Certification" and admission to the Certifying Examination.

Those unsuccessful on the Qualifying Examination may review the examination at the Board office if such a request is made and the review is completed within 90 days after examination results are mailed. The review requires an appointment and payment of a fee.

II. Certifying Examination
Examinations are held 6 times a year within the continental United States. Beginning in 2003-2004, a new method of selecting the site at which the candidate will take the Certifying Examination was adopted. The candidate will submit a list of his/her preferences, rank ordered, and will be assigned on a space-available basis to the highest choice available. The initiation of this system occurred July 1, 2003, for current candidates waiting to take the Certifying Examination. The next assignment of candidates will occur in December 2003 after the results of the 2003 Qualifying Examination are known. Site assignments in subsequent years will occur each year shortly after the results of the Qualifying Examination are available. In all cases, Candidates will be assigned as space is available at each site, based on the date and time their request is received at the Board office.

Candidates will be assigned a specific site and day of examination within a short time after registering their preferences. Between then and the actual date of the examination they will be able to change their preference and select another site, but their ability to move will always be dependent on the availability of space at the requested site.

Approximately 6 weeks before the actual examination date, the candidate will be sent a Reply Card, which reconfirms the assigned site and date. To confirm his/her participation, the candidate must promptly return the Reply Card with the examination fee. He/she will then be sent an Admission Card, which must be presented at the time of the Orientation Session immediately preceding the examination. At the time the candidate reports for the Certifying Examination, government issued photo identification will be required. Details about the location and time at which the candidate needs to report will be included in the Admission Card mailing.

The examinations are conducted by members of the American Board of Surgery and selected Associate Examiners who are diplomates of the Board and usually from the local/regional geographic area.

The examinations consist of three oral sessions conducted by teams of two examiners, directed toward determining the candidate's understanding of clinical entities, level of surgical judgment,
problem-solving ability, and sensitivity to moral and ethical issues. During all sessions the ability to apply knowledge of anatomy, physiology, pathology, biochemistry, and bacteriology to clinical problems is also evaluated.

**III. Recertification (Maintenance of Certification)**
The American Board of Surgery offers Recertification in Surgery to its diplomates and in all the disciplines in which it offers Certification. The Board considers Recertification voluntary in the same connotation as original Certification.

The purpose of Recertification is to demonstrate to the profession and the public, through periodic evaluations, that the surgical specialist has maintained continuing qualifications on a currently acceptable level in the diplomate's chosen area of practice. The American Board of Surgery believes that such periodic evaluation of its diplomates is in their own interest as well as in the public interest.

A diplomate can initiate the Recertification process when certification has been held at least 7 years. Information for Recertification in the various disciplines may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org). To facilitate receiving the Board's mailings pertaining to the Recertification process, it is important for all diplomates to notify the Board promptly whenever their addresses change.

Recertification is also offered to diplomates holding Certificates in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and Surgical Critical Care. Details concerning requirements for Recertification in these disciplines are similar to those for Recertification in Surgery, and pertinent information may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org).

**IV. In-Training Examinations**
The Board offers annually, to directors of accredited residency programs in surgery and in pediatric surgery, written In-Training Examinations that are designed to measure the general level of knowledge attained by residents regarding the fundamentals of the basic sciences and management of clinical problems related to surgery and to pediatric surgery. The In-Training Examination in Surgery is designed to meet the first milestone required by the "Essentials" for residencies in general surgery. Directors of accredited programs in pediatric surgery should find the Pediatric Surgery In-Training Examination useful in the evaluation of all residents in their programs.

The Board will normally furnish pertinent information to the directors of all accredited programs in surgery and in pediatric surgery several months in advance of each year's examination and ascertain the number of test booklets desired. The program directors at their discretion may administer the examination to anyone. The examinations, administered by the participating program directors, take place each winter.

Program directors should take note of the fact that the Board does not contact each integrated or affiliated institution in which residents are located, but depends upon the director of the program to order an adequate number of test booklets for all residents in the program, which includes not only the parent institution but also all those included under the program designation in the Graduate Medical Education Directory.

It is important to note that the In-Training Examinations are not offered to individuals, but only to program directors.

The In-Training Examinations are not required by the Board as part of the certification process. The In-Training Examinations are prepared by the Board as an evaluation instrument for program directors, to be used as an assessment of residents' progress and not as a pool of questions for study or other purposes. Duplication and improper use of the examination material defeats the purpose of the examinations and will not be tolerated by the Board. The examinations are protected by copyright. The Board reserves the right to withhold participation in the examination where there are cases of improper use, unacceptable test administration, or irregular behavior.

**Application Process for Certification**
In the early spring the Board will mail a booklet of information and information regarding the application process to all residents who, according to the Board's records, will be expected to complete their residency that summer in surgery programs accredited by the ACGME. The necessary forms and instructions for their submission will be available on the Board's Web site (www.absurgery.org). The application materials must be completed precisely and be received in the Board office no later than July 15. Applicants should submit only the requested documents. Other documents, such as testimonials, letters of recommendation, or case reports, should not be submitted unless requested by the Board. An application is not considered to be complete unless it contains all required application material and a check for $225.

If the completed application is received between July 15 and August 16, a late fee of an additional $275 will be charged. No applications will be accepted after August 16.

Applicants who complete the educational requirements after September 30 will not be considered for admission to the Qualifying Examination in that year, but must wait until the following year.

The acceptability of an applicant does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding professional maturity, surgical judgment, technical capabilities, and ethical standing.

Applicants who have submitted the requisite documents will be notified regarding admissibility to examination.

**Fees**

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| Fees for reexamination are the same as above for each examination. Each fee for examination or reexamination includes a US $220 processing charge which is not refunded if an individual withdraws after being scheduled for an examination. To withdraw, one must notify the Board office at least 15 business days before a scheduled examination. Failure to appear for examination, or withdrawal without giving at least 15 business days' notice, will result in forfeiture of the entire fee for examination. Fees are subject to change as directed by the Board. The Board is a nonprofit organization. The directors of the Board, except those on the executive staff, serve without remuneration.

**Issuance of Certificates**
A candidate who has met all requirements and has successfully completed the examinations of the American Board of Surgery in one or another of the areas of certification will then be issued a certificate by this Board, signed by its officers, attesting to qualifications in that area.


Graduate Medical Education Directory 2005-2006 1375
Those Certified in Surgery prior to December 31, 1975, were issued a Certificate with no indication of time-limited validity. All Certificates issued on or after January 1, 1976, bear a limiting date of 10 years, after which they are no longer valid.

Those whose Certificates have expired and who have not achieved Recertification will no longer be listed in the ABMS Directory of Board Certified Medical Specialists as diplomates in the discipline concerned.

Inquiry as to Status
The Board considers an individual's record not to be in the public domain. When a written inquiry is received by the Board regarding an individual's status, a general but factual statement is provided that indicates the person's location within the examination process.

Special Situations

Irregularities
The furnishing of false information to the Board, misrepresentation of certification status, or examination irregularities may result in the rejection of an application, the barring of an applicant from examination, the denial or revocation of a Certificate, or other appropriate sanctions, as set forth more fully in the Application for Admission to Examination and the Instructions to Examinees.

Substance Abuse
Applicants with a history of substance abuse will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition. Further, the Board must be satisfied that they are currently free of substance abuse.

Disabilities
The American Board of Surgery complies with the Americans with Disabilities Act by making a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test. Any disability which an applicant believes requires such a modification in the Board's examination must be identified and documented by the applicant within 60 days after the applicant is notified of admissibility to examination or within 60 days after the applicant learns of such disability, whichever is later.

Reconsideration and Appeals
The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants regarding their individual credentials and admissibility to the examinations and questions regarding the form, administration, and results of examinations. A copy of that policy is available from the Board office to anyone considering a request for reconsideration or an appeal. A request for reconsideration, which is the first step, must be made in writing to the Board office within 90 days of receipt of notice from the Board of the action in question.

Sanction of Certificate
Certification by the American Board of Surgery, Inc may be subject to sanction such as revocation or suspension at any time that the directors shall determine, in their sole judgment, that the diplomate holding the Certificate was in some respect not properly qualified to receive it or is no longer properly qualified to retain it.

1. The diplomate did not possess the necessary qualifications nor meet the requirements to receive the Certificate at the time it was issued; or falsified any part of the application or other required documentation; or made any material misstatement or omission to the Board, whether or not the Board knew of such deficiencies at the time;
2. The diplomate misrepresented his or her status with regards to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
3. The diplomate engaged in conduct resulting in a revocation, suspension, qualification, or other limitation of his or her license to practice medicine in any jurisdiction;
4. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his or her professional peers;
5. The diplomate engaged in conduct resulting in revocation, suspension, or other limitation on his or her privileges to practice surgery in a health care organization.
American Board of Thoracic Surgery

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Thoracic Surgery [ABTS] to ascertain whether the information below is current.)

