

## Initial Accreditation Application for Non-Standard Fellowship

**Date:**

**Program Name:**

**Sponsoring Department/Division:**

**Program Director:**

**Program Coordinator:**

**PD Email:**

**PC Email:**

**Track:**

[More Information](#)

**NAMF Programs:** NM-based programs must include a GME funding form. LCH- and SRAL-based programs must provide a letter of funding commitment from their hospital.

**ASTP Programs:** Because ASTP programs' trainees are appointed as coterminous faculty rather than McGaw fellows, a letter of funding commitment for the appropriate PGY-level stipend and benefits for the total desired complement, signed by the Chair/Chief and Funding Administrator must accompany the application.

**Length of Training:**

**Desired complement (total number of fellows in-training at one time):**

**Describe prerequisite of training requirements. Please specify whether completion of an ACGME-accredited residency is required.**

**Is there a national society which sponsors this training?**

**If so, please name:**

**PGY level at start\*:**

\*If a 3-year residency is prerequisite, a fellow would start training at PGY-4.

**Do you anticipate the possibility of accepting an international medical graduate as a fellow?**

For NAMF programs: At this time, new NAMF programs may not recruit J-1 visa seeking candidates. Candidates seeking H-1B visa sponsorship must be reviewed and approved by the GMEC *prior* to being offered a position.

ASTP programs are not eligible to recruit J-1 visa seeking candidates.

**Provide a brief statement of overall goals and objectives of this proposed training.**

**Describe any academic/research component to the fellowship.**

**List any research and/or travel support (if applicable).**

**Outline a detailed plan to avoid clinical competition with other trainees.**

**Will the clinical services performed by the fellow(s) be billed?**

A NAMF-based fellow's activities may not be billed directly by the trainee.

**If the clinical services performed by the fellow(s) are to be billed, outline in what situation(s) this will occur. Please also specify how this will not impact the other trainees' experiences.**

**Outline any fellow teaching responsibilities.**

**List any applicable weekly and/or monthly conferences for which the fellow(s) will participate and/or present.**

**Outline the plan for formal evaluations. (Must include at least 2 evaluative tools).**

**Outline the plan for formal feedback and mentoring. (Must include at least a semi-annual documented review with the Program Director)**

**Outline estimated duty hours if applicable (NAMF) and the plan for tracking.**

**List of key core faculty:**

**A block diagram of a representative training schedule must accompany application.**

**SIGNATURES:**

**Program Director Signature**

**Program Director Name**

**Chairman/Chief Signature**

**Chairman/Chief Name**

**For ASTP Programs:**

To ensure holistic understanding that ASTP trainees are appointed as coterminous faculty (not McGaw trainees), we require acknowledgement by the Department/Division Administrator's signature below.

**Department/Division Administrator Signature**

**Department/Division Administrator Name**