

Specialty-Specific Program Requirements: Faculty Member Qualifications

Effective as of July 1, 2026

Common Program Requirements are in bold

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Allergy and Immunology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Allergy and Immunology or the American Osteopathic Board of Internal Medicine or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.a. Physician faculty members who are not specialists in allergy and immunology must be certified in their specialty by the appropriate American Board of Medical Specialties (ABMS) board or AOA certifying board, or possess qualifications acceptable to the Review Committee. ^(Core)</p> <p>2.10.b. Faculty members must be certified by the American Board of Allergy and Immunology, AOA certification in allergy and immunology, or possess qualifications acceptable to the Review Committee. ^(Detail)</p> <p>2.10.c. At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in pediatrics. ^(Detail)</p> <p>2.10.d. At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in internal medicine. ^(Detail)</p>
Anesthesiology	<p>2.10. Physician faculty members must: have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Adult Cardiothoracic Anesthesiology	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic</p>

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	<p>Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Subspecialty physician faculty members must have completed an adult cardiothoracic anesthesiology fellowship or have comparable fellowship education or post-residency experience in adult cardiothoracic anesthesiology. ^(Core)</p>
<p>Anesthesiology Critical Care Medicine</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Obstetric Anesthesiology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

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	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Subspecialty physician faculty members must have fellowship education or post-residency experience in clinical obstetric anesthesiology that meets or exceeds completion of a one-year obstetric anesthesiology program. ^(Core)</p>
Pediatric Anesthesiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Pediatric Cardiac Anesthesiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Subspecialty faculty members must have fellowship education or post-residency experience in the care of pediatric cardiac patients that meets or exceeds completion of a one-year pediatric cardiac</p>

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	anesthesiology program. ^(Core)
Regional Anesthesiology and Acute Pain Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.b. Subspecialty faculty members must have fellowship education or post-residency experience in regional anesthesiology and acute pain medicine that meets or exceeds completion of a one-year regional anesthesiology and acute pain medicine program. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Colon and Rectal Surgery	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Colon and Rectal Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p>
Dermatology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.a. Physician faculty members directing resident education in dermatopathology should have advanced fellowship education in dermatopathology. ^(Core)</p>

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	<p>2.10.b. Physician faculty members directing resident education in dermatologic surgery should have advanced fellowship education in procedural dermatology. ^(Core)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Specialty-Specific Background and Intent: The Review Committee recognizes the role of non-physician faculty members as an important part of the clinical team, including serving as conference educators, workshop leaders, and as clinical team members.</p> </div>
Pediatric Dermatology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Subspecialty physician faculty members must have evidence of current clinical activity in pediatric dermatology that provides greater than 50 percent of clinical time caring for children. ^(Core)</p> <p>2.9.c. Other specialty physician faculty members may include members from specialties and subspecialties directly related to pediatric dermatology, such as dermatology, dermatopathology, pediatric allergy and immunology, pediatric medical oncology and hematology, pediatric rheumatology, and pediatric plastic surgery. ^(Detail)</p> <p><u>Frequently Asked Questions</u></p> <p><i>Are there other specialists beyond those listed in the requirements who the Review Committee would consider acceptable as physician faculty members? [Program Requirement: 2.9.c.]</i></p> <p>The committee would also accept specialty physician members from other pediatric specialties and subspecialties, including neonatology, infectious diseases, plastic surgery, general surgery, pediatric surgery, and radiology.</p>

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Micrographic Surgery and Dermatologic Oncology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.b. Members of the faculty who have responsibility for fellow education in Mohs micrographic surgery must have completed a 12-month PGY-5 dermatologic surgery fellowship or have experience as a program director of a dermatologic surgery fellowship program for at least 10 years. (Core)</p>
Diagnostic Radiology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Interventional Radiology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Abdominal Radiology	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)</p>

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	<p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.b. Subspecialty faculty members must have post-residency experience in abdominal radiology, including fellowship education. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Musculoskeletal Radiology	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the ABMS or the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.b. Subspecialty faculty members must have post-residency experience in musculoskeletal radiology, including fellowship education. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Neuroradiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

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	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. At least 50 percent of the physician faculty must be neuroradiologists. ^(Core)</p>
Nuclear Radiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Pediatric Radiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Emergency Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.a. In lieu of the qualifications in 2.10., physician faculty members must have certification by a subspecialty board sponsored or co-sponsored by either the ABEM</p>

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	<p>or the AOBEM. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>Are there any other qualification requirements specific to faculty members providing supervision in an ED (either Adult or Pediatric ED)?</i></p> <p>Faculty members providing supervision to emergency medicine residents on emergency medicine rotations must have appropriate qualifications relative to the patient population for which they are providing the supervision.</p> <p>For example, a faculty member certified in pediatrics and pediatric emergency medicine or meeting the other qualifications criteria in 2.10.a. would be qualified to supervise emergency medicine residents on pediatric cases, but not adult cases.</p> <p>Emergency medicine residents rotating in a pediatric emergency department where there are also pediatric emergency medicine fellows in an ACGME-accredited program are subject to the pediatric emergency medicine requirements related to faculty qualifications and supervision.</p> <p>In all other instances, faculty members board-certified solely in pediatrics may not supervise emergency medicine residents in the Emergency Department.</p>
Emergency Medical Services	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Family Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

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	<p>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Internal Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Adult Congenital Heart Disease	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Advanced Heart Failure/Transplant Cardiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core)</p>

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	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Cardiovascular Disease	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Clinical Cardiac Electrophysiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Critical Care Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a.1. Clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, oncology, and pulmonary disease, must participate in the program.. (Core)</p>

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	2.9.a.2. Faculty members from anesthesiology, cardiovascular surgery, emergency medicine, neurology, neurological surgery, obstetrics and gynecology, orthopaedic surgery, surgery, thoracic surgery, urology, and vascular surgery should be available to participate in the education of fellows. (Core)
Endocrinology, Diabetes and Metabolism	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Gastroenterology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Hematology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a.1. Subspecialty physician faculty members in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p>

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Hematology and Medical Oncology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a.1. Faculty members in cardiovascular disease, endocrinology, diabetes and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, nephrology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p>
Infectious Disease	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Interventional Cardiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Interventional Pulmonology	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p>

