

FOR OFFICE USE ONLY:

v15.1

Date Received: _____

Proposed Meeting Date: _____

REI Fellowship Status Confirmed: _____

MG Residency Status Confirmed: _____

**AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY (ABOG)
AMERICAN BOARD OF MEDICAL AND GENOMICS (ABMGG)**

**Combined Reproductive Endocrinology and Infertility (REI) and Medical Genetics (MG)
Program Information Form (PIF) for New Programs**

The program must be designed to fulfill the requirements as outlined in the current publication of the ABOG and ABMGG's *Program Requirements for Combined Reproductive Endocrinology and Infertility Fellowship / Medical Genetics Residency*.

Email completed PIF to fellowship@abog.org - No fee required.

I. ACCREDITATION INFORMATION – ABOG REI FELLOWSHIP

Name:	
ABOG Number*:	Complement:
Accreditation Status:	Accreditation Date:

* ABOG Program Number is not Website ID Number (Example: 123456E)

II. ACCREDITATION INFORMATION – ACGME MG RESIDENCY

Name:	
ACGME Number:	Complement:
Accreditation Status:	Accreditation Date:

III. DESIGNATED COMBINED PROGRAM CONTACTS

PROGRAM DIRECTOR – The designated Program Director may be the director of either the REI fellowship or the MG residency, and the remaining director must be designated as the Associate Program Director.	
Name:	
ABOG ID:	ABMGG ID:
Mailing Address:	
Mailing Address:	
City, State, Zip:	
Phone:	Email:
REI/MG Certification Date:	Most Recent REI/MG MOC Date:

ASSOCIATE PROGRAM DIRECTOR – Note N/A if the designated Program Director listed above is the single director who is certified in both specialties and has an academic appointment in each department.

Name:

ABOG ID:

ABMGG ID:

Mailing Address:

Mailing Address:

City, State, Zip:

Phone:

Email:

REI/MG Certification Date:

Most Recent REI/MG MOC Date:

CHAIR OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Name:

Mailing Address:

Mailing Address:

City, State, Zip:

Phone:

Email:

DIRECTOR OF THE DEPARTMENT OF MEDICAL GENETICS

Name:

Mailing Address:

Mailing Address:

City, State, Zip:

Phone:

Email:

DESIGNATED INSTITUTIONAL OFFICER

Name:

Mailing Address:

Mailing Address:

City, State, Zip:

Phone:

Email:

COORDINATOR – Note the single coordinator who will be the contact person for the combined program.

Name:

Phone:	Email:
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IV. TRAINING SITES (List all sites previously approved for the REI Program and any new sites for the proposed Combined Program)

SITE A	REI / MG / BOTH
Institution Name:	
City, State, Zip:	
SITE B	REI / MG / BOTH
Institution Name:	
City, State, Zip:	
SITE C	REI / MG / BOTH
Institution Name:	
City, State, Zip:	
SITE D	REI / MG / BOTH
Institution Name:	
City, State, Zip:	
SITE E	REI / MG / BOTH
Institution Name:	
City, State, Zip:	

V. PROGRAM CRITERIA

SPONSORING INTITUTION	YES / NO
Will the sponsoring institution provide: An administrative home within the department and institution where the director primarily functions?	
Salaries and benefits for trainees that are arranged in such a way as to minimize difficulties/disparities for trainees, regardless of the rotations taken?	
PROGRAM ADMINISTRATION	YES / NO
Will there be meetings at least quarterly between the Program Director and Associate Program Director?	
Will there be regular meetings of the entire REI and MG faculties to review the educational objectives of each training program?	
Will the meetings involve consultation with faculty from both disciplines as well as REI fellows and MG residents?	
TRAINING TIME	YES / NO
Will there be 18 clinical months in clinical MG?	

