



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

Combined Residency Evaluation

Academic Year: _____

Instructions

Please complete the entire fillable PDF application electronically. The applications may be returned to ABPM via email.

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

Date _____ Name of Program _____

Sponsoring Institution Information

Have you applied for an ACGME 700 number for your combined program? Yes No

If yes, please provide your ACGME 700 number. If no, we recommend you apply. Institution: _____

Combined Program Director _____ Specialty _____

Telephone _____ Email _____

Combined Associate Program Director _____ Specialty _____

Telephone _____ Email _____

Residency Programs Information

Check type of Preventive Medicine (PM) program

Public Health/General Preventive Medicine

Occupational Medicine

Aerospace Medicine Program

Name of Categorical Preventive Medicine Program

Number of Categorical PM Residents in the sponsoring PM Program

PM Year 1 _____

PM Year 2 _____



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Name of Categorical Other Board Program

Number of Categorical Board residents in the sponsoring Other Board Program

Board 1	Board 2	Board 3	Board 4	Board 5
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Combined Program Residents

PM/Board Year 1	PM/Board Year 2	PM/Board Year 3	PM/Board Year 4	PM/Board Year 5	Total
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Program Evaluation

What is the completion rate of the Combined Programs in the past five years?

The board take rate in both specialties in the past five years?	PM	Other Board
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The board pass rate in the past five years?	PM	Other Board
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Will the combined residents be given the opportunity to participate in the ACGME ADS program?

If yes, how?

Program Changes in the Past Year (such as change in program director, resident attrition, etc.)

Plans for Upcoming Changes:

Annual Evaluation Process and Sources of Data:

Do you have a separate Residency Advisor Committee (RAC) and Program Evaluation Committee (PEC) or have you combined these two committees?

Candidate Data

Type of job or career path combined residency residents pursued when they graduated from the program



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Did the candidate choose a practice setting or further training in one of the following areas:

- Preventive Medicine
- Other Board
- Both Preventive Medicine and Other Board
- Other: Please specify

What type of job or career path did they choose?

- Academic job
- Private practice
- Industry/corporation
- Further training or fellowship
- Military
- Public Health
- Other governmental jobs
- Other jobs: please specify

Key Findings and Action Plans

Strengths:

Signature

Date

Title