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	<p>[Note that while the Common Program Requirements deem certification in the specialty by a member board of the American Board of medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Medical Oncology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a.1. Subspecialty physician faculty members in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p>
Nephrology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Pulmonary Disease and Critical Care Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p>

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	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.b. Faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, and oncology must participate in the program. (Core)</p> <p>2.9.c. Faculty members from several related disciplines, including anesthesiology, cardiovascular surgery, emergency medicine, general surgery, obstetrics and gynecology, orthopaedic surgery, neurological surgery, neurology, thoracic surgery, urology, and vascular surgery must be available to participate in the program. (Core)</p>
Pulmonary Disease	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Rheumatology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Transplant Hepatology Transplant Nephrology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p>

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<p>Medical Genetics and Genomics</p>	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Medical Genetics and Genomics or possess qualifications judged acceptable to the Review Committee; ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p> <p>2.10.a. Physician faculty members must have current medical licensure and appropriate medical staff appointment. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>What are appropriate qualifications and institutional appointments for non-physician faculty members, such as genetic counselors, nurses, and nutritionists? [Program Requirement: 2.9.]</i></p> <p>The Review Committee accepts hospital-approved credentialing or other equivalent qualifications for non-physician faculty members.</p>
<p>Clinical Biochemical Genetics</p>	<p>2.10. Faculty members must have current certification in the specialty by the American Board of Medical Genetics and Genomics, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p> <p>2.10.a. Faculty members responsible for post-doctoral fellow education in biochemical genetics must be clinical biochemical geneticists. ^(Core)</p>

