



Application for Part-Time Training for ABMGG-Certified Diplomates Adding a Specialty

Please complete the entire form and submit it along with the required attachments to the ABMGG Administrative Office at abmgg@abmgg.org for review **prior to the onset of the training.**

Trainee's Name: _____

Name of ABMGG-accredited training program: _____

Program Director's Name: _____

Laboratory Training Director's Name: _____

Specialty being added: _____

Is the trainee certified by the ABMGG? Yes No

If yes, in what specialty? _____

Number of the months proposed for the part-time training: _____

Start Date _____ Completion Date _____

REQUIRED ATTACHMENTS:

1. Provide a detailed timeline of the training outline for the proposed part-time training.
2. If the trainee is working part-time while training part-time, please provide a letter from the Department Chair/Chief of Service approving the expected part-time workload.
3. Provide a current CV for the trainee.

REQUIRED SIGNATURES:

Print name of Trainee	Signature of Trainee	Date
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Print name of Program Director	Signature Program Director	Date
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Print name of Training Director	Signature of Training Director	Date
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Print name of Department Chair or Chief of Service	Signature of Department Chair or Chief of Service	Date
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