General Requirements
Certification by the ABTS may be achieved by completing one of the following two pathways and fulfillment of the other requirements:
1. Pathway One is the successful completion of a full residency in general surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, followed by the successful completion of an ACGME-approved thoracic surgery residency.

Pathway Two is the successful completion of a 6-year categorical-integrated thoracic surgery residency developed along guidelines established by the TSDA and having the approval of the ACGME (RRC-TS).

These pathways must provide adequate education and operative experience in cardiovascular and general thoracic surgery.

2. For residents who begin their thoracic surgery residency in July 2003 and after, certification by the American Board of Surgery (ABBS) will be optional rather than mandatory.

3. An ethical standing in the profession and a moral status in the community that are acceptable to the Board.


5. A currently registered full and unrestricted license to practice medicine granted by a state or other United States jurisdiction. The license must be valid at the time of application for admission to examination. A temporary limited license such as educational, institutional, or house staff permit is not acceptable to the Board.

Residency Requirements
Candidates must have fulfilled all of the residency requirements of the Board in force at the time their applications are received.

Candidates for certification must complete a minimum of 24 months of residency training in thoracic and cardiovascular surgery in a program accredited by the RRC. This must include 12 months of continuous senior responsibility. The director of the thoracic training program is required to approve the application form by signature, certifying that the candidate has satisfactorily completed the residency in thoracic surgery as described above. Once an application is received, it is considered the official and only record. The Board assumes that the appropriate signatures authenticate the accuracy of the case lists and all other information submitted on the application.

Education and adequate operative experience in both general thoracic surgery and cardiovascular surgery are essential parts of any approved thoracic surgery residency program, irrespective of the area of thoracic surgery in which a candidate may choose to practice.

Operative Case Criteria
The operative experience requirement of the American Board of Thoracic Surgery has 2 parts. One is concerned with the intensity or volume of cases and the other with the distribution of cases (index cases).

1. Surgical Volume (Intensity)
The Board's operative experience requirements include an annual average of 125 major operations performed by each resident for each year that the program is approved by the Residency Review Committee for Thoracic Surgery. In a 2-year program, this requirement is met if a resident performs a total of 250 major cases over the course of his or her residency; in a 3-year program, the resident must perform 375 major cases.

This guideline on intensity of cases conforms with the Program Requirements for Residency Education in Thoracic Surgery as published by the ACGME and the Residency Review Committee for Thoracic Surgery.

The application of any candidate whose supervised operative experience fails to meet the requirement of an annual average of 125 major operations with a minimal number of 100 in any 1 year will be referred to the Credentials Committee for review.

2. Index Cases (Distribution)
Index cases are full credit cases only.

The applications of candidates whose operative experience does not include the required number of index cases as listed below will be sent to the Credentials Committee for review. The number of index cases required to meet the minimal acceptable standards in the various areas are:

- Lungs, pleura, chest wall — 50
- Pneumonectomy, lobectomy, segmentectomy — 30
- Other — 20
- Esophagus, mediastinum, diaphragm — 15
- Esophageal operations — 8
- Resections — 4
- Other esophageal — 4
- (A total of 8 esophageal operations are required; of that number 4 must be esophageal resections.)
- Other — 7
- Congenital cardiac — 20
- Full credit — 10
First assistant — 10
(Exposure to 20 congenital heart cases with a minimum of 10 cases for full credit)
Adult cardiac — 75
Valvular surgery — 20
Myocardial revascularization — 40
Other — 15
Reoperations — 5
(Includes any reoperation procedures for adult cardiac)
Bronchoscopy and esophagoscopy — 30
(must include at least 10 esophagoscopy)
VATS — 10

Endoscopic procedures may be counted for credit whether they are performed as independent procedures or immediately preceding a thoracic operation. Reoperation procedures can be counted twice for any adult cardiac procedure. For example, a re-op coronary artery bypass surgery may be counted as both a myocardial revascularization and a re-operation.

Major vascular operations outside the thorax and procedures, such as pacemaker implantation and closed electrophysiology procedures, should be listed separately.

The Board recognizes that supervised operative experience in a well-organized teaching setting that is approved by the Residency Review Committee for Thoracic Surgery protects the patient, who, in most instances, is the personal and identifiable responsibility of a faculty surgeon. This supervised experience optimally prepares the candidate to begin the independent practice of cardiothoracic surgery after the completion of residency.

The Credentials Committee has been authorized by the Board to reject a candidate if his or her operative experience during the thoracic surgery residency is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such action is taken. If the Credentials Committee finds the applicant's operative experience inadequate and additional training is required, the additional training must be approved in advance. Should the program director determine that a resident needs additional training beyond the number of years that have been approved by the ACGME and the Residency Review Committee for Thoracic Surgery, before submitting an application, this additional training must also be approved by the Board in advance.

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma, etc.) may have characterized a candidate's residency experience, the candidate is nevertheless held accountable for knowledge concerning all phases of the field, including extracorporeal perfusion (physiological concepts, techniques, and complications), cardiac devices, management of dysrhythmias, and thoracic oncology. In addition, a candidate should have had responsibility for the care of pediatric general thoracic surgical patients and be competent in video-assisted thoracoscopic surgery. The candidate should also have an in-depth knowledge of the management of acutely ill patients in the intensive care unit. This requires an understanding of cardiorespiratory physiology, respirators, blood gases, metabolic alterations, cardiac output, hyperalimentation, and many other areas. By virtue of his or her residency in thoracic surgery, the candidate is expected to be fully qualified in the surgical care of critically ill patients.

Operative Experience Credit
Credit will be allowed for supervised operative experience in a well-organized teaching setting only when the following criteria are met:

a. The resident participated in the diagnosis, preoperative planning, surgical indications, and selection of the appropriate operation;

b. The resident performed under appropriate supervision in a well-organized teaching setting approved by the Residency Review Committee for Thoracic Surgery those technical manipulations that constituted the essential parts of the procedure itself;

c. The resident was substantially involved in postoperative care.

Supervision and active participation by the thoracic surgery faculty are required in preoperative, intraoperative, and postoperative care.

The Board also emphasizes that first-assisting at operations is an important part of resident experience, particularly in complex or relatively uncommon cases.

Applications
Before applying for examination, prospective candidates should consider whether they are able to meet the minimum requirements of the Board.

Effective July 1, 2002, all residents must meet the new operative case requirements. The new requirements are listed in this document and are available on the Board's Internet site: www.abts.org.

Utilization of the CTSNet Operative Logs for recording operative cases is required of all residents who started their thoracic surgery training in 2001 or later. These residents are also required to use the online application process when applying for certification. The standard paper application is still available upon request for residents who started their thoracic surgery training in 2000 or earlier. The online application is an efficient and precise method for submitting the application and the operative case reports from CTSNet, and residents are strongly urged to use the online version. Access to the online application is through the Board's Web site at www.abts.org.

Directions for utilizing the online application should be carefully followed since some of the forms must be printed from the Internet, signed by the appropriate individual, and sent to the Board office with a copy of the medical license and the registration fee. A list of the documents that must be submitted with the online application is available on the Web site. Be certain to include a copy of a your valid license to practice medicine.

When the resident is ready, the draft online application is reviewed by the program director. Once he/she approves the application, the program director submits it online to the Board office. The operative case logs are considered the property of the resident and are not kept in the Board office once the resident is certified. Each applicant should consult with his or her program director regarding the correct way to complete the operative case list forms.

The application that is submitted, either the paper version or the online version, is considered a final document. The incomplete or incorrectly completed application may delay processing for 1 year. Residents are encouraged to address questions regarding the ABTS requirements to their program director.

The deadline for submitting the completed application is August 1. Failure to meet that deadline may result in a delay of at least 1 year.

The ABTS takes particular note of the problems facing those with a disability and stands ready to alter its examination procedures in such a way that individuals who are competent to practice thoracic surgery have the opportunity to take the Board's examination under circumstances that accommodate the individual's disability. Individuals requiring special consideration because of a disability should notify the Board at least 60 days before the August 1 deadline for submitting an application.
Candidates are notified of their eligibility for examination when their applications have been approved.

Examinations
It is the policy of the ABTS to consider a candidate for examination only after he or she has completed a thoracic surgery residency program approved by the Residency Review Committee for Thoracic Surgery.

Separate written and oral examinations are held annually at times and places determined by the Board. Information regarding the dates and places of the examinations is published in the Examination and Licensure column of the Journal of the American Medical Association, the Journal of Thoracic and Cardiovascular Surgery, and the Annals of Thoracic Surgery.

The 2005 Part II (oral) examination will be held on June 10 and 11, 2005, in Chicago.

The 2005 Part I (written) examination is scheduled for December 5, 2005, in Chicago.

Part I—Written Examination
The examination consists of a written examination designed primarily to assess cognitive skills. The content of the questions on this examination represents uniform coverage of all aspects of the thoracic surgery specialty.