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Laboratory Genetics and Genomics	<p>2.10. Faculty members must have current certification in the specialty by the American Board of Medical Genetics and Genomics, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p> <p>2.10.a. Faculty members responsible for post-doctoral fellow education in clinical molecular genetics and genomics must be clinical molecular geneticists or laboratory geneticists. (Core)</p> <p>2.10.b. Faculty members responsible for post-doctoral fellow education in clinical cytogenetics and genomics must be clinical cytogeneticists or laboratory geneticists.. (Core)</p>
Medical Biochemical Genetics	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Medical Genetics and Genomics or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Neurological Surgery	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in neurological surgery, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Neurology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Child Neurology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>If a program does not have faculty members with expertise in particular disciplines, how should it ensure its residents have exposure to all of the areas listed in the Program Requirements? [Program Requirement: 2.10.]</i></p> <p>Resident exposure to all the disciplines identified in the Program Requirements may occur through several methods. Residents may learn from a child neurologist who sees a high volume of patients with a particular problem, even if that faculty member is not formally listed as an expert in this area. Residents may also work with multi-disciplinary specialists or rotate to other clinical sites to obtain exposure to all required disciplines.</p>
Clinical Neurophysiology	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Epilepsy	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Neurodevelopmental Disabilities	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. Additional faculty members must include specialists in child and adolescent psychiatry, dentistry, genetics, metabolism, neonatology, neurology, neurological surgery, ophthalmology, orthopaedic surgery, otolaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, and psychiatry. ^(Detail)</p>
Vascular Neurology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. Faculty members from other disciplines, including cardiologists, neurological surgeons, neuro-rehabilitation specialists, and vascular surgeons, must be available to the program. ^(Detail)</p>
Nuclear Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine, or possess qualifications judged acceptable to the Review Committee; or, ^(Core)</p> <p>2.10.b. In programs affiliated with a medical school, all physician faculty members must have an academic appointment. ^(Core)</p>
Obstetrics and Gynecology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>Do programs need to review program director and faculty member certification information that is automatically provided in ADS? [Program Requirement: 2.10.]</i></p> <p>Yes, programs are expected to review faculty members’ certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into the system. If an error is identified, programs should correct this in the Faculty Roster [Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”].</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Complex Family Planning	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>How should faculty members’ certification information be reported in the ADS Faculty Roster?</i> <i>[Program Requirement: 2.9.]</i></p> <p>Faculty certification information for both obstetrics and gynecology and complex family planning is imported into the Faculty Roster in ADS and programs should review it for accuracy and provide updated information in the “Specialty Certification – Manual Entries” section.</p> <p>For obstetrics and gynecology certification:</p> <ul style="list-style-type: none"> • For faculty members whose certification information is missing but the faculty member is certified, or it is populating but is incorrect, programs should enter “ABMS data import is missing/has inaccurate data” or “AOA data import is missing/has inaccurate data”. • For faculty members who recently completed obstetrics and gynecology education and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” • For faculty members who do not have ABMS or AOA certification and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. <p>For complex family planning certification:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<ul style="list-style-type: none"> • Until certification is offered in complex family planning, programs should enter “Not Certified.” Once certification is offered, programs should enter “ABMS Board Eligible”.
Gynecologic Oncology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. <small>(Core)</small></p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. <small>(Core)</small></p> <p>2.9.b. In addition to the core faculty in gynecologic oncology, a program must include faculty members, who participate in the care of patients and are involved in the training of the fellows, with special interest and expertise in the following areas: <small>(Core)</small></p> <p>2.9.b.1. Radiation Therapy At least one radiation oncologist must be involved in an active program of radiation therapy with modern equipment for teletherapy and sources for brachytherapy. <small>(Core)</small></p> <p>2.9.b.1.a. This individual must provide consultation for patient care. <small>(Core)</small></p> <p>2.9.b.1.b. This individual must provide formal instruction to the fellows in the principles and techniques of all forms of radiation therapy. <small>(Core)</small></p> <p>2.9.b.2. Pathology At least one pathologist who is skilled in the areas of cytology and gynecologic malignancies must be available to the fellows for consultation and instruction. <small>(Core)</small></p> <p>2.9.b.3. Chemotherapy and Other Targeted Therapeutics At least one physician with expertise in chemotherapy and other targeted therapeutics must be available to the fellows. This individual may be a gynecologic oncologist or a subspecialist in another discipline. <small>(Core)</small></p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.3.a. This individual must be readily available for consultation. ^(Core)</p> <p>2.9.b.3.b. This individual must provide formal instruction for the fellows in the principles, use, and complications of chemotherapy and other targeted therapeutics. ^(Core)</p> <p>2.9.b.3.c. This instruction must include clinical teaching and supervision. ^(Core)</p> <p>2.9.c. There must be evidence of mutually complementary active and continuing interaction between these disciplines and the fellows. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: 2.9.]</i></p> <p>Faculty certification information for both obstetrics and gynecology and reproductive endocrinology and infertility is imported into the Faculty Roster in ADS and programs should review it for accuracy and provide updated information in the “Specialty Certification – Manual Entries” section. Note:</p> <ul style="list-style-type: none"> • For faculty members whose certification information is missing but the faculty member is certified, or it is populating but is incorrect, programs should enter “ABMS data import is missing/has inaccurate data” or “AOA data import is missing/has inaccurate data”. • For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” <p>For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section.</p>
Maternal-Fetal Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the members of the core faculty, there must be faculty members, in the following specialty areas, who participate in the care of patients and are involved in the education of fellows:</p> <p>2.9.b.1. critical care medicine; ^(Core)</p> <p>2.9.b.2. genetics; ^(Core)</p> <p>2.9.b.3. infectious diseases; ^(Core)</p> <p>2.9.b.4. neonatology; ^(Core)</p> <p>2.9.b.5. obstetrical anesthesiology; and, ^(Core)</p> <p>2.9.b.6. perinatal pathology. ^(Core)</p> <p>2.9.c. There must be evidence of mutually complementary active and continuing interaction between these disciplines and fellows. ^(Core)</p> <p><u>Frequently Asked Questions</u></p> <p><i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: 2.9.]</i></p> <p>Faculty certification information for both obstetrics and gynecology and reproductive endocrinology and infertility is imported into the Faculty Roster in ADS and programs should review it for accuracy and provide updated information in the “Specialty Certification – Manual Entries” section. Note:</p> <ul style="list-style-type: none"> • For faculty members whose certification information is missing but the faculty member is certified, or it is populating but is incorrect, programs should enter “ABMS data import is missing/has inaccurate data” or “AOA data import is missing/has inaccurate data”.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<ul style="list-style-type: none"> For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” <p>For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section.</p>
Reproductive Endocrinology and Infertility	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the faculty in reproductive endocrinology and infertility, there must be faculty members in the following specialty areas who participate in the care of patients, have mutually complementary and continuing interaction with the fellows, and are involved in the education of the fellows:</p> <p>2.9.b.1. genetics; ^(Core)</p> <p>2.9.b.2. male infertility; ^(Core)</p> <p>2.9.b.3. medical endocrinology; and, ^(Core)</p> <p>2.9.b.4. pediatric endocrinology. ^(Core)</p> <p><u>Frequently Asked Questions</u></p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p><i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: 2.9.]</i></p> <p>Faculty certification information for both obstetrics and gynecology and reproductive endocrinology and infertility is imported into the Faculty Roster in ADS and programs should review it for accuracy and provide updated information in the “Specialty Certification – Manual Entries” section. Note:</p> <ul style="list-style-type: none"> • For faculty members whose certification information is missing but the faculty member is certified, or it is populating but is incorrect, programs should enter “ABMS data import is missing/has inaccurate data” or “AOA data import is missing/has inaccurate data.” • For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” <p>For faculty members who do not have American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) certification and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section.</p>
Ophthalmology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. <small>(Core)</small></p> <p><u>Frequently Asked Questions</u></p> <p><i>Do programs need to review program director and faculty member certification information that is automatically provided in ADS? [Program Requirements: 2.5.a. and 2.10.]</i></p> <p>Yes, programs are expected to review faculty member certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into ADS. If an error is identified, programs should correct this in the faculty roster (Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”).</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Ophthalmic Plastic and Reconstructive Surgery</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Faculty members in ophthalmic plastic and reconstructive surgery should have completed an ophthalmic plastic and reconstructive surgery fellowship; they may have part-time or voluntary faculty appointments. ^(Detail)</p> <p>2.9.c. There should be designated faculty members from the specialties of otolaryngology, procedural dermatology, craniofacial surgery, plastic surgery, neuroradiology, ocular pathology, and neurology to supervise rotations in these specialties. ^(Detail)</p>
<p>Orthopaedic Surgery</p>	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.a. The primary provider of orthopaedic surgery education in any subspecialty area must have appropriate subspecialty qualifications. Other qualified and properly credentialed non-physician practitioners may participate in the education of residents as determined by the program director. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Adult Reconstructive Orthopaedic Surgery</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Foot and Ankle Orthopaedic Surgery</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Musculoskeletal Oncology</p>	<p>2.9. Subspecialty physician faculty members must: have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>[Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board to the AOA acceptable, there is not ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Orthopaedic Sports Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Orthopaedic Trauma	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the ABMS or the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Pediatric Orthopaedic Surgery</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Orthopaedic Surgery of the Spine</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. There must be at least one physician faculty member who is a neurosurgeon. ^(Core)</p>
<p>Osteopathic Neuromusculoskeletal Medicine</p>	<p>2.10. Physician faculty members must have current certification in the specialty by the American Osteopathic Board of Neuromusculoskeletal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) acceptable, there is no ABMS member board that offers certification in this specialty]
Otolaryngology – Head and Neck Surgery	2.10. Physician faculty members must have current certification in the specialty by the American Board of Otolaryngology – Head and Neck Surgery or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neurotology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Otolaryngology – Head and Neck Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Pediatric Otolaryngology	<p>2.9. Subspecialty physician faculty members must possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p>
Pathology	2.10. Physician faculty members must have current certification in the specialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	2.10.b. An associate program director should have at least two years of experience as an active faculty member in an ACGME-accredited pathology residency program or a pathology residency located in Canada and accredited by the RCPSC. ^(Detail)
Blood Banking/Transfusion Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <ul style="list-style-type: none"> •
Chemical Pathology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Cytopathology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Forensic Pathology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Hematopathology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Medical Microbiology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Neuropathology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Pediatric Pathology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <ul style="list-style-type: none"> •
Selective Pathology	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a.1. Physician faculty members must have demonstrated expertise in anatomic pathology and clinical pathology, in anatomic pathology, or in clinical pathology. ^(Core)</p> <p>2.9.b. Physician faculty members must have completed a fellowship in the identified area of the program, or have at least three years of active participation as a specialist in: ^(Core)</p> <p>2.9.b.1. Track A: surgical pathology. ^(Core)</p> <p>2.9.b.2. Track B: the identified area of focused anatomic pathology. ^(Core)</p> <p>2.9.b.3. Track C: the identified area of focused clinical pathology. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Pediatrics	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.a. For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members. ^(Core)</p>
Adolescent Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics, the American Board of Family Medicine, or the American Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the adolescent medicine faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. pediatric cardiology; ^(Core)</p> <p>2.9.b.2. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.3. pediatric endocrinology; ^(Core)</p> <p>2.9.b.4. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.5. pediatric hematology-oncology; ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.6. pediatric infectious diseases; (Core)</p> <p>2.9.b.7. pediatric nephrology; (Core)</p> <p>2.9.b.8. pediatric pulmonology; and, (Core)</p> <p>2.9.b.9. pediatric rheumatology. (Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); (Detail)</p> <p>2.9.c.2. anesthesiologist(s); (Detail)</p> <p>2.9.c.3. child and adolescent psychiatrist(s); (Core)</p> <p>2.9.c.4. child neurologist(s); (Detail)</p> <p>2.9.c.5. dermatologist(s); (Detail)</p> <p>2.9.c.6. diagnostic radiologist(s); (Detail)</p> <p>2.9.c.7. obstetrician(s) and gynecologist(s); (Core)</p> <p>2.9.c.8. orthopaedic surgeon(s); (Detail)</p> <p>2.9.c.9. pathologist(s); (Detail)</p> <p>2.9.c.10. pediatric surgeon(s); (Detail)</p> <p>2.9.c.11. sports medicine physician(s); and, (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.12. urologist(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
<p>Child Abuse Pediatrics</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the child abuse pediatrics faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.c.1. pediatric critical care medicine; ^(Core)</p> <p>2.9.c.2. pediatric emergency medicine; ^(Core)</p> <p>2.9.c.3. pediatric endocrinology; and, ^(Core)</p> <p>2.9.c.4. pediatric hematology-oncology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. child and adolescent psychiatrist(s); ^(Core)</p> <p>2.9.c.2. child neurologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.3. forensic pathologist(s); ^(Detail)</p> <p>2.9.c.4. medical geneticist(s); ^(Core)</p> <p>2.9.c.5. neurological surgeon(s); ^(Detail)</p> <p>2.9.c.6. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.7. ophthalmologist(s); ^(Core)</p> <p>2.9.c.8. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.9. pathologist(s); ^(Core)</p> <p>2.9.c.10. pediatric gastroenterologist(s); ^(Detail)</p> <p>2.9.c.11. pediatric surgeon(s); ^(Core)</p> <p>2.9.c.12. pediatric radiologist(s); and, ^(Core)</p> <p>2.9.c.13. trauma surgeon(s). ^(Core)</p>
Developmental-Behavioral Pediatrics	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

