



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

PREVENTIVE MEDICINE / OTHER BOARD COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

Instructions

Please complete the entire fillable PDF application electronically. Once completed, email a copy of the entire PDF to ABPM.

American Board of Preventive Medicine
111 West Jackson Blvd, Suite 1340
Chicago, IL 60604
abpm@theabpm.org

Submission of the ABPM-Other Board Combined Residency Training Program Application Form will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated Program Director, Co-Program Directors (if applicable), both of their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. ABPM and Other Board will send a confirmation acknowledging receipt of the application.

ABPM accredits several Preventive Medicine Residencies. Please specify in your application if you are applying for a combined residency in Public Health and General Preventive Medicine (PH/GPM), Occupational Medicine (OM) or Aerospace Medicine (AM). Both the categorical programs in Preventive Medicine and Other Board must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If either the program in Preventive Medicine (PH/GPM, OM, or AM) or Other Board loses accreditation, approval of the combined program will be withdrawn. If either categorical program is on probation, the combined program may not accept additional trainees until this is corrected.

All programs must receive prospective approval from both ABPM and the Other Board before any trainees are accepted into the combined program. After the combined program is approved by both boards, then ABPM will require each combined program to submit additional information every 5 years including the combined residency completion rate, other Board examination take rate, ABPM board examination take rate and pass rate for all their combined program residents.

SECTION 1: GENERAL PROGRAM INFORMATION

A. Program Information

Date:

Title of Program:



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

B. Sponsoring Institution Information (Indicate the institution responsible for this combined training program)

Institution:

Address:

City, State, Zip Code:

Name of Designated Institutional Official:

Name of Chief Executive Officer:

C. Program Director, Co-Directors, or Associate Director Information

The combined training must be coordinated by a designated program director or co-program directors who can devote substantial time and effort to the educational program. An overall program director may be appointed from either specialty, or co-directors may be appointed from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to ensure both integration of the program and supervision of each discipline. One of the two directors must be board certified in Preventive Medicine. An exception to the above requirements would be a single director who is board certified in each discipline and has an academic appointment in each department.

Name:

Title:

Address:

City, State, Zip Code:

Telephone:

Fax:

Email:

Preventive Medicine Specialty Board Certification:

Most Recent Date:

Secondary Specialty Board Certification:

Most Recent Date:



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

Name:

Title:

Address:

City, State, Zip Code:

Telephone:

Fax:

Email:

Preventive Medicine Specialty Board Certification:

Most Recent Date:

Secondary Specialty Board Certification:

Most Recent Date:

D. Attestation

The signatures of the director of the program, the co-director or associate director and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.

Signature of Program Director (and date):

Signature of Co-Directors or Associate Director (and date):

Signature of Designated Institutional Official (DIO) (and date):

SECTION 2: SPONSORING PREVENTIVE MEDICINE AND OTHER BOARD CATEGORICAL RESIDENCY PROGRAMS INFORMATION

A. Residency Programs Information

Indicate the name, the Accreditation Council for Graduate Medical Education (ACGME) program number, the program director, and the number of approved resident positions.

Preventive Medicine: Public Health and General Preventive Medicine, Occupational Medicine or Aerospace Medicine Program

Name of Program:



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

ACGME Program Number:

Current ACGME Accreditation Status:

Address:

City, State, Zip Code:

Residency Program Director:

Number of current Categorical PM Residents:

Number of total ACGME approved PM resident positions:

Other Board

Name of Program:

ACGME Program Number:

Current ACGME Accreditation
Status:

Address:

City, State, Zip Code:

Residency Program Director:

Number of current Categorical Board Residents:

Number of total ACGME approved Other Board resident positions:

Section 3: Site of MPH Program (or equivalent Degree)

Name:

Address:

City, State, Zip Code:

Type of Relationship with the program:

Does the program require on-site course participation: Yes No



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

If, yes, Distance between sponsoring institution and MPH Program: Miles: Minutes:

Length of Resident Rotation (in months): Year 1: Year 2: Year 3: Year 4: Year 5:

SECTION 4: COMBINED PROGRAM RESIDENTS

A. Number of Positions

Ideally at least two residents should be enrolled in each year of the five-year program to ensure peer interaction. The total number of residents in the combined program may not exceed the number of residents in the categorical program of either specialty.

