



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

## PREVENTIVE MEDICINE INTEGRATED TRAINING EXPERIENCE APPLICATION

### Instructions

The ABPM's Integrated Training Experience (ITE) is designed for a program to accommodate a single physician who wishes to shorten their training time and complete two residencies, fellowships or a combination of a residency and fellowship during this period. The ITE needs to meet all of the program requirements for the ABPM sponsored residency or fellowship. The ITE training program must meet all the program requirements for the ABPM's Initial Certification examination in the Specialty/Subspecialty for which ITE training has concluded.

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 1408**  
**Chicago, IL 60604**  
[abpm@theabpm.org](mailto:abpm@theabpm.org)

Submission of the ABPM-Other Board Integrated Training Experience 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). ABPM will send a confirmation acknowledging receipt of the application.

ABPM accredits several Preventive Medicine Residencies and Fellowships. 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) or a fellowship in Addiction Medicine, Clinical Informatics, or Undersea and Hyperbaric Medicine.

Both the categorical programs in Preventive Medicine and Other Board must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If either program lose accreditation, approval of the combined program will be withdrawn.

All candidates must receive prospective approval from both ABPM and the Other Board.

### SECTION 1: Integrated Training Experience

#### A. Preventive Medicine Program Information

Date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Title of Integrated Training Experience: \_\_\_\_\_

Name of Applicant or Trainee: \_\_\_\_\_



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**B. Sponsoring Institution Information (Indicate the institution responsible for the Integrated Training Experience)**

Institution:

Address:

City, State, Zip Code:

Name of Designated Institutional Official:

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

The ITE training must be coordinated by a designated program director or co-program directors who can devote 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. Program directors who are certified by the American Board of Pathology in Clinical Informatics will also meet this requirement.

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:

Name of Co-Director or Associate Director (if applicable):

Address:

City, State, Zip Code:

Telephone:

Fax:

Email:

Preventive Medicine Specialty Board Certification:

Most Recent Date:

Secondary Specialty Board Certification:

Most Recent Date:



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**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 CATEGORICAL RESIDENCY OR FELLOWSHIP PROGRAM INFORMATION**

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

Name of Program:

ACGME Program Number:

Current ACGME Accreditation Status:

Address:

City, State, Zip Code:

Residency Program Director:

Number of current Categorical Board Residents/Fellows:

Number of total ACGME approved Other Board resident/fellow positions:

Site of MPH Program (or equivalent Degree) for PH/GPM, OM, or AM program.

Name:

Address:

City, State, Zip Code:

Type of Relationship with the program:

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



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## SECTION 5: INSTITUTIONS

### A. Letters of Support

Submit letters of support from the following officials:

Designated Institutional Official      Name:  
(DIO)

Department Chair or Chief of Service      Name:  
for ABPM sponsored Specialty

Department Chair or Chief of Service      Name:  
for Other Specialty

## SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS AND GUIDELINES

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

X      X

The Integrated Training Experience complies with all of the applicable RRC Program Requirements and both of the categorical residency or fellowship programs have full ACGME accreditation.

The Integrated Training Experience 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 follows current ACGME Common Program Requirements.

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

X      X

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 for a Preventive Medicine Residency. Preventive Medicine sponsored Fellowships (Addiction Medicine, Clinical Informatics, and Undersea and Hyperbaric Medicine) must meet the designated number of months of training per sub-specialty.



**SECTION 7: CURRICULUM AND BLOCK ROTATION CHART**

Please attach a copy of the Integrated Training Experience curriculum. The curriculum should be comprised of a cohesive, planned educational experience and not simply a series of rotations. The curriculum must include a block rotation diagram demonstrating the rotations that the ITE resident or fellow will complete. Please complete the attached Block Rotation Chart and list any rotation used to meet ABPM sponsored certification requirements for the resident or fellow in each post-graduate year. Diagrams submitted as part of the proposal must be in a format that is materially consistent with the ACGME sample block diagram that is current at the time of submission of the proposed ITE.

