

**RESIDENCY REVIEW COMMITTEE
COUNCIL ON PODIATRIC MEDICAL EDUCATION
9312 Old Georgetown Road
Bethesda, Maryland 20814-1621**

APPLICATION FOR INCREASE IN POSITIONS

Increases in fellowship positions are considered and authorized by the Residency Review Committee. The application must be submitted prior to activation of the fellowship position(s), preferably at least six months before the anticipated starting date. **The effective date of granting an authorization of increased fellowship positions by the Residency Review Committee will be no earlier than the date on which the program has both authorization of the increase and the additional fellow(s) in place. A program on probationary approval may not request an increase in positions.**

Responses must be typewritten or generated by computer. A \$500 application fee, made payable to the Council on Podiatric Medical Education, must accompany the application. An application will not be processed until all requested materials are received.

Institutions may submit to the Council office two flash drives of the following:

- the application; and
- documentation in response to items 7-11

1. INSTITUTION: _____
2. ADDRESS: _____
3. CITY-STATE-ZIP: _____
4. Type of fellowship: _____
4. Current number of positions: _____
5. Proposed number of positions: _____
6. Anticipated effective date for the increase: _____
7. List any increases in active podiatric staff and/or non-podiatric medical staff with the educational and professional qualifications of each (i.e., for each staff member list name, degree, and affiliations with certifying and professional organizations, as well as the type of training provided).

8. Describe the development or expansion of facilities including new affiliations. If training is offered for the first time in another institution(s), provide documentation of affiliation. (When training is provided at a secondary institution, the participating institutions indicate their respective training commitments through a memorandum of understanding or contract. This document acknowledges the affiliation and delineates financial support [including fellow liability] and educational contributions of each training site. The chief administrative officer of each participating institution and the program director sign the document.)

9. For each new and existing training site, list the name of each site, its location, and the number of patient visits for the past year.

10. List any increase or decrease in training experiences through the sponsoring institution or other

affiliated facilities. If the program has either developed new training experiences or revised existing training experiences, provide an updated copy of one fellow's comprehensive schedule for the entire training year and specific objectives and fellow evaluation forms associated with the new or revised training experiences.

11. Use the following space to clarify additional training experiences that are available to justify the increase in positions. The sponsoring institution is invited to append to this application any additional statement or information that may provide further evidence of the institution's ability to train the proposed number of fellows.

The Residency Review Committee reserves the right to request further information for use in determining authorization of increased fellowship positions.

Program Director

Date

Chief Administrative Officer

Date

RRC/CPME 845
June 2012