Positions	PM/Board Year 1	PM/Board Year 2	PM/Board Year 3	PM/Board Year 4	PM/Board Year 5	Total
Number of Positions Requested:						

SECTION 5: INSTITUTIONS

A. Letters of Support

1. Submit letters of support from the following officials:

Designated Institutional Official (DIO) Name:

Chief Executive Officer of sponsoring institution Name:

2. Submit letters of support from the Department Chair or Chief of Services for the following:

Department Chair or Chief of Service for Preventive Medicine Specialty Name:

Department Chair or Chief of Service for Other Specialty Name:

SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS AND GUIDELINES



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

Yes **No** **GENERAL PROGRAM POLICIES AND DOCUMENTS: Indicate (X) if each issue has**
X **X** **been addressed by the program. If you answer "no" please include an explanation**
on a separate sheet.

The Combined Program complies with all of the Preventive Medicine RRC Program Requirements and the Preventive Medicine Specialty categorical residency has full ACGME accreditation.

The Combined Program complies with all the (Other Board) RRC Program Requirements and the (Other Board) categorical residency has full ACGME accreditation.

The program will inform ABPM and the Other Board of combined program residents leaving the program, transferring to another combined program or entering a categorical residency.

The program informs Preventive Medicine/Other Board residents leaving the program of the need to request Board approval to receive credit for previous training experience.

The vacation/leave policy is on file and time off is equally distributed between Preventive Medicine and Other Board.

The program is based on a written curriculum of planned educational experiences and competencies in both specialties and is not simply a listing of rotations between two specialties.

The program must document a formal evaluation of the curriculum annually by the Program Evaluation Committee (PEC). This evaluation must include the respective categorical directors, two additional faculty members and one resident from each core program.

The Program must have a Residency Advisory Committee (RAC) or combined PEC/RAC Committee that meets requirement of RRC for Preventive Medicine.

Prior to completion of combined training, each resident must demonstrate acceptable scholarly activity. Residents should complete two scholarly activities, one of which should be a quality improvement project.

All Preventive Medicine/Other Board residents must participate in ABPM's in-training examination.

The program follows current ACGME Common Program Requirements.

Will the combined program apply for a combined program number with the ACGME?

Yes **No** **CORE CURRICULAR REQUIREMENTS: Indicate (X) if the program includes each of**
X **X** **the following core curricular requirements.**

The specialty-specific ACGME milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon program completion.

Twenty-four months of training under the direct supervision of Preventive Medicine.



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

The program will annually submit names of the combined program residents to ABPM.

A joint educational conference involving residents from Preventive Medicine and Board, and the combined PM/Board residents.

Yes **No** **PREVENTIVE MEDICINE GUIDELINES: Indicate (X) if the program includes each of the following requirements for approved training in Preventive Medicine**
X **X**

A. Complete if Public Health/General Preventive Medicine Program

Four months of direct patient care specific to Preventive Medicine.

Two months (or equivalent) experience at governmental public health agency.

Residents receive an MPH or equivalent degree prior to completion of the residency.

A structured curriculum is provided in which residents address population health, including the evaluation of health problems of the community.

Yes **No** **B. Complete if Occupational Medicine Program**
X **X**

Residents must have a minimum of eight months of direct patient care experience in an occupational setting.

Residents must demonstrate proficiency in managing the health status of individuals employed in diverse work settings.

Residents receive an MPH or equivalent degree prior to completion of the residency with required graduate-level courses.

Yes **No** **C. Complete if Aerospace Medicine Program**
X **X**

Resident experience should include: pilot medical certification, operational flight medical support, disability assessment of pilots, and aircraft and/or spacecraft accident investigation of problems directly applicable to the specialty and the aviation/space environment.

Residents must have a minimum of eight months of direct patient care experience in an Aerospace Medicine setting.

Residents receive an MPH or equivalent degree prior to completion of the residency with required graduate-level courses.