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	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the developmental-behavioral pediatrics faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. adolescent medicine; ^(Core)</p> <p>2.9.b.2. child neurology; ^(Core)</p> <p>2.9.b.3. child and adolescent psychiatry; and, ^(Core)</p> <p>2.9.b.4. medical genetics. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); ^(Detail)</p> <p>2.9.c.2. child abuse pediatrics specialist(s); ^(Detail)</p> <p>2.9.c.3. dermatologist(s); ^(Detail)</p> <p>2.9.c.4. neonatologist(s); ^(Detail)</p> <p>2.9.c.5. neurological surgeon(s); ^(Detail)</p> <p>2.9.c.6. ophthalmologist(s); ^(Detail)</p> <p>2.9.c.7. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.8. otolaryngologist(s); ^(Detail)</p> <p>2.9.c.9. pediatric cardiologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.10. pediatric endocrinologist(s); ^(Detail)</p> <p>2.9.c.11. pediatric gastroenterologist(s); ^(Detail)</p> <p>2.9.c.12. pediatric hematologist-oncologist(s); ^(Detail)</p> <p>2.9.c.13. pediatric infectious diseases specialist(s); ^(Detail)</p> <p>2.9.c.14. pediatric rheumatologist(s); ^(Detail)</p> <p>2.9.c.15. pediatric surgeon(s); ^(Detail)</p> <p>2.9.c.16. physiatrist(s); ^(Core)</p> <p>2.9.c.17. radiologist(s); and, ^(Detail)</p> <p>2.9.c.18. urologist(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Neonatal-Perinatal Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the neonatal-perinatal medicine faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. pediatric cardiology; ^(Core)</p>

