



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 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 Certification Date:

Secondary Specialty Board Certification:

Most Recent Certification Date:

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

Address:

City, State, Zip Code:

Telephone:

Fax:

Email:

Preventive Medicine Specialty Board Certification:

Most Recent Certification Date:

Secondary Specialty Board Certification:

Most Recent Certification Date:



SECTION 5: INSTITUTIONS

A. Letters of Support

Submit letters of support from the following officials:

- Designated Institutional Official
Name:
- Department Chair or Chief of Service for ABPM Specialty
Name:
- Department Chair or Chief of Service for other Specialty
Name:

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.

The Integrated Training Experience complies with all of the applicable RC 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/subspecialties 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.

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.

Preventive Medicine sponsored Residencies meet the required twenty-four months of training under the direct supervision of the program identified through this application. Preventive Medicine sponsored Fellowships (Addiction Medicine, Clinical Informatics, and Undersea and Hyperbaric Medicine) must meet the designated number of months of training per subspecialty.



SECTION 7: CURRICULUM AND BLOCK ROTATION CHART

The curriculum should be comprised of a cohesive, planned educational experience and not simply a series of rotations. The application must include the following rotation block diagrams to assist with review of this application.

- The original rotation block diagram of the categorical, or standard, ACGME residency or fellowship programs serving as the model for this ITE (both programs must be provided);
- The integrated rotation block diagram under consideration for this application.

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**. Be sure to list any rotation used to meet ABPM sponsored certification requirements for the resident or fellow in each post-graduate year. In addition to the provision of rotation block diagrams, please provide responses to the questions below outlining the full curriculum that will be implemented to meet the competency requirements of this program. Data provided that is not consistent with the format requested must still include all requested information. Applications that do not meet the level of information requested will be delayed and potentially denied.

Proposed Integrated Training Experience Rotations and Experience: Please list all experiences that will be used to meet the residency or fellowship requirements for the ABPM sponsored certification. Responses can be provided as an attachment; however, please ensure all questions are included in your response.

- What research opportunities will the trainee be involved in and how does this meet the needs for the integrated program?
- What Master's level coursework will the trainee undertake to meet the needs of the training? (please provide sufficient detail to describe the coursework activities, not just listing the course titles)
- What educational conferences and didactic activities will the trainee be participating in to support their learning?



INTEGRATED TRAINING EXPERIENCE CURRICULUM

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 (when applicable) 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 the resident or fellow will receive on the rotation.

Integrated Training Experience Guidelines Checklist

Requirements	Yes	No	Comments
The request exhibits that the residencies and fellowships in the ABPM sponsored Specialty or Subspecialty were not truncated or otherwise shortened as part of the ITE program.			
The ITE program runs concurrently .			
The fellowship and/or residency in the Specialty or Subspecialty for which ABPM Certification is being sought is ACGME-accredited and the ACGME program number is provided .			
A clearly described written curriculum is provided for the Specialty or Subspecialty which ABPM Certification is sought and assures a cohesive and well-planned educational experience .			
The request lists all the educational requirements of the categorical standard ACGME-accredited residency or fellowship requirements for the Specialty or Subspecialty.			



Requirements

Yes

No

Comments

The request **lists all the educational requirements** of the ITE program which will be used to meet the ABPM initial Certification requirements including an MPH or equivalent degree and specifically graduate-level coursework in the five content areas of epidemiology, biostatistics, occupational and environmental medicine, health services administration and behavioral health (if applicable).

The request **explains any gaps or differences in the requirements** for the ITE program and the categorical or stand-alone ACGME- accredited residency or fellowship program.

The **request includes any new rotations** that are not used for the categorical ACGME- accredited residency or fellowship and if so, it is described in sufficient detail how the new rotations meet the core competencies and training experiences as outlined in the ITE application.

Any **requests for changes to the rotations** within the PM Residency/Fellowship, other than limited to timing, have been submitted to ABPM for approval.

The **curricular components of the ITE conform to the program requirements for accreditation** in the ABPM Specialty or Subspecialty in which Certification is being sought.

The sponsor of the ABPM Specialty program includes the **expected dates of completion on the ITE request.**

The ITE is submitted **at least 60 days prior** to the requested start date of the ABPM- sponsored specialty or subspecialty training.