Part II—Oral Examination
Successful completion of the Part I (written) examination is a requirement for admission to the Part II (oral) examination. The oral examination is designed to test the candidate's knowledge, judgment, and ability to correlate information in the management of clinical problems in general thoracic and cardiovascular surgery.

Examination Sequence
Candidates should apply for the examination within 5 years of the satisfactory completion of their thoracic surgery residency. Any candidate applying for the examination 5 years or more after the satisfactory completion of residency will be considered individually. Additional training may be required of these individuals. To be eligible, the recommended additional training must be completed before an application can be submitted.

After a candidate is declared eligible for the written examination (Part I), he or she must pass Part I within 4 years. The candidate who successfully completes Part I of the examination then must pass Part II within the succeeding 4 years.

Candidates who fail an examination (Part I or Part II) are eligible to repeat the examination the following year.

Candidates who fail either Part I or Part II of the examination three times, or do not pass either part of the examination within the allotted time period of 4 years, will be required to complete an additional thoracic surgical educational program which must be approved in advance by the Board before they will be permitted to retake the examination. The required additional training must be completed within the succeeding 2-year period after failing either the written or the oral examination. Candidates who complete the required additional training must file an addendum to their application, have their eligibility for examination reviewed by the Credentials Committee, and pay a new registration fee. They will be given two more opportunities to take the examination (Part I or Part II) within the succeeding 2 years.

Candidates who fail either Part I or Part II a fifth time will be required to complete another approved thoracic surgery residency before they will be eligible to reapply for examination by the Board.

Fees
The following fees are subject to change:

- Registration fee (not refundable): $450
- Part I examination fee: $1,100
- Part I reexamination fee: $1,100
- Part II examination fee: $1,200
- Part II reexamination fee: $1,200

Candidates who do not appear for their scheduled examination (Part I or Part II) or who cancel less than 6 weeks prior to either examination may forfeit their examination fee.

The Board is a nonprofit corporation, and the fees from candidates are used solely to defray actual expenses incurred in conducting examinations and carrying out the business of the Board. The directors of the Board serve without remuneration.

Appeals
Individuals who receive an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Thoracic Surgery within 30 days of the date such ruling was mailed. A copy of the appeals procedure will be mailed to the candidate.

The only appeal permitted if an applicant fails the written examination is a request for a hand rescoring to verify the accuracy of the score as reported. This request must be made within 30 days of the time the examination results are received by the candidate.

The only appeal with respect to the oral examination is the opportunity to request immediate reexamination following the completion of the oral examination. A candidate who believes that any of his or her examiners has been unfair or biased during a portion of the oral examination may request reexamination by another examiner. The grade on reexamination will be the final grade of the candidate for that portion of the examination.

Chemical Dependency
Qualified applicants who have a history of chemical dependency that has been reported to the Board and who submit documentation suitable to the Board that their dependency has been under control for a period of at least 2 years will be admitted to the examination process.

For candidates who are already in the examination process and develop a chemical dependency as reported to the Board, the process will be suspended until the candidate can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the candidate will be readmitted to the examination process. The requirement to be accepted for examination within 5 years of completion of an approved thoracic surgery residency will not be waived.

Certification
After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to the candidate's qualifications in thoracic surgery will be issued by the Board. The certificate is valid for 10 years.

Recertification
Applicants who are certified in thoracic surgery are issued certificates that are valid for 10 years from the date of certification, after which the certificates will no longer be valid. Certificates can be renewed before expiration by fulfilling the requirements for recertification specified by the ABTS at that time. A Recertification (Maintenance of Certification) booklet is available upon request.

Annual Certification Maintenance Fee
An annual Certification Maintenance Fee of $100 is required of all active diplomates, age 65 and younger. The fee is not assessed to diplomates in the year of their certification. The fee, which is
cumulative, helps defray administrative expenses related to maintaining and utilizing the diplomate’s information on the Board’s computer system. The board will not respond to inquiries about the diplomate’s certification status until the fee is paid each year. Diplomates must be current with annual Certification Maintenance Fee in order to enter the certification process.

**Denial or Revocation of Certificate**

No certificate shall be issued or a certificate may be revoked by the Board if it determines that:

a. the candidate for certification or diplomate did not possess the required qualifications and requirements for examination, whether such deficiency was known to the Board or any Committee thereof before examination or at the time of issuance of the certificate as the case may be;

b. the candidate for certification or diplomate withheld information in his or her application or made a material misstatement or any other misrepresentation to the Board or any Committee thereof, whether intentional or unintentional;

c. the candidate for certification or diplomate was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;

d. the candidate for certification or diplomate had his or her license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine; or

e. the candidate for certification or diplomate had a history of chemical dependency or developed such during the certification process and failed to report same to the Board.

### American Board of Urology

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(These criteria and conditions are subject to change without notice. They are based on the 2004 Information for Applicants and Candidates handbook, the latest edition available at time of publication. All applicants are advised to contact the American Board of Urology to ascertain whether the information they have is current.)

#### Examination Dates for 2004-2007

**Qualifying (Part 1) Examination**

- August 6, 2004  
- August 5, 2005  
- August 4, 2006

**Certifying (Part 2) Examination**

- February 18-19, 2006  
- February 17-18, 2006  

#### Organization

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genito-Urinary Surgeons were Dr. William F Braasch, Dr. Henry G Bugbee, and Dr. Gilbert J Thomas; those from the American Urological Association were Dr. Herron L Kretschmer, Dr. Nathaniel P Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G Bandler, Dr. A I Folsom, and Dr. T Leon Howard.

The officers of the Board elected at this meeting were Dr. Herman L Kretschmer, President; Dr. Clarence G Bandler, Vice President; and Dr. Gilbert J Thomas, Secretary-Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated May 6, 1935, and held its first legal meeting on May 10, 1935.

The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genito-Urinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.
The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the USA, the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

US Corporation Co, Dover, Delaware
(Local Representation at Dover, Delaware)

Purpose of Certification
The American Board of Urology, Inc, hereinafter sometimes referred to as "the Board," is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public's knowledge those physicians who have satisfied the Board's criteria for certification and recertification in the specialty of urology. Certification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this section.

Functions of the Board
The Board arranges and conducts examinations testing the qualifications of voluntary candidates and grants and issues certificates to accepted candidates duly licensed to practice medicine. The certificate is the property of the Board, and the Board holds the power to revoke such a certificate. The Board also evaluates and examines diplomates for purposes of recertification.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of diplomates of this Board are published annually in the Official ABMS Directory of Board Certified Medical Specialists and in the Directory of Physicians of the American Medical Association.

The Board is not responsible for opinions expressed concerning an individual's credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Application for certification is entirely voluntary. Only one certificate for each qualified individual is issued by the Board.

The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

The Certification Process
Applicants approved by the Board to enter the certification process must complete both a Qualifying (Part 1) Examination and, after passing this examination, a subsequent Certifying (Part 2) Examination. Assessment of clinical practice through review of practice logs and peer review will also be carried out prior to admission to the Certifying (Part 2) Examination. Certification must be achieved within 5 years of the successful completion of residency.

Applicants who have not applied for or have not successfully completed the certification process within 5 years of the completion of their urological residency will be required to pass a written Preliminary Examination before being permitted to re-enter the certification process. The Preliminary Examination is given each November during the annual AUA In-Service Examination.

After passing the Preliminary Examination, the applicant must take the Qualifying (Part 1) Examination one of the next two times it is offered. Any such candidate who fails to do so must successfully retake the Preliminary Examination to proceed with certification.

Contact the Board office prior to the August 15 deadline for more Preliminary Examination information.

Educational Requirements
An applicant may initiate application for certification by the Board during the final year of his or her residency training or at some point thereafter. Every applicant must meet certain basic requirements as follows:

Education & Residency
Except as noted below for international medical graduates, the applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPS(C)). ACGME training programs in urology are described in the American Medical Association Graduate Medical Education Directory, Section II, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

Postgraduate Training Requirements
The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. The pre-urology requirements are 12 months of general surgery, 12 months of general surgery and/or urology, including a minimum of 6 months of general surgery/urology. Suggested guidelines for the remaining 6 months of the second 12 months are: 0-6 months of abdominal, endocrine, plastic, pediatric, urologic, vascular surgery; 0-2 months of ICU/critical care, transplant, ER/trauma, gynecology (not obstetrics), or nephrology; and 0-1 month of GU/invasive radiology, anesthesia, or genito-urinary pathology. The remaining 36-48 months must be spent in clinical urology. Dedicated research rotations are permitted in and only in 6-year programs. Scholarly endeavors are permitted during primary clinical rotations within a 5-year program (2+3 or 1+4).

All of the above training must be in ACGME-accredited programs. Regardless of the training format provided, the final 12 months of training must be spent as chief resident in urology with appropriate clinical responsibility under supervision in institutions that are part of the ACGME-accredited program.