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	<p>2.9.b.2. pediatric critical care medicine; (Core)</p> <p>2.9.b.3. pediatric endocrinology; (Core)</p> <p>2.9.b.4. pediatric gastroenterology; (Core)</p> <p>2.9.b.5. pediatric hematology-oncology; (Core)</p> <p>2.9.b.6. pediatric infectious diseases; (Core)</p> <p>2.9.b.7. pediatric nephrology; and, (Core)</p> <p>2.9.b.8. pediatric pulmonology. (Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. anesthesiologist(s); (Detail)</p> <p>2.9.c.2. pathologist(s); (Detail)</p> <p>2.9.c.3. radiologist(s); (Core)</p> <p>2.9.c.4. cardiothoracic surgeon(s); (Detail)</p> <p>2.9.c.5. child neurologist(s); (Detail)</p> <p>2.9.c.6. medical geneticist(s); (Detail)</p> <p>2.9.c.7. neurodevelopmentalist(s); (Detail)</p> <p>2.9.c.8. neurological surgeon(s); (Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.9. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.10. obstetrician(s) and gynecologist(s); ^(Core)</p> <p>2.9.c.11. ophthalmologist(s); ^(Core)</p> <p>2.9.c.12. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.13. otolaryngologist(s); ^(Detail)</p> <p>2.9.c.14. pediatric surgeon(s); and, ^(Core)</p> <p>2.9.c.15. urologist(s). ^(Detail)</p>
Pediatric Cardiology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. In addition to the pediatric cardiology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.a.1.a. neonatal-perinatal medicine; ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a.1.b. pediatric critical care medicine; ^(Core)</p> <p>2.9.a.1.c. pediatric gastroenterology; ^(Core)</p> <p>2.9.a.1.d. pediatric hematology-oncology; ^(Core)</p> <p>2.9.a.1.e. pediatric infectious diseases; ^(Core)</p> <p>2.9.a.1.f. pediatric nephrology; and, ^(Core)</p> <p>2.9.a.1.g. pediatric pulmonology. ^(Core)</p> <p>2.9.a.2. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.a.2.a. anesthesiologist(s); ^(Detail)</p> <p>2.9.a.2.b. child and adolescent psychiatrist(s); ^(Detail)</p> <p>2.9.a.2.c. child neurologist(s); ^(Detail)</p> <p>2.9.a.2.d. congenital cardiothoracic surgeon(s); ^(Core)</p> <p>2.9.a.2.e. medical geneticist(s); ^(Core)</p> <p>2.9.a.2.f. pathologist(s); ^(Detail)</p> <p>2.9.a.2.g. pediatric surgeon(s); ^(Detail)</p> <p>2.9.a.2.h. physiatrist(s); and, ^(Detail)</p> <p>2.9.a.2.i. radiologist(s). ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a.3. Faculty members with expertise in adult congenital cardiac disease should be available for transition care of young adults. ^(Detail)</p> <p>2.9.a.4. Consultants should be available in obstetrics and gynecology and maternal-fetal medicine. ^(Detail)</p>
<p>Pediatric Critical Care Medicine</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric critical care medicine faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.2. pediatric cardiology; ^(Core)</p> <p>2.9.b.3. pediatric endocrinology; ^(Core)</p> <p>2.9.b.4. pediatric emergency medicine; ^(Core)</p> <p>2.9.b.5. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.6. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.7. pediatric infectious diseases; and, ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.8. pediatric nephrology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); ^(Core)</p> <p>2.9.c.2. anesthesiologist(s); ^(Core)</p> <p>2.9.c.3. child abuse pediatrician(s); ^(Core)</p> <p>2.9.c.4. child and adolescent psychiatrist(s); ^(Core)</p> <p>2.9.c.5. child neurologist(s); ^(Core)</p> <p>2.9.c.6. congenital cardiac surgeon(s); ^(Detail)</p> <p>2.9.c.7. medical geneticist(s); ^(Detail)</p> <p>2.9.c.8. neurological surgeon(s); ^(Core)</p> <p>2.9.c.9. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.10. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.11. otolaryngologist(s); ^(Core)</p> <p>2.9.c.12. pathologist(s); ^(Detail)</p> <p>2.9.c.13. pediatric surgeon(s); ^(Core)</p> <p>2.9.c.14. physiatrist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.15. radiologist(s); and, ^(Core)</p> <p>2.9.c.16. trauma surgeon(s). ^(Detail)</p>
<p>Pediatric Endocrinology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric endocrinology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. adolescent medicine; ^(Core)</p> <p>2.9.b.2. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.3. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.4. pediatric emergency medicine; ^(Core)</p> <p>2.9.b.5. pediatric gastroenterology; and, ^(Core)</p> <p>2.9.b.6. pediatric hematology-oncology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. anesthesiologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.2. child and adolescent psychiatrist(s); ^(Core)</p> <p>2.9.c.3. child neurologist(s); ^(Detail)</p> <p>2.9.c.4. medical geneticist(s); ^(Detail)</p> <p>2.9.c.5. neurological surgeon(s); ^(Detail)</p> <p>2.9.c.6. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.7. nuclear medicine physician(s); ^(Detail)</p> <p>2.9.c.8. obstetrician(s) and gynecologist(s) ^(Detail)</p> <p>2.9.c.9. ophthalmologist(s); ^(Detail)</p> <p>2.9.c.10. pathologist(s); ^(Detail)</p> <p>2.9.c.11. pediatric surgeon(s); ^(Core)</p> <p>2.9.c.12. interventional radiologist(s); and, ^(Core)</p> <p>2.9.c.13. urologist(s). ^(Core)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Gastroenterology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric gastroenterology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.2. pediatric cardiology; ^(Core)</p> <p>2.9.b.3. pediatric critical care; ^(Core)</p> <p>2.9.b.4. pediatric endocrinology; ^(Core)</p> <p>2.9.b.5. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.6. pediatric infectious diseases; ^(Core)</p> <p>2.9.b.7. pediatric nephrology; and, ^(Core)</p> <p>2.9.b.8. pediatric pulmonology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); ^(Core)</p> <p>2.9.c.2. anesthesiologist(s); ^(Core)</p> <p>2.9.c.3. child and adolescent psychiatrist(s); ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.4. child neurologist(s); ^(Core)</p> <p>2.9.c.5. dermatologist(s); ^(Core)</p> <p>2.9.c.6. medical geneticist(s); ^(Core)</p> <p>2.9.c.7. pathologist(s); ^(Core)</p> <p>2.9.c.8. pediatric radiologist(s); and, ^(Core)</p> <p>2.9.c.9. pediatric surgeon(s). ^(Core)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
<p>Pediatric Hematology Oncology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric hematology-oncology faculty members, faculty members and consultants in the following specialties/subspecialties must be available:</p> <p>2.9.b.1. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.2. pediatric cardiology; ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.3. pediatric critical care medicine; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric endocrinology; (Core)</p> <p>2.9.b.6. pediatric gastroenterology; (Core)</p> <p>2.9.b.7. pediatric infectious diseases; (Core)</p> <p>2.9.b.8. pediatric nephrology; and, (Core)</p> <p>2.9.b.9. pediatric pulmonology. (Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); (Core)</p> <p>2.9.c.2. anesthesiologist(s); (Detail)</p> <p>2.9.c.3. child abuse pediatrician(s); (Detail)</p> <p>2.9.c.4. child and adolescent psychiatrist(s); (Detail)</p> <p>2.9.c.5. child neurologist(s) (Detail)</p> <p>2.9.c.6. hospice and palliative medicine specialist(s); (Core)</p> <p>2.9.c.7. pathologist(s); (Detail)</p> <p>2.9.c.8. medical geneticist(s); (Detail)</p> <p>2.9.c.9. neurological surgeon(s); (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.10. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.11. orthopaedic surgeon(s); ^(Core)</p> <p>2.9.c.12. obstetrician(s) and gynecologist(s) ^(Detail)</p> <p>2.9.c.13. ophthalmologist(s); ^(Detail)</p> <p>2.9.c.14. pain medicine specialist(s); ^(Core)</p> <p>2.9.c.15. pediatric surgeon(s); ^(Core)</p> <p>2.9.c.16. radiation oncologist(s); ^(Detail)</p> <p>2.9.c.17. radiologist(s); and, ^(Detail)</p> <p>2.9.c.18. urologist(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Hospital Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric hospital medicine faculty members, faculty members and consultants</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>in the following subspecialties must be available:</p> <p>2.9.b.1. pediatric critical care medicine; and, (Core)</p> <p>2.9.b.2. neonatal perinatal medicine. (Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems: (Detail)†</p> <p>2.9.c.1. anesthesiologist(s); (Core)</p> <p>2.9.c.2. child neurologist(s); (Core)</p> <p>2.9.c.3. child psychiatrist(s); (Core)</p> <p>2.9.c.4. dermatologist(s); (Core)</p> <p>2.9.c.5. medical geneticist(s); (Core)</p> <p>2.9.c.6. neurological surgeon(s); (Core)</p> <p>2.9.c.7. orthopaedic surgeon(s); (Core)</p> <p>2.9.c.8. otolaryngologist(s); (Core)</p> <p>2.9.c.9. palliative care specialist(s); (Core)</p> <p>2.9.c.10. pathologist(s); (Core)</p> <p>2.9.c.11. pediatric cardiologist(s); (Core)</p> <p>2.9.c.12. pediatric child abuse physician(s); (Core)</p> <p>2.9.c.13. pediatric emergency medicine physicians(s); (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.14. pediatric endocrinologist(s); ^(Core)</p> <p>2.9.c.15. pediatric gastroenterologist(s); ^(Core)</p> <p>2.9.c.16. pediatric hematology-oncologist(s); ^(Core)</p> <p>2.9.c.17. pediatric infectious diseases specialist(s); ^(Core)</p> <p>2.9.c.18. pediatric nephrologist(s); ^(Core)</p> <p>2.9.c.19. pediatric surgeon(s); and, ^(Core)</p> <p>2.9.c.20. radiologist(s). ^(Core)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Infectious Diseases	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric infectious diseases faculty members, faculty members and consultants in the following subspecialties must be available:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.1. adolescent medicine; ^(Core)</p> <p>2.9.b.2. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.3. pediatric cardiology; ^(Core)</p> <p>2.9.b.4. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.5. pediatric emergency medicine; ^(Core)</p> <p>2.9.b.6. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.7. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.8. pediatric nephrology; ^(Core)</p> <p>2.9.b.9. pediatric pulmonology; and, ^(Core)</p> <p>2.9.b.10. pediatric rheumatology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); ^(Core)</p> <p>2.9.c.2. anesthesiologist(s); ^(Detail)</p> <p>2.9.c.3. cardiac surgeon(s); ^(Detail)</p> <p>2.9.c.4. child and adolescent psychiatrist(s); ^(Detail)</p> <p>2.9.c.5. child neurologist(s); ^(Detail)</p> <p>2.9.c.6. dermatologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.7. medical geneticist(s); ^(Detail)</p> <p>2.9.c.8. microbiologist(s); ^(Core)</p> <p>2.9.c.9. neurological surgeon(s); ^(Detail)</p> <p>2.9.c.10. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.11. ophthalmologist(s); ^(Detail)</p> <p>2.9.c.12. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.13. otolaryngologist(s); ^(Detail)</p> <p>2.9.c.14. pathologist(s); ^(Core)</p> <p>2.9.c.15. pediatric surgeon(s); ^(Core)</p> <p>2.9.c.16. plastic surgeon(s); ^(Detail)</p> <p>2.9.c.17. radiologist(s); and, ^(Detail)</p> <p>2.9.c.18. urologist(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Nephrology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric nephrology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. adolescent medicine; ^(Core)</p> <p>2.9.b.2. developmental-behavioral pediatrics; ^(Core)</p> <p>2.9.b.3. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.b.4. pediatric cardiology; ^(Core)</p> <p>2.9.b.5. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.6. pediatric emergency medicine; ^(Core)</p> <p>2.9.b.7. pediatric endocrinology; ^(Core)</p> <p>2.9.b.8. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.9. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.10. pediatric infectious diseases; ^(Core)</p> <p>2.9.b.11. pediatric pulmonology; and, ^(Core)</p> <p>2.9.b.12. pediatric rheumatology. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. anesthesiologist(s); ^(Detail)</p> <p>2.9.c.2. child and adolescent psychiatrist(s); ^(Detail)</p> <p>2.9.c.3. child neurologist(s); ^(Detail)</p> <p>2.9.c.4. medical geneticist(s); ^(Detail)</p> <p>2.9.c.5. pathologist(s); ^(Detail)</p> <p>2.9.c.6. pediatric surgeon(s); ^(Detail)</p> <p>2.9.c.7. pediatric urologist(s); ^(Detail)</p> <p>2.9.c.8. radiologist(s); and, ^(Detail)</p> <p>2.9.c.9. transplant surgeon(s). ^(Core)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Pulmonology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric pulmonology faculty members, faculty members and consultants in the following subspecialties must be available:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.2. pediatric cardiology; (Core)</p> <p>2.9.b.3. pediatric critical care medicine; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric endocrinology; (Core)</p> <p>2.9.b.6. pediatric gastroenterology; and, (Core)</p> <p>2.9.b.7. pediatric infectious diseases. (Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.c.1. allergist and immunologist(s); (Detail)</p> <p>2.9.c.2. anesthesiologist(s); (Core)</p> <p>2.9.c.3. cardiothoracic surgeon(s); (Detail)</p> <p>2.9.c.4. child and adolescent psychiatrist(s); (Detail)</p> <p>2.9.c.5. child neurologist(s); (Detail)</p> <p>2.9.c.6. medical geneticist(s); (Detail)</p> <p>2.9.c.7. otolaryngologist(s); (Core)</p> <p>2.9.c.8. pathologist(s); and, (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.9. pediatric surgeon(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
<p>Pediatric Rheumatology</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. In addition to the pediatric rheumatology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. child and adolescent psychiatrist(s); ^(Core)</p> <p>2.9.b.2. child neurologist(s); ^(Core)</p> <p>2.9.b.3. pediatric cardiology; ^(Core)</p> <p>2.9.b.4. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.5. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.6. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.7. pediatric infectious diseases; and, ^(Core)</p> <p>2.9.b.8. pediatric nephrology. ^(Core)</p> <p>2.9.c. The faculty should also include the following specialists with substantial experience with pediatric problems:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.c.1. allergist and immunologist(s); ^(Core)</p> <p>2.9.c.1. anesthesiologist(s); ^(Detail)</p> <p>2.9.c.1. dermatologist(s); ^(Core)</p> <p>2.9.c.1. medical geneticist(s); ^(Detail)</p> <p>2.9.c.1. neuroradiologist(s); ^(Detail)</p> <p>2.9.c.1. ophthalmologist(s); ^(Detail)</p> <p>2.9.c.1. orthopaedic surgeon(s); ^(Detail)</p> <p>2.9.c.1. pathologist(s); ^(Detail)</p> <p>2.9.c.1. pediatric surgeon(s); ^(Detail)</p> <p>2.9.c.1. physiatrist(s); and, ^(Detail)</p> <p>2.9.c.1. radiologist(s). ^(Detail)</p> <p>2.9.d. Consultants should be available for transition care of young adults. ^(Detail)</p>
