Residency Review Committee Council on Podiatric Medical Education 9312 Old Georgetown Road Bethesda, Maryland 20814-1621 301-581-9200

APPLICATION FOR PROVISIONAL APPROVAL OF A FELLOWSHIP PROGRAM

Please submit the first two pages of the application to the Council office at CPMEstaff@cpme.org and notify the CPME of the need to submit the completed application. Once this information is received, CPME staff will contact you to provide further instructions on submitting the required documentation and payment through the CPME portal. The full submission—is to include this completed form and the documentation in response to questions 35 pages 4-5 (supplemental materials) in PDF format, as a single bookmarked continuous document. Hand-written responses and hard copy documentation will not be accepted.

The entire review process for a fellowship requesting approval may require a period of 12-24 months from the time an application is received in the Council office until the Council takes an approval action.

The application will not be processed without all required supplemental materials and the application fee.

A fellowship program that seeks Council approval must be sponsored by a hospital or academic health center. A surgery center or a college or school of podiatric medical education may co-sponsor a fellowship with a hospital or academic health center. The fellowship must be granted provisional approval by the Council on Podiatric Medical Education prior to a fellow entering the program.

1.	Sponsoring institution:
2.	Address:
3.	City, state, zip:
4.	Telephone:
5.	Fax:
6.	Website address:
7.	Date (month/year) institution began operations:

8.	Number of beds:
9.	Sponsoring institution's chief administrative officer:
10.	Email:
11.	Co-sponsoring institution (if applicable):
12.	Address:
13.	City, state, zip:
14.	Telephone:
15.	Fax:
16.	Website address:
17.	Date (month/year) institution began operations:
18.	Number of beds:
19.	Co-sponsoring institution's chief administrative officer:
20.	Email:
21.	Fellowship program director:
22.	Office address:
23.	City, state, zip:
24.	Telephone:
25.	Fax:
26.	Email:
27.	Home/pager number (for emergency use only):
28.	Name of fellowship:
29.	Number of fellowship positions:

30.	What type of residency program is required for acceptance into the fellowship:		
	POR		
	PMSR		
31.	Number of podiatric medical faculty active as teaching staff:		
32.	Length of fellowship program: months.		
	Begins: Ends: Month/day/year Month/day/year		
33.	Fellow's stipend is \$ per annum		
34.	List the names and professional degrees of persons holding the following staff positions (if applicable).		
	(a) Chief of podiatric staff:		
	(b) Chief of medical staff:		
	(c) Chief of surgical staff:		
	(d) Director of medical education:		

- 35. The following supplemental materials <u>must</u> be included. Items (a) through (j) are referenced to the applicable requirements in CPME 820 (July 2007).
 - (a) The following information for each institution (e.g., hospitals, offices, nursing homes, etc.) participating in the fellowship program (including the sponsoring institution):
 - name
 - address
 - accreditation (Requirement 1.2)
 - name of on-site coordinator if applicable (Requirement 1.3)
 - approximate percentage of the fellow's training time over the duration of the program (Requirement 1.3)
 - (b) Signed written agreement between the sponsoring institution and each co-sponsoring and/or affiliated institution and/or facility. (Requirements 1.1 and 1.3)
 - (c) The contract(s) or letter(s) of appointment between the sponsoring institution(s) and the fellow. (Requirements 3.7 and 3.8)
 - (d) The mechanism of appeal/due process policies, remediation methods, and rules and regulations for the conduct of the fellow. (Requirement 3.9)
 - (e) The certificate verifying satisfactory completion of training requirements that includes the statement "Approved by the Council on Podiatric Medical Education" relative to the type of fellowship. (Requirement 3.10)
 - (f) Curriculum vitae of the fellowship program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the fellowship. (Requirement 5.2)
 - (g) List of podiatric medical faculty involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6)
 - (h) List of non-podiatric medical faculty involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6)
 - (i) A list of the goals and objectives to be achieved by the fellow and identification of the specific clinical and/or didactic learning activities to be used to enable fellow achievement of each objective. (Requirement 6.1)
 - (j) A written agreement specifying the educational relationship between the residency

and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in developing analytic skills and surgical/medical treatment judgment. This agreement is to be prepared jointly by the residency director and the fellowship director and to be submitted **only** if the institution sponsors a residency program and the residency director is someone other than the fellowship director. (Requirement 6.2)

- (k) One fellow's formal schedule of educational experiences for the duration of the program. The schedule must relate to the institutions and facilities listed in response to item (a) above and to the goals and objectives listed in response to item (i) above. (Requirement 6.8)
- (l) Evidence that didactic activities that complement and supplement the curriculum are available at least weekly. (Requirement 6.9)
- (m) Description and copies of the documentation that will assess and validate the extent to which the fellow has achieved the objectives of each educational experience and completion of the research project. (Requirement 7.1)

By signing this form, the chief administrative officer and the program director confirm the commitment of the institution in providing podiatric fellowship training.

Chief administrative officer	Date	
Program Director	Date	

NOTE: The Residency Review Committee and the Council on Podiatric Medical Education reserves the right to request further information for use in determination of approval.

CPME/RRC 809 May 2011