For a program requiring more than 36 months of urology training, the candidate must complete the program as defined by the Residency Review Committee for Urology. Variances shall not be granted for an individual to take pre-urology training out of sequence after the completion of his or her urology residency.

Pre-urology credit will be given only to a physician who has trained in ACGME-approved or RCPS(C)-approved training programs. Lesser degrees of training shall not receive such approval.

To be admissible to the certification process of the Board, the resident must have completed in a satisfactory manner the training requirements of his or her specific program in effect at the time of acceptance in the program, as established by the Residency Review Committee for Urology or the Accreditation Committee of the RCPS(C).

Changing Programs
Any resident who intends to transfer to another urology residency program during the urologic portion of the training must obtain the
approval of the Board prior to the change. The resident must petition the Board in advance for said approval. The Board also requires the written acknowledgment and approval of both program directors.

Leaves of Absence
In regard to leaves of absence for parental leave, illness, injury, disability, vacation, alcohol or substance abuse during residency training in urology, time away from clinical residency may not exceed 15% of the clinical residency training period and not more than 20% of the chief resident year.

Requirements for Canadian Trainees
To meet the requirements for admissibility to the certification process of the Board, a Canadian-trained urologist must have graduated from an ACGME-accredited program at a medical school approved by the Liaison Committee on Medical Education and have completed the prerequisite ACGME-approved pre-urology training in the US. Applicants for the Certification (Part 1) Examination must have satisfied the requirements for the Qualifying (Part 1) Examination of the American Board of Urology. To be admissible to the Certification (Part 2) Examination, the Canadian-trained candidate must be certified by the RCPS(C).

Requirements for International Medical Graduates
International medical graduates from schools outside the US that provide an equivalent medical background and who have completed an ACGME-accredited urology residency and the prerequisite ACGME-approved pre-urology training in the US may qualify for examination by the American Board of Urology. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).

Other Requirements

Credentials Approval
Applicants for certification must be approved by the Credentials Committee and the Board. Additional information may be requested by the Executive Secretary. No duty or obligation to assist any applicant in completing the application process is implied. The applicant is responsible for ensuring that all supporting documents are received in the Board office by the indicated time.

Release of Liability
As a condition of application to the certification process, applicants must sign a waiver releasing, discharging, and exonerating the Board, its trustees, officers, members, examiners, employees, and agents from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys’ fees) alleged to have arisen from, out of, or in connection with the certification process.

Release of Results
As a condition of application to the certification process, the applicant must sign a waiver allowing the Board to release examination results achieved in the Certification and Qualifying Examinations to the residency program director and to the Residency Review Committee for Urology.

Disability Accommodations Policy
An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiate the disability must accompany the application. The Board may then have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board’s discretion and the Board will bear the cost of any additional review or evaluation. The Credentials Committee of the Board will make the final decision regarding the accommodation that will be offered if the request under consideration is made by a candidate for certification.

Misrepresentation and Nonresponse Procedure
Applicants for certification who misrepresent or do not respond to questions on the application will be, at a minimum, deferred from the process for 1 year.

Requirements for Applicants With a History of Chemical Dependency
Such applicants will not be admitted to the Qualifying (Part 1) or Certification (Part 2) Examinations unless they present evidence to the Board that they have satisfactorily completed the program of treatment prescribed for their condition. In addition, any such applicants for the Certification (Part 2) Examination may have a site visit of their practices by a representative of the Board.

The Qualifying (Part 1) Examination
The Qualifying (Part 1) Examination is given annually the first Friday in August. Beginning in 2004, the examination will be given in a computer-based format at over 200 Pearson VUE Testing Centers across the US. An appointment to sit for the examination can be scheduled after the candidate has met all requirements, paid all fees, and been approved by the Board. A letter will be sent to the candidate notifying the candidate he or she is eligible to sit for their examination and may schedule an examination appointment. The examination is made up of 300 multiple choice questions which will be presented in groups of 150 each over two 3-hour sessions in 1 day.

The examination is designed to assess knowledge of the entire field of urology and allied subjects. This includes, but may not be limited to, andrology (including infertility), calculous disease (including endourology and shock-wave lithotripsy), congenital anomalies, pediatric urology, urologic disorders of females, infectious diseases, neurourology and urodynamics, obstructive diseases, psychological disorders, renovascular hypertension and renal transplantation, sexuality and impotence, adrenal diseases and endocrinology, trauma, urologic pathology, urologic imaging, and urologic oncology.

Application
An application provided by the Executive Secretary shall be completed by the applicant and returned to the Board office by courier for guaranteed receipt. Applications must be in the Board office by November 1 in order to permit the applicant to be admitted for the Qualifying (Part 1) Examination the following August. Applications and documentation not postmarked by November 1 will incur a late fee of $400. No applications will be accepted after December 1. No application will be considered by the Credentials Committee or the Board unless it is submitted by the deadline set forth and is complete and includes all required supporting documentation. The Executive Secretary will determine if an application is complete.

Documentation of Education and Training
The application must be accompanied by a notarized copy of a graduation certificate from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association.
The candidate must provide specific verification (such as a notarized certificate or an original letter from the director of the program[s] where the applicant completed PGY 1 and 2) of successful completion of the pre-urology postgraduate training requirement in a program approved by the ACGME. Pre-urology training must be documented separately from urology training.

Graduates of medical schools not approved by the Liaison Committee on Medical Education, the Bureau of Professional Education of the American Osteopathic Association, or the Accreditation Committee of the RCPS(C) must furnish a notarized copy of a valid RCPS(C) certificate.

The director of the program where the applicant is finishing residency training must provide a letter to the Board office by January 1 confirming that the applicant is expected to have successfully completed 1 year of training in the capacity of chief resident during the calendar year in which the Qualifying (Part 1) Examination is to be taken. The program director must also complete an evaluation form supplied by the Board. This evaluation must be received in the Board office by March 1 preceding the Qualifying (Part 1) Examination given in August.

Failure to Pass the Examination
An applicant failing the Qualifying (Part 1) Examination must repeat the exam the next year unless the absence is excused by the Board office. Failure to retake the examination at the first available opportunity will result in assessment of an unexcused absence fee on subsequent applications. The applicant must pass the Qualifying (Part 1) Examination process in sufficient time to allow for completion of the certification process within the allotted 5 years of completion of residency.

The Certifying (Part 2) Examination
Candidates for the Certifying (Part 2) Examination must have met all training requirements and have passed the Qualifying (Part 1) Examination. Candidates will be expected to demonstrate knowledge and surgical experience in the broad domains of urology such as: infertility, impotence, calculous disease, endourology, extracorporeal shock wave lithotripsy, neurourology, urodynamics, urologic imaging, uropathology, female urology, pediatric urology, infectious disease, obstructive disease, psychologic disorders, renovascular disease, transplantation, genitourinary sexuality, trauma, and oncology.

The Certifying (Part 2) Examination includes assessment of clinical practice through review of practice logs, peer review, and oral examinations.

Period of Admissibility
The candidate must successfully complete all components of the Certifying (Part 2) Examination within 5 years of the completion of residency, unless an extension has been granted. In the event a candidate does not successfully complete certification within this time frame, it is necessary to pass a written Preliminary Examination and recertify the certification process at the Qualifying (Part 1) Examination level.

A yearly extension of the period of admissibility may be granted by the Board for approved fellowships relevant to urology of 1 year or longer. Credit is subject to Board approval; notarized documentation of fellowship training is required. A 6-month credit toward the 18-month practice period requirement may be awarded to an individual for fellowship training approved by the Board, effective with successful completion of the fellowship. The candidate must notify the Board in writing if he or she spends 1 or more years in post-residency fellowship training.

All extensions of the period to complete certification are granted by the Board because of extenuating circumstances (eg, involvement in a fellowship of 1 or more years' duration subject to Board approval, and deferral for an inadequate practice log). The candidate should request such extensions in writing, and include the reason.

Application
Application for admission to the Certifying (Part 2) Examination is made by completing the Supplemental Application form mailed from the Board office in May to all potential applicants. This application must be returned by courier for guaranteed receipt, and must be received in the Board office by July 1 prior to the Certifying (Part 2) Examination of the following year. Applicants will be assessed $400 for applications received between July 1 and August 1. No applications will be accepted after August 1.

Licensure Requirements
Applicants seeking certification by the American Board of Urology must also have a valid medical license that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

Practice Requirements
Candidates for the Certifying (Part 2) Examination must be in the full-time practice of urology and must be licensed to practice medicine in the area of current practice activity. Notarized documentation of licensure is required. In addition, the candidate must have engaged in a minimum of 18 months of urological practice with primary patient responsibility in a single community, an academically affiliated institution, or in the Armed Forces.

Practice Log
Candidates must submit logs of hospital, ambulatory care, and office procedures. Procedures performed as the primary surgeon and procedures performed by auxiliary personnel and reviewed by the candidate should be included. Each log must document the same 6 consecutive months from the 17-month period between May 1, 2003, and October 1, 2004.