Pediatric Transplant Hepatology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Subspecialty physician faculty members must be pediatric hepatologists with expertise in childhood liver diseases and pediatric liver transplantation, and, have ongoing direct patient care responsibilities. ^(Core)</p> <p>2.9.c. In addition to the pediatric transplant hepatology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.c.1. neonatal-perinatal medicine; ^(Core)</p> <p>2.9.c.1. pediatric cardiology; ^(Core)</p> <p>2.9.c.1. pediatric critical care medicine; ^(Core)</p> <p>2.9.c.1. pediatric endocrinology; ^(Core)</p> <p>2.9.c.1. pediatric gastroenterology; ^(Core)</p> <p>2.9.c.1. pediatric hematology-oncology; ^(Core)</p> <p>2.9.c.1. pediatric infectious diseases; ^(Core)</p> <p>2.9.c.1. pediatric nephrology; and, ^(Core)</p> <p>2.9.c.1. pediatric pulmonology. ^(Core)</p> <p>2.9.d. The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>2.9.d.1. allergist-immunologist(s); ^(Detail)</p> <p>2.9.d.2. anesthesiologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.d.3. child and adolescent psychiatrist(s); ^(Core)</p> <p>2.9.d.4. child neurologist(s); ^(Detail)</p> <p>2.9.d.5. medical geneticist(s); ^(Core)</p> <p>2.9.d.6. pathologist(s); ^(Core)</p> <p>2.9.d.7. pediatric radiologist(s); and, ^(Core)</p> <p>2.9.d.8. pediatric transplant surgeon(s). ^(Core)</p>
Physical Medicine and Rehabilitation	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Pediatric Rehabilitation Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Spinal Cord Injury Medicine	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Plastic Surgery	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery - Plastic and Reconstructive Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Craniofacial Surgery	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Plastic Surgery or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Aerospace Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Occupational and Environmental Medicine	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Public Health and General Preventive Medicine	2.10. Physician faculty members must have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)
Psychiatry	2.10. Physician faculty members must have current certification in the specialty by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. (Core)
Addiction Psychiatry	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology (note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA) or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[Note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Child and Adolescent Psychiatry	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Consultation-Liaison Psychiatry</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Forensic Psychiatry</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Geriatric Psychiatry	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Radiation Oncology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Surgery	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Complex General Surgical Oncology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p data-bbox="577 284 1894 423">Subspecialty-Specific Background and Intent: The Review Committee recognizes that programs may wish to appoint physicians with board certification in specialties other than complex general surgical oncology (e.g., head and neck surgeons, colon and rectal surgeons, etc.) as faculty members. The Review Committee will review the qualifications of these individuals individually.</p> <p data-bbox="577 461 1871 591">2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p data-bbox="577 630 1808 727">2.9.b. Acceptable qualifications include successful completion of a surgical oncology program sponsored by the Society of Surgical Oncology or a complex general surgical oncology program accredited by the ACGME. ^(Core)</p> <p data-bbox="577 802 1894 971">Subspecialty-Specific Background and Intent: Non-physician faculty members may include other doctoral-level faculty members, nurses, and nurse practitioners. Programs should ensure that non-physician faculty members who participate in clinical activities have the required licensure and credentials to provide clinical care. When possible, non-physician faculty members are recommended to hold a faculty appointment.</p>
Pediatric Surgery	<p data-bbox="577 982 1894 1079">2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p data-bbox="577 1118 1885 1219">[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p data-bbox="577 1258 1871 1398">2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	2.9.b. Subspecialty physician faculty members must be licensed to practice medicine in the state where the program or participating site is located. ^(Core)
Surgical Critical Care	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Vascular Surgery – Integrated and Independent	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>Specialty-Specific Background and Intent: Examples of qualifications that may be acceptable to the Review Committee include board certification in one of the specialties outlined in the foundational educational experiences listed in 4.11.c.</p>
Thoracic Surgery - Integrated	2.10. Physician faculty members must have current certification in the specialty by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Thoracic Surgery - Independent	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Congenital Cardiac Surgery	2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Thoracic Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Transitional Year	<p>2.10. Physician faculty members must have current certification by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Urology	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Urology or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Pediatric Urology	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Urology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Multidisciplinary Subspecialties	
Addiction Medicine (subspecialty of Anesthesiology, Emergency Medicine,	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Preventive Medicine or the American Osteopathic Board of Family Physicians, Internal Medicine, or Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)</p>	<p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. At least one psychiatrist must have a continuous and meaningful role in the fellowship. ^(Core)</p> <p>2.9.a.2. The faculty must include at least one physician in at least one of the following disciplines must have a continuous and meaningful role in the fellowship: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. ^(Detail)</p>
<p>Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or the American Board of Psychiatry and Neurology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Clinical Informatics (subspecialty of Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics, Pathology, Pediatrics, or Preventive</p>	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, or possess qualifications judged acceptable to the Review Committee; and, ^(Core)</p> <p>2.9.b. Subspecialty physician faculty members must have at least two years of experience in clinical informatics. ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Medicine)	2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Dermatopathology (subspecialty of Dermatology or Pathology)	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Dermatology or American Board of Pathology or the American Osteopathic Board of Dermatology or American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
Urogynecology and Reconstructive Surgery (Formerly Female Pelvic Medicine and Reconstructive Surgery) (subspecialty of Obstetrics and Gynecology or Urology)	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology or Urology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. There must be physician faculty members with special interest and expertise in anorectal disorders (fecal incontinence, functional anorectal pain, and functional defecation disorders) and rectovaginal and anovaginal fistulae. ^(Core)</p> <p>2.9.b.1. These faculty members may include a colorectal surgeon, gastroenterologist, and/or urogynecology and reconstructive pelvic surgery subspecialist. A urogynecology and reconstructive pelvic surgery subspecialist must have qualifications acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)</p>	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine (ABIM), the American Board of Family Medicine (ABFM) or the American Osteopathic Board of Internal Medicine (AOBIM), American Osteopathic Board of Family Physicians (AOBFP), or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Orthopaedic Surgery, the American Board of Plastic Surgery, or the American Board of Surgery, or the American Osteopathic Board of Orthopaedic Surgery, the American Osteopathic Board of Plastic Surgery, or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. Physician faculty members who are hand surgeons must have completed an ACGME-accredited or AOA-approved hand surgery fellowship. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Hospice and Palliative Medicine (subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, or Radiation Oncology)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or by a certifying board of the American Osteopathic Association of, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)</p>	<p>2.10. Physician faculty members must have current certification in the specialty by the American Board of Internal Medicine (ABIM), the American Board of Pediatrics (ABP), or the American Osteopathic Board of Internal Medicine (AOBIM), or the American Osteopathic Board of Pediatrics (AOBP), or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.10.b. There must be internal medicine physicians to teach and supervise internal medicine residents while they are on internal medicine inpatient and outpatient rotations. ^(Core)</p>
<p>Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics, or the American Board of Preventive Medicine, or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Medical Genetics and Genomics or the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Neurocritical Care (Subspecialty of Neurology and Neurological Surgery)</p>	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. Faculty members in the following specialties must be available to the program: anesthesiology; clinical neurophysiology; emergency medicine; interventional and diagnostic neuroradiology; medical or surgical critical care; neurology; neurological surgery; pertinent internal medicine subspecialties; and pulmonary disease. ^(Core)</p>
<p>Neuroendovascular Intervention (subspecialty of Child Neurology, Neurological Surgery, Neurology, or Radiology)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the specialty by the American Board of Neurological Surgery, Psychiatry and Neurology, Radiology, or the American Osteopathic Board of Neurological Surgery, Neurology and Psychiatry, Radiology, or possess qualifications judged acceptable to the Review Committee; ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.b. Subspecialty physician faculty members must devote at least 50 percent of their practice to neuroendovascular interventions; ^(Core)</p> <p>2.9.c. Subspecialty physician faculty members must be appointed in good standing to the faculty of an institution participating in the program; and, ^(Core)</p> <p>2.9.d. Subspecialty physician faculty members must hold primary and/or joint appointments in the departments of child neurology or neurology, neurological surgery, and radiology. ^(Detail)</p>
<p>Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)</p>	<p>2.9 Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty.]</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Anesthesiology, Physical Medicine and Rehabilitation, or Psychiatry and Neurology, American Osteopathic Board of Anesthesiology, or a member board of the American Osteopathic Conjoint Pain Medicine Examination Committee, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<p>2.9.a.1. The faculty must include members who completed an ACGME-accredited or AOA-approved program in at least two of the following specialties: anesthesiology; physical medicine and rehabilitation; psychiatry; and child neurology or neurology. ^(Core)</p> <p>2.9.a.1.a. These faculty members must have qualifications acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. The faculty as a whole must possess expertise across the domains of acute and chronic pain and pain in patients who require palliative care. ^(Core)</p>
<p>Pediatric Emergency Medicine (subspecialty of Pediatrics and Emergency Medicine)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics or the American Osteopathic Board of Emergency Medicine, or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Fellows must have interactions with both emergency medicine faculty members and pediatric faculty members over the course of the fellowship in all curricular elements, including didactics and clinical experience in the management of acutely ill and injured patients. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.c. Teaching and consultant faculty members in the full range of pediatric and emergency medicine subspecialties and in other related disciplines must be available. ^(Core)</p> <p>2.9.c.1. Consultant faculty members should include radiologists, pediatric surgeons, and surgical subspecialists as appropriate to pediatric emergency medicine. ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
<p>Sleep Medicine (subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a.1. Faculty in anesthesiology, family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, pulmonology, should be available to the program. ^(Core)</p> <p><u>Frequently Asked Questions</u> <i>Is a sleep medicine fellowship required to have faculty members from family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, and pulmonology? [Program Requirement 2.9.a.1. and 2.10.b.]</i></p> <p>Programs are advised to use the ACGME’s Accreditation Data System (ADS) to document the presence of appropriate faculty members and consultative expertise in family medicine, internal medicine, pulmonology, psychiatry, pediatrics, neurology, and otolaryngology, particularly expertise in the specialty as it relates to sleep medicine.</p>
<p>Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>
<p>Undersea and Hyperbaric Medicine</p>	<p>2.9. Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine, American Board of Preventive Medicine, or the</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
(subspecialty of Emergency Medicine or Preventive Medicine)	<p>American Osteopathic Board of Emergency Medicine, American Osteopathic Board of Family Physicians, American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>

Sponsoring Institution-Based Fellowships	
Fellowship Name	Specialty Specific Requirements Referencing “Faculty Member Qualifications”
Health Care Administration, Leadership, and Management	<p>2.9. Subspecialty* physician faculty members must have current certification by a member board of the ABMS or a certifying board of the AOA, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.a. Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p>