Will the first six months be consecutive with no more than 10% (one-half) day per week devoted to REI continuity clinics?	
Will there be no more than six months shared with the REI fellowship?	
If so, will the trainees be supervised by both REI and MG instructors?	
Will there be a minimum of two continuous weeks in each of the following laboratories:	
Clinical biochemical genetics?	
Clinical molecular genetics?	
Clinical cytogenetics?	
Will the trainees be exposed to genetic disorders of:	
Children?	
Adolescents?	
Adults (including obstetrics)?	
Cancer?	
Metabolic disease?	
Other basic genetic areas?	
Will there be 12 months of clinical REI?	
Will there be a minimum of 12 months of protected research?	
Will the trainees be integrated with REI fellows and MG categorical residents at all levels of training?	
Will the trainees attend REI and MG continuity clinics, including specialty clinics in accordance with REI and MG training requirements?	
Will leave be distributed equally between the REI and MG portions of the program?	

VI. EDUCATIONAL CURRICULUM

	YES / NO
Will the educational curriculums for REI and MG be reviewed with the faculty and the trainees?	
Will there be mandatory didactics and conferences while in REI in accordance with the ABOG REI requirements?	
Will there be mandatory didactics and conferences while in MG in accordance with the ACGME MG requirements?	
Will the research of the trainees be related to REI and MG?	
Will the trainees have a thesis that: Is completed before graduating?	

Meets the requirements in the ABOG's <i>Bulletin for Subspecialty Certification in Reproductive Endocrinology and Infertility</i> ?	
Has been defended before an appropriate committee within the REI and/or MG department or division?	

VII. EVALUATIONS

YES / NO	
Will all trainees be evaluated in accordance with the ABOG REI requirements?	
Will all trainees be evaluated in accordance with the ACGME MG requirements?	

VIII. ROTATION SCHEDULE / BLOCK DIAGRAMS

COMBINED REI/MG PROGRAM – COMBINED TRAINEE

YEAR 1	Rotation(s)	Site(s)*
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		

* Use Section IV as Key

KEY (List all that apply):

MGP = Pediatric Genetics
MGBGL = Biochemical Genetics Laboratory
MGCYL = Cytogenetics Laboratory
MGA = Adult Genetics
PRNG = Prenatal Genetics

MGB = Medical Biochemical Genetics
MGMol = Molecular Genetics Laboratory
MGC = Cancer Genetics
REIC = REI Clinical/Surgical
R = Research

COMBINED REI/MG PROGRAM – COMBINED TRAINEE

YEAR 2	Rotation(s)	Site(s)*
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		

* Use Section IV as Key

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R = Research

COMBINED REI/MG PROGRAM – COMBINED TRAINEE

YEAR 3	Rotation(s)	Site(s)*
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		

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COMBINED REI/MG PROGRAM – COMBINED TRAINEE

YEAR 4	Rotation(s)	Site(s)*
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		

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MGC = Cancer Genetics
REIC = REI Clinical/Surgical
R = Research

REI PROGRAM – REI FELLOW(S)

YEAR 1	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	Rotation(s)	Site(s)*
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				

** Use Section IV as Key*

KEY (List all that apply):

- R = Research
- C = Clinical/Surgical
- E = Elective
- CC = Critical Care
- LD = Labor & Delivery Supervisor
- OP = Outpatient
- US = Ultrasound

REI PROGRAM – REI FELLOW(S)

YEAR 2	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	Rotation(s)	Site(s)*
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				

** Use Section IV as Key*

KEY (List all that apply):

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- US = Ultrasound

REI PROGRAM – REI FELLOW(S)

YEAR 3	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	Rotation(s)	Site(s)*
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				

** Use Section IV as Key*

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- CC = Critical Care
- LD = Labor & Delivery Supervisor
- OP = Outpatient
- US = Ultrasound

IX. SIGNATURES

Sign below to indicate that the information contained herein is correct and that the hospital and faculty of each department are committed to supporting the combined program.

	Printed Name	Signature	Date
Combined Program Director			
Combined Associate Program Director			
Chair of Ob/Gyn			
Director of Medical Genetics			
Designated Institutional Officer (DIO)			