Procedures done outside of the US are acceptable. In the case of military or public health physicians subject to unexpected changes of assignment, the Board may accept cases from the previous assignment.

All logs must be received in the Board office by October 1 prior to the Certifying (Part 2) Examination. Logs must be verified by the candidate and notarized. Courier service for guaranteed receipt is recommended.

Applicants will be assessed $400 for logs received between October 1 and October 15. No practice logs will be accepted after October 15.

Candidates deferred on the basis of their practice log should submit a new log with their next application. The 5-year period of admissibility for completing certification will be extended one time by 1 year for candidates whose certification is delayed because of an inadequate practice log.

Logs must be prepared in accordance with the format provided by the Board. For the 2005 Certifying (Part 2) Examination, the candidate has the option of submitting his/her practice log electronically or submitting a paper log as in the past. Instructions for both are included in the application packet which is mailed in May. After this year, electronic log submission will be mandatory.

Electronic and paper logs will undergo the same review and evaluation process. The type of submission is at the sole discretion of the applicant.
All logs must include the following information:
1. Medical record number or other unique identifier
2. Age and sex of patient
3. Location where procedure was performed
4. Date of procedure
5. Diagnosis
6. Procedure
7. Practice breakdown form
8. Verification statement with notarized signature

Paper log submissions must also include:
1. Procedures Summary
2. Diagnosis Summary

Copies of patient records from the patient care facility and/or office records of any one or more of the above cases may be requested by the Board. The candidate shall ensure that the patient records so disclosed do not contain any patient-identifying information. The candidate is expected to furnish such records within 1 month of the request.

Practice log review is an important component of the certification process. While there is no minimum number of cases established for an acceptable log, a practice experience well below the norm for the peer group may be cause for delaying the certification process until there is sufficient experience to adequately assess a candidate's practice pattern and management abilities. The Board will review the practice logs of urologic subspecialists in the context of the expected subspecialty experience.

Peer Review
To further ascertain and document the candidate's qualifications for certification, the Board will solicit information and comments from appropriate individuals, such as fellow practitioners, or from organizations, such as medical societies and licensing agencies. The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate's abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than trustees and staff of the Board.

Board Review of Credentials
Upon receipt of the practice logs and peer review information, the Credentials Committee of the Board will review the candidate's credentials. Evidence of ethical, moral, and professional behavior, and an appropriate pattern of urologic practice including experience with an adequate volume and variety of clinical material, will be sought. Areas of inadequacy may be cause for deferment or discontinuation of the certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

a. Inquiry by the Credentials Committee of the Board into practice irregularities;
b. Request for certified copies of candidate's health care facility and/or office records for review;
c. Invitation to appear before the Board for a personal interview;
d. A site visit to the candidate's community at the candidate's expense and/or
e. Other appropriate measures that may be deemed necessary to assess apparent deviations from standard urologic practice.

The candidate will not be permitted to continue the certification process until the Board has satisfied itself of the appropriateness of the candidate's practice pattern and professional behavior. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's or candidate's status in the certification process.

Oral Examination
The oral examinations are given annually in February in Dallas, Texas. The examination is an interactive process between examiner and candidate during which an assessment is made of the candidate's ability to diagnose and manage urologic problems. There are two 1-hour examination encounters with different examiners, composed of three protocols each. Since the candidate has passed the Qualifying (Part 1) Examination, the examiner presumes in the oral examination that the candidate has a satisfactory degree of cognitive knowledge of urology. Therefore, the oral examination will concentrate on the candidate's professional conduct, problem-solving ability, and response to changes in a clinical situation.

Evaluation is made of the candidate's ability to collect pertinent information systematically, integrate it, assess the problem, and propose appropriate solutions. The candidate's ability to manage changing clinical conditions is evaluated through the flexible interaction between the examiner and the candidate. Changed clinical conditions may be posed by the examiner in order to assess various responses by the candidate, or may be developed by the examiner from the outcome of management recommendations offered by the candidate during the interview. The candidate's attitude, interaction with the examiner, and expression of patient management concerns contribute to the assessment of professional behavior.

Fees and Deadlines
See "Summary of Fees," below.

The current examination fees may be changed without notice. Fees reimburse the Board for expenses incurred in preparing and processing the applications and examinations of the candidate.

Application Fees
Payment of $1,050 must accompany the initial application for the Qualifying (Part 1) Examination except in the case of chief residents, who shall pay $850 as the fee for their initial application. Only chief residents may delay the fee payment of their Qualifying (Part 1) examination fee until January 5. An additional fee of $1,100 must accompany the application for the Certifying (Part 2) Examination. An applicant or candidate secures no vested right to certification as a result of paying an examination fee.

Late Fees
A $400 late fee will be assessed for any application and/or documentation and/or fees not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended.

Cancellation Fees
Cancellation fees are as follows: $500 for failure to appear; $300 for an unexcused absence; $200 for an excused absence (in cases of personal or family illness or death).

Excused Absences
Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility by 1 year. The excused absence fee of $200 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will be no further extensions of admissibility, and an unexcused absence fee and reinstatement fee, if any, will be assessed.
Inactive Status
Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences. If the candidate does not already exceed the 5-year time limit, he or she may regain active status by paying the reinstatement fee of $600 plus an additional fee for an unexcused absence or for a non-appearance.

Other Fees
A $100 fee will be assessed for all returned checks. The fee for the Preliminary Examination is $550. If a Preliminary Examination appointment is canceled, a $300 cancellation fee will be assessed. The fee for a site visit by a Board representative is $2,000 plus expenses.

Refunds
Fees are refundable, less an administrative fee, in most cases of cancellation or deferral. Fees shall be refunded to candidates deferred by the Board, less a $50 administrative fee; or, if deferred for an inadequate practice log, a $175 administrative fee.

Recertification
Certificates issued by the American Board of Urology on or after January 1, 1985, expire on the anniversary of the date of issue and are valid for 10 years only. A physician who fails to be recertified by the expiration date is no longer a diplomate of the Board, and his or her name is deleted from The Official ABUS Directory of Board Certified Medical Specialists. The expired certificate must be returned to the Board. It is recommended, therefore, that diplomates possessing a time-limited certificate make plans to obtain recertification beginning 3 years before the expiration date of their current certificate.

The Board endorses the concept of lifelong learning in urology for its diplomates. Candidates for recertification must demonstrate their involvement in continued urologic education by documenting 90 urology-focused credits, 30 hours of which must be Category I, within a 3-year period prior to September 1 of the year the Recertification Examination is to be taken. The office of the American Board of Urology will notify diplomates holding a time-limited certificate 3 years prior to its expiration. At that time a handbook detailing the recertification process entitled Information for Applicants for Recertification will be provided.

This handbook is also available at the Board's Web site, www.abu.org, and on request from the Board office.

Diplomates are responsible for keeping the Board office informed of address changes.

Code of Ethics
Ethics are moral values. They are aspirational and inspirational, as well as moral standards of exemplary professional conduct for all applicants for certification and all diplomates certified by the American Board of Urology. The term "urologist" as used here shall include all such candidates and diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical. Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until the patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patient.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superior which cannot be substantiated. If a communication results from payment to a urologist, such must be disclosed, unless the nature, format, or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to...
appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

Policies

Disciplinary Action
The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

Notification and Appeal

If the action of the Board is to censure, suspend, or revoke the certificate of a diplomate, the Board shall send written notice thereof to the diplomate. The notice shall state the reasons for the Board's decision.

Appeal. See “Appeals Procedure” below for details on the appeals process.

Censure and Suspension

A diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the Code of Ethics of the American Board of Urology not warranting certificate revocation. The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension.

Censure: A censure shall be a written reprimand to the diplomate. Such censure shall be made part of the file of the diplomate.

Suspension: A suspension shall require the diplomate to return his or her certificate to the Board for a designated time so determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Prior to return of the certificate the diplomate must meet with the Board within 60 days prior to the end of the designated time period. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

Revocation of Certificate

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
b. the physician or party certified shall have not been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or

c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or

d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or

f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or

Reinstatement of Certificate

Should the circumstances that justified revocation of the diplomat's certificate be corrected, the Board may allow the candidate to reapply for certification. The Board of Trustees shall have the sole power to determine the time of initiation of the reinstatement process. The applicant whose certificate has been revoked may be required to complete the certification or recertification process at the discretion of the Board.

Prior to reinstatement of certification, the applicant must meet with the Board. The diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

Appeals Procedure

Adverse Decision Inquiries

During the course of the certification or recertification process, a candidate may receive an adverse decision regarding one or more elements of the process. Inquiries regarding an adverse decision must be made in writing to the Executive Secretary within 30 days after written notification by the Board, and will be promptly answered. The candidate will be guaranteed the following:

a. hand scoring of the answer sheet for failure of the Qualifying (Part 1) Examination;

b. review by the Executive Secretary of the examiners' scoring sheets for the failure of the Certifying (Part 2) Oral Examination; and

c. review of the record by the Chairman of the Credentials Committee or Recertification Committee for an adverse decision concerning peer review, practice logs, and/or malpractice and professional responsibility experience.

