

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

PRE-EVALUATION REPORT

An institution seeking continuing approval of an established podiatric fellowship program is required by the Council on Podiatric Medical Education to submit this form along with supplemental materials regarding the educational program. This information will be reviewed by the evaluation team prior to the on-site visit.

It is requested that **two CDs or flash drives** of this form and of the documentation in response to question 30, page 4 (supplemental materials) be submitted to the Council office. Responses must be generated by computer.

Institutions seeking approval of a new fellowship program or reclassification of an established program must submit CPME/JRRC 809, *Application for Provisional Approval of a Fellowship Program*.

1. Sponsoring institution:
2. Address:
3. City, state, zip:
4. Telephone:
5. Fax:
6. Number of beds:
7. Co-sponsoring institution:
8. Address:
9. City, state, zip:
10. Telephone:
11. Fax:
12. Number of beds:
13. Fellowship program director:
14. Office address (where all correspondence will be mailed):

29. List the names and professional degrees of persons holding the following staff positions (if applicable).

(a) Sponsoring institution's chief administrative officer:

(b) Chief of podiatric staff:

(c) Chief of medical staff:

(d) Chief of surgical staff:

(e) Director of medical education:

30. Supplemental materials: The following items must be submitted on each CD or flash drive (see page 1 of this report). Supplemental materials must be collated into complete sets (items a-m) and are referenced to the applicable requirements in CPME 820 (July 2007).
- (a) Documentation of accreditation for each institution (e.g., hospitals, offices, nursing homes, etc.) participating in the fellowship program (including the sponsoring institution). (Requirement 1.2)
 - (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) One copy of the contract(s) or letter(s) of appointment between the sponsoring institution(s) and the fellow(s) for each year of training. (Requirements 3.7 and 3.8)
 - (d) The mechanism of appeal, remediation methods, and rules and regulations for the conduct of the fellow. Written acknowledgement(s) from each fellow confirming receipt of these policies. (Requirement 3.9)
 - (e) The certificate verifying satisfactory completion of training requirements. (Requirement 3.10)
 - (f) Curriculum vitae of the 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 actively 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 actively 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 comprehensive goals and learning objectives for the fellowship program. (Requirements 6.4 and 6.5)
 - (j) Each fellow's formal schedule of educational experiences for the duration of the program. The schedule must identify the type, length, and location of each educational experience to be offered. For the experiences listed, indicate the format to be utilized (e.g., block, sequential, or case-by-case). The schedule must relate to the institutions and facilities listed in response to items (a) and (b) above and to the goals and objectives listed in response to item (i) above. (Requirement 6.8)
 - (k) Evidence that didactic activities that complement and supplement the curriculum are available at least weekly. (Requirements 6.9 and 6.10)

(l) Description and copies of the evaluation forms that will document the extent to which the fellow has attained the stated objectives of each educational experience and completion of the research project. (Requirement 7.1)

(m) Copy of the annual self-assessment of the program's resources and curriculum. (Requirement 7.2)

31. Additional comments:

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

Administrator of Sponsoring Institution

Date

Program Director

Date

NOTE: On-site evaluations may be canceled if the necessary pre-evaluation materials are not submitted.