**INTEGRATED TRAINING EXPERIENCE**

<b>Proposed Integrated Training Experience Rotations and Experience: Please list all the rotations and experiences that will be used to meet the residency or fellowship requirements for the ABPM sponsored certification</b>				
<b>Category</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Patient care rotations (if required)				
Other specialty specific rotations				
Research experience				
Masters program courses (if required)				
Educational Conferences/ Didactics				

**STANDARD RESIDENCY OR FELLOWSHIP**

<b>Please list rotations, research, or educational experiences required for your standard residency or fellowship leading to ABPM certification (such as Public Health/General Preventive Medicine, Occupational Medicine, Aerospace Medicine, Clinical Informatics, Addiction Medicine or Medical Toxicology)</b>		
<b>(Please List)</b>	<b>Year 1 (months)</b>	<b>Year 2 (months)</b>
Patient care rotations (if required)		
Other Specialty Specific rotations		
Research experience (if required)		



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<b>STANDARD RESIDENCY OR FELLOWSHIP</b>		
<b>Courses for Masters program (if required)</b>	<b>Year 1 (months)</b>	<b>Year 2 (months)</b>

<b>Educational Conferences/Didactics</b>	<b>Year 1 (months)</b>	<b>Year 2 (months)</b>

**Section 7a**

If you included any new rotations to meet ABPM sponsored certification requirements that are not part of the associated Categorical ABPM sponsored certification residency or fellowship program curriculum, then provide a memorandum for each new rotation. This memorandum must be signed by the individual responsible for each planned rotational experience that is new and different from sites where the categorical ABPM sponsored certification residents or fellow now rotate. This letter must also be signed by the Integrated Training Experience 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 or sub-specialty competency-based goals and educational objectives;
- c. The clinical, population health, research, and didactic experiences used to meet those objectives;
- d. A description of the clinical or other experiences, duties, and responsibilities the resident or fellow will have on the rotation and
- e. A description of the supervision resident or fellow will receive on the rotation.

### Integrated Training Experience Guidelines Checklist

Requirements	Yes	No	Comment
The request exhibits that the residencies and fellowships in the ABPM sponsored Specialty or Subspecialty were <b>not truncated</b> or otherwise <b>shortened</b> as part of the ITE program.			
The ITE program experience run <b>concurrently</b> .			
The fellowship and/or residency in the Specialty or Subspecialty for which ABPM Certification is being sought is <b>ACGME-accredited</b> and the <b>ACGME program number is provided</b> .			
A clearly described <b>written curriculum</b> is provided for the Specialty or Subspecialty which ABPM Certification is sought and assures a <b>cohesive and well-planned educational experience</b> .			
The request <b>lists all the educational requirements</b> of the categorical standard ACGME-accredited residency or fellowship requirements for the Specialty or Subspecialty.			
The request <b>lists all the educational requirements</b> of the ITE program which will be used to meet the ABPM initial Certification requirements including an MPH or Masters equivalent and specifically a course in epidemiology, biostatics, occupational and environmental medicine, health services administration and behavioral health (if applicable).			
The request <b>explains any gaps or differences in the requirements</b> for the ITE program and the categorical or stand-alone ACGME-accredited residency or fellowship program.			
The <b>request includes any new rotations</b> that are not used for the categorical ACGME-accredited residency or fellowship and if so, it is described in sufficient detail how the			

<p>new rotations meet the core competencies and training experiences.</p>			
<p>Any <b>requests for changes to the rotations</b> within the PM Residency/Fellowship, other than limited to timing have been submitted to ABPM for approval.</p>			
<p>The <b>curricular components of the ITE conform to the program requirements for accreditation</b> in the ABPM Specialty or Subspecialty in which Certification is being sought.</p>			
<p>The sponsor of the ABPM Specialty program includes the <b>expected dates of completion</b> on the ITE request.</p>			
<p>The requested start date of the ITE is <b>at least 60 days prior</b> to the submission of the ABPM-sponsored training.</p>			