Adverse Decisions

If the final action of the Board is a decision to deny certification to an applicant, to deny recertification to a diplomate with a time-limited certificate, or to revoke the certificate of a diplomate, the Board shall send written notice thereof to the applicant or diplomate. The notice shall state the reasons for the Board's decision. For those holding a time-limited certificate, their certificate shall remain in effect until the appeals process is completed.

Request for Hearing

An applicant or a diplomate who receives such a notice may, within 30 days after mailing by the Board, give written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate
whether the applicant or diplomate wishes to attend the hearing. Such applicant or diplomate is hereinafter referred to as the “appellant.”

**Notice of Hearing**

If the Board receives the appellant’s notice requesting a hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least 30 days prior written notice thereof.

**Hearing**

The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board’s decision was erroneous.

**Failure to Appear**

Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal.

**Hearing Procedure**

The appellant may appear at the hearing to present his or her position in person, at the time and place specified, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information deemed appropriate. The appeals process is a peer review process and neither party may be represented by, or bring along, legal counsel.

**Notice of Decision**

Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

**Finality**

The decision of the Board shall be final and binding on the Board and on the appellant.

**Notices**

All notices or other correspondence pertaining to the appeal should be sent to the following address:
The American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
Attention: Executive Secretary

**“Board Eligible” Status**

The American Board of Urology does not recognize or use the term “Board Eligible” in reference to its applicants or candidates. A candidate is not certified (ie, does not become a diplomate) until all components of the certification process have been successfully completed.

**Inquiry as to Status**

The Board considers a candidate’s record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate’s status, a general but factual statement is provided that indicates the person’s status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of $35 per request will apply.

**Unforeseeable Events**

Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

**Final Action of the Board**

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant’s training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

Regardless of the sequence by which the various steps of certification may have been accomplished, the process itself is not considered complete until the Board’s final action. At any point in the process, the Board may delay or even deny certification upon consideration of information that appears to the Board to justify such action.

The activities described in this document proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

**Summary of Fees**

**Fee Schedule (in US Dollars)**

| Qualifying (Part 1) Examination | $950  
| Practitioners & Fellows         | $1,050  
| Re-examination                  | $675  
| Certifying (Part 2) Examination | $1,100  
| Re-examination                  | $700  
| Cancellation Fees               |  
| Excused absence                 | $200  
| Unexcused absence               | $300  
| Failure to appear               | $500  
| Reinstatement after Two (2) Successive Absences (plus cancellation fees) | $500  
| Referral of Admissibility to Part 2 Examination for Inadequate Practice Log (balance of fee returned) | $175  
| Preliminary Examination         | $550  
| Cancellation Fee                | $300  
| Recertification                 | $1,100  
| Late Fee (application, documentation, fees) | $400  
| “NSF” Fee                       | $100  
| Site Visit (plus expenses)      | $2,000  
| Administrative Fee              | $50  
| Official Verification of Status | $35  

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**Certification Requirements**

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**American Board of Urology**

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**Graduate Medical Education Directory 2005-2006**
## Appendix C

### Medical Schools in the United States

Note: The following medical schools were accredited by the Liaison Committee on Medical Education (LCME) as of January 2005.

#### Alabama
- University of Alabama School of Medicine, Birmingham, AL 35294
- University of South Alabama College of Medicine, Mobile, AL 36688

#### Arizona
- University of Arizona College of Medicine, Tucson, AZ 85724

#### Arkansas
- University of Arkansas College of Medicine, Little Rock, AR 72205

#### California
- University of California, San Francisco School of Medicine, San Francisco, CA 94143
- Keck School of Medicine of the University of Southern California, Los Angeles, CA 90035
- Stanford University School of Medicine, Stanford, CA 94305
- Loma Linda University School of Medicine, Loma Linda, CA 92350
- David Geffen School of Medicine at University of California, Los Angeles, CA 90024
- University of California, Irvine College of Medicine, Irvine, CA 92717
- University of California, San Diego School of Medicine, La Jolla, CA 92037
- University of California, Davis School of Medicine, Davis, CA 95616

#### Colorado
- University of Colorado School of Medicine, Denver, CO 80282

#### Connecticut
- Yale University School of Medicine, New Haven, CT 06510
- University of Connecticut School of Medicine, Farmington, CT 06030

#### District of Columbia
- George Washington University School of Medicine, Washington, DC 20037
- Georgetown University School of Medicine, Washington, DC 20007
- Howard University College of Medicine, Washington, DC 20069

#### Florida
- Leonard M Miller School of Medicine at the University of Miami, Miami, FL 33101
- University of Florida College of Medicine, Gainesville, FL 32610
- University of South Florida College of Medicine, Tampa, FL 33612
- Florida State University College of Medicine, Tallahassee, FL 32306-4000

#### Georgia
- Medical College of Georgia School of Medicine, Augusta, GA 30912
- Emory University School of Medicine, Atlanta, GA 30322
- Morehouse School of Medicine, Atlanta, GA 30314
- Mercer University School of Medicine, Macon, GA 31207

#### Hawaii
- University of Hawaii at Manoa John A Burns School of Medicine, Honolulu, HI 96822

#### Illinois
- Rush Medical College of Rush University Medical Center, Chicago, IL 60612
- University of Chicago, Pritzker School of Medicine, Chicago, IL 60637
- The Feinberg School of Medicine, Northwestern University, Chicago, IL 60611
- University of Illinois at Chicago College of Medicine, Chicago, IL 60612
- Chicago Medical School at Rosalind Franklin University of Medicine & Science, North Chicago, IL 60064
- Loyola University of Chicago, Stritch School of Medicine, Maywood, IL 60153
- Southern Illinois University School of Medicine, Springfield, IL 62708

#### Indiana
- Indiana University School of Medicine, Indianapolis, IN 46223

#### Iowa
- Roy J and Lucille A Carver College of Medicine at the University of Iowa, Iowa City, IA 52242

#### Kansas
- University of Kansas School of Medicine, Kansas City, KS 66103

#### Kentucky
- University of Louisville School of Medicine, Louisville, KY 40292
- University of Kentucky College of Medicine, Lexington, KY 40536

#### Louisiana
- Tulane University School of Medicine, New Orleans, LA 70112
- Louisiana State University School of Medicine in New Orleans, New Orleans, LA 70112
- Louisiana State University School of Medicine in Shreveport, Shreveport, LA 71130

#### Maryland
- University of Maryland School of Medicine, Baltimore, MD 21201
- Johns Hopkins University School of Medicine, Baltimore, MD 21205
- Uniformed Services University of the Health Sciences, F Edward Hebert School of Medicine, Bethesda, MD 20014
Massachusetts
02401 Harvard Medical School
Boston, MA 02115
02405 Boston University School of Medicine
Boston, MA 02118
02407 Tufts University School of Medicine
Boston, MA 02111
02416 University of Massachusetts Medical School
Worcester, MA 01605

Michigan
02501 University of Michigan Medical School
Ann Arbor, MI 48109
02507 Wayne State University School of Medicine
Detroit, MI 48201
02512 Michigan State University College of Human Medicine
East Lansing, MI 48824

Minnesota
02604 University of Minnesota Medical School at Minneapolis
Minneapolis, MN 55455
02607 University of Minnesota, Duluth
School of Medicine
Duluth, MN 55812
02608 Mayo Medical School
Rochester, MN 55905

Mississippi
02701 University of Mississippi School of Medicine
Jackson, MS 39216

Missouri
02802 Washington University School of Medicine
St Louis, MO 63110
02803 University of Missouri, Columbia
School of Medicine
Columbia, MO 65212
02834 Saint Louis University School of Medicine
St Louis, MO 63104
02846 University of Missouri, Kansas City
School of Medicine
Kansas City, MO 64108

Nebraska
03005 University of Nebraska College of Medicine
Omaha, NE 68105
03006 Creighton University School of Medicine
Omaha, NE 68178

Nevada
03101 University of Nevada School of Medicine
Reno, NV 89557

New Hampshire
03201 Dartmouth Medical School
Hanover, NH 03756

New Jersey
03305 UMDNJ-New Jersey Medical School
Newark, NJ 07103
03306 UMDNJ-Robert Wood Johnson Medical School
Piscataway, NJ 08854

New Mexico
03401 University of New Mexico School of Medicine
Albuquerque, NM 87131