SECTION 7: CURRICULUM AND BLOCK ROTATION CHART

Please attach a copy of the combined training curriculum. The curriculum should be comprised of a cohesive, planned educational experience and not simply a series of rotations. The curriculum submitted should address the specific requirements in the combined training guidelines. The curriculum must



The American Board of Preventive Medicine, Inc.
 A Member Board of the American Board of Medical Specialties

include a block rotation diagram demonstrating the usual rotations each combined resident will complete.

Please complete the attached Block Rotation Chart and list any rotation used to meet Preventive Medicine requirements for a resident in each post-graduate year.

1. Please complete the attached Block Rotation Chart for each year of training Use an "X" to indicate the following:

Column 1: Insert name of rotation.

Column 2: Indicate duration of rotation in weeks and number of ½ days per week on that rotation.

Column 3: Use an "X" to indicate if rotation counts for both Preventive Medicine and Other Board (combined rotation).

Column 4: Use an X to indicate that this rotation is a new rotation and not part of the associated Categorical Preventive Medicine residency program curriculum. Include any planned rotational experience that is new and different from sites where the categorical PM residents now rotate.

Column 5: Insert site of rotation.

PM/Other Board Year 1 (Please enter the rotations that will be used to fulfill Preventive Medicine requirements.)

	Column 1	Column 2	Column 3	Column 4	Column 5
	Rotation Name	Duration (include weeks plus number ½ days per week)	PM & Other Board	New rotation, not part of PM Categorical program rotation	Site
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



The American Board of Preventive Medicine, Inc.
 A Member Board of the American Board of Medical Specialties

11					
12					

PM/Other Board Year 2 (Please enter the rotations that will be used to fulfill Preventive Medicine requirements.)

	Column 1	Column 2	Column 3	Column 4	Column 5
	Rotation Name	Duration (include weeks plus number ½ days per week)	PM & Other Board	New rotation, not part of PM Categorical program rotation	Site
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



The American Board of Preventive Medicine, Inc.
 A Member Board of the American Board of Medical Specialties

PM/Other Board Year 3 (Please enter the rotations that will be used to fulfill Preventive Medicine requirements.)

	Column 1	Column 2	Column 3	Column 4	Column 5
	Rotation Name	Duration (include weeks plus number ½ days per week)	PM & Other Board	New rotation, not part of PM Categorical program rotation	Site
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

PM/Other Board Year 4 (Please enter the rotations that will be used to fulfill Preventive Medicine requirements.)

	Column 1	Column 2	Column 3	Column 4	Column 5
	Rotation Name	Duration (include weeks plus number ½ days per week)	PM & Other Board	New rotation, not part of PM Categorical program rotation	Site
1					
2					



The American Board of Preventive Medicine, Inc.
 A Member Board of the American Board of Medical Specialties

3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

PM/Other Board Year 5 (Please enter the rotations that will be used to fulfill Preventive Medicine requirements.)

	Column 1	Column 2	Column 3	Column 4	Column 5
	Rotation Name	Duration (include weeks plus number ½ days per week)	PM & Other Board	New rotation, not part of PM Categorical program rotation	Site
1					
2					
3					
4					
5					
6					
7					



The American Board of Preventive Medicine, Inc.
A Member Board of the American Board of Medical Specialties

8					
9					
10					
11					
12					

Section 7a: If you included any new rotations to meet Preventive Medicine requirements that are not part of the associated Categorical Preventive Medicine residency program curriculum, then provide a letter of understanding (or memorandum) for each new rotation. This letter or memorandum must be signed by the individual responsible for each planned rotational experience that is new and different from sites where the categorical PM residents now rotate. This letter must also be signed by the combined Program Director or Co-Directors and include clinical rotation summaries which describe:

- a. The location and duration of the rotation;
- b. A statement outlining Preventive Medicine competency-based goals and educational objectives;
- c. The clinical, population health and didactic experiences used to meet those objectives;
- d. A description of the clinical or population health experiences, duties, and responsibilities the resident will have on the rotation and
- e. A description of the supervision preventive medicine residents will receive on the rotation.

Section 8: Evaluation Process

Please describe how you will evaluate your combined residents. Please include a process to track your 5-year combined residency program completion rate, combined resident PM board examination take and pass rate, Other Board examination take rate and which type of jobs or career paths your residents take after they graduate from your combined program: