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## Bethesda, Maryland 20814-1621

## 301-581-9200

**PODIATRIC FELLOWSHIP**

***PRE-EVALUATION REPORT***

The Council on Podiatric Medical Education and the Residency Review Committee (RRC) require an institution seeking continuing approval of an established podiatric fellowship 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.

**This form and supplemental materials provided in response to** **question 15, page 4 must be submitted to the Council office in PDF format, as a single *bookmarked* continuous document** **via Microsoft OneDrive**. **The RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes.** Information submitted in multiple files will not be accepted and will be returned to the institution for re-submission. Hand-written responses and hard copy documentation will not be accepted.

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| 1. **Sponsoring Institution Information** | |
| Sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Website Address |  |
| Institution accredited/licensed by: |  |

|  |  |
| --- | --- |
| 1. **Co-Sponsoring Institution Information (if applicable)** | |
| Co-sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Website Address |  |
| Institution accredited/licensed by: |  |

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| 1. **Program Director Information** | |
| Name: |  |
| Office Address 1 |  |
| Office Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Fax |  |
| Mobile Phone |  |
| Email |  |
| Pager (if applicable) |  |

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| 1. **Administration – Sponsoring Institution (include professional degrees when applicable, e.g., DPM, MD, DO, etc.)** | |
| Chief Administrative Officer |  |
| Designated Institutional Official |  |
| Chief of Podiatric Staff |  |
| Chief of Medical Staff |  |
| Director of Graduate Medical Education |  |
| Chief of Surgical Staff |  |

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| 1. **Administration – Co-sponsoring Institution (if applicable)** | |
| Chief Administrative Officer |  |
| Designated Institutional Official |  |
| Chief of Podiatric Staff |  |
| Chief of Medical Staff |  |
| Director of Graduate Medical Education |  |
| Chief of Surgical Staff |  |

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| 1. **Program Information** (as defined in CPME 820) | | | | | | |
|  | Name of fellowship program | |  | | | |
|  | Number of podiatrists active as teaching staff | | |  | | |
|  | Number of approved fellowship positions | | | / | | |
|  | Length of program | | | 12 months | | 24 months |
|  | Program start and end dates (*e.g. July 1 – June 30*) | | |  | | |
|  | Resident stipend in each year of training | | | $     , $ | | |
|  | List the approximate percentage of the training time spent at the following locations: | | | | | |
| Sponsoring  Institution | Affiliated  Hospitals | | Podiatric  Offices | Other  (Specify below) | |
| List other locations and time spend: | | | | | |
|  | Does the institution sponsor approved internships or residency programs other than in podiatric medicine? | | | Yes | | No |
| If yes, list types of programs: | | | | | |

**Supplemental Materials**

The following items must be submitted with this completed form. Please refer to the referenced requirements in CPME 820, *Standards and Requirements for Approval of Podiatric Fellowships,* for further information specific to each required document.

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| 1. **Supplemental Materials (checklist)** | | **Included** | |
|  | List of all institutions participating in the fellowship program (including the sponsoring institution). |  |
|  | The comprehensive goals for the fellowship program. (Requirement 4.4) |  |
|  | (The specific objectives associated with educational experiences provided at all institutions that participate in the fellowship program. (Requirement 4.5) |  |
|  | Copies of objective-based evaluation forms to be utilized in all educational experiences. (Requirements 5.1 - 5.2) |  |
|  | Copy of one fellow’s comprehensive schedule. The schedule must identify the type, length, and location of each educational experiences 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 question 13 and item (a) above.  (Requirement 4.8) |  |
|  | Evidence that didactic activities will be available weekly during the fellowship and that the activities reflect the goals and objectives of the program. These activities may include, but not be limited to, medical lectures, clinical pathology conferences, morbidity and mortality conferences, cadaveric dissections, tumor conferences, informal lectures, teaching rounds, continuing education activities, instructional media, and structured independent study. (Requirement 4.10) |  |
|  | 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 3.7 and 3.8) |  |
|  | 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) / (Requirements 3.7 and 3.8) |  |
|  | Copy of the contract or letter of appointment between the sponsoring institution and the fellow, including a copy of the mechanism of appeal. (Requirements 2.9 and 2.11) |  |
|  | 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) |  |
|  | Copy of the self-assessment conducted in preparation for the on-site evaluation, including the results of the process. (Requirement 5.5) |  |
| Additional comments: | | |

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

***Because the institution must utilize an electronic logging system, the on-site evaluation team will review resident logs online. Please upload copies of the logs for each resident’s entire residency experience to be maintained in the institution’s file in the Council office. Logs may be submitted as a separate PDF from the above requested pre-evaluation material.***

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

Chief administrative officer (or DIO) Date

Chief administrative officer of co–sponsoring institution (if applicable) Date

Program director Date