New York
03501 Columbia University College of Physicians and Surgeons
New York, NY 10032
03503 Alhazy Medical College
Albany, NY 12208
03506 SUNY at Buffalo
School of Medicine & Biomedical Sciences
Buffalo, NY 14214
03508 SUNY, Downstate Medical Center College of Medicine
Brooklyn, NY 11203
03509 New York Medical College
Valhalla, NY 10595
03515 State University of New York Upstate Medical University College of Medicine
Syracuse, NY 13210
03519 New York University School of Medicine
New York, NY 10016
03520 Joan and Sanford I Weill Medical College of Cornell University
New York, NY 10021
03545 University of Rochester School of Medicine and Dentistry
Rochester, NY 14642
03546 Albert Einstein College of Medicine at Yeshiva University
New York, NY 10461
03547 Mount Sinai School of Medicine of New York University
New York, NY 10029
03548 Stony Brook University Health Science Center School of Medicine
Stony Brook, NY 11794

North Carolina
03601 University of North Carolina at Chapel Hill
School of Medicine
Chapel Hill, NC 27514
03605 Wake Forest University School of Medicine
Winston-Salem, NC 27103
03607 Duke University School of Medicine
Durham, NC 27710
03608 Brody School of Medicine at East Carolina University
Greenville, NC 27894

North Dakota
03701 University of North Dakota School of Medicine and Health Sciences
Grand Forks, ND 58202

Ohio
03806 Case Western Reserve University School of Medicine
Cleveland, OH 44106
03840 Ohio State University College of Medicine
Columbus, OH 43210
03841 University of Cincinnati College of Medicine
Cincinnati, OH 45267
03843 Medical College of Ohio at Toledo
Toledo, OH 43699
03844 Northeastern Ohio Universities College of Medicine
Rootstown, OH 44272
03845 Wright State University School of Medicine
Dayton, OH 45401

Oklahoma
03901 University of Oklahoma College of Medicine
Oklahoma City, OK 73190

Oregon
04002 Oregon Health Sciences University School of Medicine
Portland, OR 97201

Pennsylvania
04101 University of Pennsylvania School of Medicine
Philadelphia, PA 19104
04102 Jefferson Medical College of Thomas Jefferson University
Philadelphia, PA 19107
04112 University of Pittsburgh School of Medicine
Pittsburgh, PA 15261
04113 Temple University School of Medicine
Philadelphia, PA 19140
04114 Pennsylvania State University College of Medicine
Hershey, PA 17033
04115 Drexel University College of Medicine
Philadelphia, PA 19120

Puerto Rico
04201 University of Puerto Rico School of Medicine
San Juan, PR 00936
04202 Ponce School of Medicine
Ponce, PR 00732
04203 Universidad Central del Caribe Escuela de Medicina
Bayamon, PR 00960-6032

Rhode Island
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Providence, RI 02912
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Appendix D

Graduate Medical Education Glossary

Accreditation Council for Graduate Medical Education (ACGME)—An accrediting agency with the mission improving the quality of health in the United States by ensuring and improving the quality of allopathic graduate medical education for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its auspices. The ACGME accredits GME programs through its 27 review committees (26 Residency Review Committees, or RRCs, and the Transitional Year Review Committee). The ACGME has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four directors. In addition, the ACGME Board of Directors includes one resident physician member, the Chair of the Residency Review Committee Council of Chairs, and three public members. A federal government representative and the resident physician who chairs the RRC Resident Council have the right of attendance and voice at board meetings, but do not vote.

Affiliated institution (see “Major participating institution”)—Term no longer in use by the AMA or ACGME; it has been replaced by “major participating institution.”

American Board of Medical Specialties (ABMS) (see also “Certification”)—The umbrella organization for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession, and its members concerning issues of specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member Boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists. See Appendix B for more information.

Annual Survey of Graduate Medical Education Programs (see “National GME Census”)

Attending (see “Teaching staff”)

Categorical positions (see also “Graduate Year I” and “Preliminary Positions”)—Positions for residents who remain in a given program or specialty until completion of the total year(s) required for admission to specialty board examination.

Certification (see also “American Board of Medical Specialties”)—A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality patient care in that specialty. Medical specialty boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer recertification for qualified diplomates at intervals of 7 to 10 years. See Appendix B for more information.

Chief resident—A position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics); the individual in this position plays a...
significant administrative and teaching role in guiding new residents.

Combined specialty programs—Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty (listed below; see Appendix A for more information). Each combined specialty program is made up of two or three programs at the same institution. The ACGME and its Residency Review Committees do not accredit combined programs (with the exception of internal medicine/pediatrics, beginning July 1, 2005); instead, they separately accredit the core specialty programs that form the combined program. Resident physicians completing these programs are eligible for board certification in both specialties. Current combined specialties are:

- Diagnostic radiology/nuclear medicine/nuclear radiology
- Internal medicine/dermatology
- Internal medicine/emergency medicine
- Internal medicine/emergency medicine/critical care medicine
- Internal medicine/family medicine
- Internal medicine/medical genetics
- Internal medicine/neurology
- Internal medicine/nuclear medicine
- Internal medicine/pediatrics
- Internal medicine/physical medicine and rehabilitation
- Internal medicine/preventive medicine
- Internal medicine/neurology
- Neurology/physical medicine and rehabilitation
- Neurology/diagnostic radiology/neuroradiology
- Pediatrics/dermatology
- Pediatrics/emergency medicine
- Pediatrics/medical genetics
- Pediatrics/physical medicine and rehabilitation
- Pediatrics/psychiatry/child and adolescent psychiatry
- Psychiatry/family medicine
- Psychiatry/neurology

Consortium—A group of healthcare organizations established to pursue joint objectives in patient care, education, research, or other areas. If a consortium is formally established as an ongoing organizational entity with a commitment to graduate medical education, it may serve as a sponsoring institution of one or more GME programs.

Core discipline program (see “General specialty program”)

Council on Medical Education—This AMA council formulates policy on medical education by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council is also responsible for recommending the appointments of more than 100 representatives to accrediting bodies and to other national organizations.

Designated institutional official—An individual at an institution sponsoring or participating in one or more GME programs who has the authority and responsibility for the oversight and administration of GME programs.

Educational Commission for Foreign Medical Graduates (ECFMG)—A nonprofit organization that assesses the readiness of graduates of foreign medical schools to enter graduate medical education in the United States. ECFMG certification provides assurance to GME program directors, and to the people of the United States, that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. This certification does not guarantee that such graduates will be accepted into GME programs in the United States, since the number of applicants frequently exceeds the number of positions available.

(Fore more information, refer to the GMED Companion: An Insider’s Guide to Selecting a Residency Program.)

ECFMG number—The number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who applies for certification from ECFMG. Almost all graduates of foreign medical schools must have an ECFMG certificate to participate in GME in the US.

Electronic Residency Application Service (ERAS)—A service for medical students/residents through which residency/fellowship applications, letters of recommendation, Dean’s letters, transcripts, and other supporting credentials are transmitted via the Internet from medical schools to residency program directors. For more information about ERAS, a service of the Association of American Medical Colleges (AAMC), consult www.aamc.org/eras or the GMED Companion: An Insider’s Guide to Selecting a Residency Program.

Fellow (see also “Resident or resident physician” and “Intern”)—A physician in an ACGME-accredited program that is beyond the requirement for eligibility for first board certification in the discipline. Such physicians may also be termed “residents.” The term “fellow” may require modifiers for precision and clarity, eg, “research fellow.”

Fifth Pathway—One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The Fifth Pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education in countries that do not grant the MD degree until the completion of 4 years of national service after medical school, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate. The other four pathways to residency education are transfer to and graduation from a US medical school, ECFMG certification, full and unrestricted licensure by a US licensing jurisdiction, and passing the Spanish language licensing examination in Puerto Rico. (For more information, refer to the GMED Companion: An Insider’s Guide to Selecting a Residency Program.)

FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access)—An online information resource, available through the AMA Web site at www.ama-assn.org/freida, that assists medical students and residents in selecting GME programs. It includes all ACGME-accredited residency programs and combined specialty programs, the majority with expanded listings that provide such information as program benefits (including compensation), resident-to-faculty ratio, work schedule, policies, and educational environment.

General specialty program—A primary specialty (eg, anesthesiology, family practice, internal medicine) that provides resident physicians, under supervision, with the knowledge and skills needed to be practitioners in a specified area of medical practice; sometimes referred to as a “core discipline program.” General specialty programs function within an institution and are subject to all ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency in a general specialty program is one of the requirements of certification by a specialty board and is a prerequisite to subspecialty training.

GMED Track (see also “National GME Census”)—Available at www.aamc.org/gmetrack, this secure Web-based application of the Association of American Medical Colleges includes, among other
services, the National GME Census. Through GME Track, residency information is collected for both the AAMC and the AMA.

**Graduate medical education (GME)** (see also “Postgraduate medical education”)—As the second of three major phases of medical education in the United States, graduate medical education (GME) prepares physicians for the independent practice of medicine in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings. GME programs, including Transition Year programs, are usually called “residency programs” and the physicians educated in them “residents.”

