

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 as well as a funding confirmation from NM Academic Affairs for NM-based programs.

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