**Graduate Medical Education Directory**—Annual publication recognized as the official list of programs accredited by the ACGME. Known informally as the “Green Book,” the Directory lists all ACGME-accredited programs in 118 specialties and subspecialties, Board-approved combined programs in 17 specialties, current educational standards (“Program Requirements”) for 124 specialties and subspecialties, and the certification requirements of 24 medical specialty boards.

**Graduate Year (GY)** (see also “Program year” and “Postgraduate year”)—Refers to an individual’s current year of accredited GME; this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics). The AMA does not use the term “postgraduate year” (PGY).

**Graduate Year 1 (GY1)**—Used in connection with residents and with residency positions to indicate the first year of training after medical school. Individuals in GY1 positions who plan to complete the entire program are counted as enrolled in Graduate Year 1 (GY1), Categorical. Individuals in GY1 positions who are using their first year in a residency program as a prerequisite to enter another specialty or subspecialty program are counted as enrolled in Graduate Year 1 (GY1), Preliminary. Not all specialties offer GY1 positions; in those specialties approved for GY1 positions, some programs do not offer them. Furthermore, although by definition residents in GY1 positions are not required to have prior GME, some residents who fill such positions may have had previous training.

**Institution**—A sponsoring institution is the institution (eg, a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system, medical examiner’s office, consortium, or educational foundation) that assumes the ultimate responsibility for a GME program. A major participating institution is an institution to which residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

**Note:** Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the Directory.

**Intern** (see “Resident or resident physician” and “Fellow”)—No longer used by the AMA or ACGME. Historically, “intern” was used to designate individuals in the first post-MD year of hospital training; less commonly, it designated individuals in the first year of any residency program. Since 1975, the Graduate Medical Education Directory and the ACGME have used “resident,” “resident physician,” or “fellow” to designate all individuals in ACGME-accredited programs.

**International medical graduate (IMG)**—A graduate from a medical school outside the United States and Canada.

**In-training examination** (also known as “in-service examination”)—Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives. Certification boards of the American Board of Medical Specialties (ABMS) or medical specialty societies offer in-training examinations on a periodic basis.

**Liaison Committee for Specialty Boards (LCSB)**—The body that reviews and recommends approval of new examining boards in medical specialties to the ABMS and AMA, which are the parents of the LCSB.

**Liaison Committee on Medical Education (LCME)**—The body that accredits allopathic medicine educational programs in the United States and Canada leading to the MD degree. The American Osteopathic Association (AOA) accredits educational programs leading to the doctor of osteopathic medicine (DO) degree.

**Licensure**—The process by which a state or jurisdiction of the United States admits physicians to the practice of medicine.

Licensure is intended to ensure that practicing physicians have appropriate education and training and that they abide by recognized standards of professional conduct while serving their patients. Candidates for first licensure must complete a rigorous examination designed to assess a physician’s ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. All applicants must submit proof of medical education and training and provide details about their work history. Finally, applicants must reveal information regarding past medical history (including the use of habit-forming drugs and emotional or mental illness), arrests, and convictions. For more information, see State Medical Licensure Requirements and Statistics, published by the AMA, or visit www.ama-assn.org/go/licensure.

**Major participating institution** (see “Institution”)

**Match** (see “National Resident Matching Program”)

**Medical school affiliation**—Institutions sponsoring an accredited GME program may have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as major (M), graduate only (G), or limited (L). Major affiliation signifies that an institution is an important part of the teaching program of the medical school and plays a significant role in the clinical clerkship program. Graduate only affiliation indicates that the institution is affiliated with the medical school only for its graduate programs. Limited affiliation signifies that the institution is affiliated with the medical school’s teaching program only for brief, occasional, and/or unique rotations of students or residents.

**Medical school number**—Unique 5-digit identifier for each medical school. See Appendix C for a list of LCME-accredited medical schools and medical school numbers.

**Medical Student Section (MSS)**—A section of the AMA House of Delegates, the AMA-MSS represents 36,000 medical student members of the AMA. For more information, see www.ama-assn.org/go/mss.

**National GME Census**—Beginning in 2000, the AMA’s Annual Survey of Graduate Medical Education Programs was replaced by the National GME Census, a joint effort of the AMA and the Association of American Medical Colleges (AAMC). Information is gathered annually from programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the Liaison Committee for Specialty Boards (LCSB) or the Liaison Committee on Medical Education (LCME).
of American Medical Colleges (AAMC). All programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census, available at www.aamc.org/gmetrack. The census collects data on program characteristics such as clinical and research facilities and the work and learning environment residents can expect, as well as biographical data on residents in the programs. Data collected from the census are used in the following AMA publications and products:

- Graduate Medical Education Directory
- Graduate Medical Education Library on CD-ROM
- GMED Companion: An Insider's Guide to Selecting a Residency Program
- FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access)
- Medical Education issue of the Journal of the American Medical Association
- State-level Data for Accredited Graduate Medical Education Programs in the US
- AMA Physician Masterfile
- AMA Physician Select

National Resident Matching Program (NRMP)—Informally referred to as the “Match,” this process matches GME programs and applicants to those programs. Managed by the Association of American Medical Colleges (AAMC), the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their options for accepting and offering appointments to residency programs, respectively, and to have their decisions announced at a specific time. For more information, consult www.nrmp.org or the GMED Companion: An Insider’s Guide to Selecting a Residency Program.

Participating institution (see “Institution”)

Postgraduate medical education (see also “Graduate medical education”)—The AMA does not use the term “postgraduate medical education” to refer to any stage of physician education, including undergraduate (medical school), graduate (residency), and continuing medical education. The term is sometimes used in the United Kingdom and Canada.

Postgraduate year (PGY) (see also “Graduate Year”)—The AMA does not use this term to describe any part of graduate medical education. The preferred term is graduate year (GY).

Preliminary positions (see also “Graduate Year 1”)—Positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually 1 year in length and usually offered for Graduate Year 1. Internal medicine, surgery, and transitional year programs commonly offer preliminary positions.

Program—The unit of GME residency/fellowship training, comprising a series of learning experiences within a GME specialty/subspecialty, which is evaluated for accreditation.

Program director—The individual responsible for maintaining the quality of a specific GME program so that it meets ACGME accreditation standards. Other duties of the program director include preparing a written statement outlining the program’s educational goals; providing an accurate statistical and narrative description of the program as requested by the Residency Review Committee (RRC); and providing for the selection, supervision, and evaluation of residents for appointment to and completion of the program.

Program year (see also “Graduate Year”)—Refers to the current year of training within a specific program; this may or may not correspond to the graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics).

Resident and Fellow Section (RFS)—A section of the AMA House of Delegates, the AMA-RFS represents 30,000 resident members of the AMA. For more information, see www.ama-assn.org/go/rfs.

Residency Review Committees (RRCs)—The 27 review committees within the ACGME system (including the Transitional Year Review Committee) that meet periodically to review programs within their specialty and/or subspecialty, propose Program Requirements for new specialties/subspecialties, and revise requirements for existing specialties/subspecialties.

Resident or resident physician (see also “Fellow”)—Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

Section on Medical Schools (SMS)—A section of the AMA House of Delegates with representation from the 126 LCME-accredited US medical schools. For more information, see www.ama-assn.org/go/sms.

Sponsoring institution (see “Institution”)

Subspecialty program—Provides advanced GME in a highly specialized field of study within a specialty, e.g., gastroenterology within the field of internal medicine. Many subspecialty programs are subject to ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency/fellowship in a particular subspecialty program may qualify the physician to seek certification by the related subspecialty board. Some subspecialty programs are accredited independently of the related general specialty program and are not dependent on a general specialty program. Other subspecialty programs function only in conjunction with an accredited general specialty program, and the subspecialty program’s accreditation status is related to the status of the accredited general specialty program.

Teaching staff—Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

Transitional year program (see also “Preliminary positions”)—Broad-based clinical training in an ACGME-accredited graduate year 1 (GY1) residency program that provides a balanced curriculum in multiple clinical disciplines. Developed for the year between medical school graduation and a specialty residency program, the transitional year is designed to facilitate the choice of and/or preparation for a specific specialty; it is not meant to prepare participants for the independent practice of medicine. To sponsor a transitional year program, an institution and its affiliate must conduct two or more ACGME-accredited programs that participate in the transitional year.

United States Medical Licensing Examination (USMLE)—A three-step examination that is required for licensure in the United States. For more information, see www.usmle.org or refer to State Medical Licensure Requirements and Statistics, published annually by the AMA.
Web ADS—The Web Accreditation Data System (ADS) of the ACGME. This Internet-based data collection system contains the current data on file with the ACGME for all sponsoring institutions and programs, which are required to verify and update general information annually via this secure online system. In addition, programs are required to verify the accredited training of all residents and to communicate organizational changes as they occur. See www.acgme.org/ADS for more information.