**9312 Old Georgetown Road**

Bethesda, Maryland 20814

**P** 301.581.9200 I **F** 301.571.4903

[www.cpme.org](http://www.cpme.org)

**PODIATRIC FELLOWSHIP**

**APPLICATION FOR PROVISIONAL APPROVAL**

**A fellowship program that seeks Council approval must be sponsored by a hospital, academic health center, or CPME-accredited college of podiatric medicine. A surgery center may co-sponsor a fellowship. The fellowship must be granted provisional approval by the Council on Podiatric Medical Education prior to a fellow entering the program.**

**This application and supporting documentation must be submitted prior to activation of the fellowship, at least 12 months before the anticipated starting date**. **The Residency Review Committee** (**RRC) and the Council require that the program’s director be the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes.** The entire review process for a fellowship requesting approval may require a period of 12-18 months from the time an application is received in the office of the Council on Podiatric Medical Education until the Council takes an approval action.

**Please submit the first two pages of the application to the Council office at CPMEstaff@cpme.org and notify the CPME of the need to submit the completed application**. **Once this information is received, CPME staff will contact you to provide further instructions on submitting the required documentation and payment through the CPME portal**. The full submission is to include this completed form and the documentation in response to questions 6 a. - n. on pages 4-5 (supplemental materials) **in PDF format, as a single bookmarked continuous document**. Hand-written responses and hard copy documentation will not be accepted

An **application fee**, made payable to the Council on Podiatric Medical Education, must accompany the application. The application will not be processed until the sponsoring institution submits all required materials, including the application fee. [Fellowship Fees are posted on the CPME website](https://www.cpme.org/files/CPME/2022-10_Fellowship_Fees.pdf).

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***APPLICATION FOR PROVISIONAL APPROVAL***

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| --- |
| 1. **Sponsoring Institution Information**
 |
| Sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |
| Telephone |       |
| Fax |       |
| Website address |       |
| Date institution began operations |       |
| Chief Administrative Officer |       |
| Number of beds |       |

|  |
| --- |
| 1. **Co-sponsoring Institution Information (if applicable)**
 |
| Co-sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |
| Telephone |       |
| Fax |       |
| Website address |       |
| Date institution began operations |       |
| Chief Administrative Officer |       |
| Number of beds |       |

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| 1. **Program Director Information**
 |
| Name: |       |
| Office Address 1 |       |
| Office Address 2 |       |
| City/State/Zip |       |
| Telephone |       |
| Fax |       |
| Mobile Phone |       |
| Email |       |
| Alternative email |       |

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| 1. **Administration – List the names, and email addresses of persons holding the following staff positions (include professional degrees when applicable, e.g., DPM, MD, or DO)**
 |
| **Title** | **Name** | **E–mail address** |
| Chief Administrative Officer |       |       |
| Designated Institutional Official |       |       |
| Chief of Podiatric Staff |       |       |
| Chief of Medical Staff |       |       |
| Director of Graduate Medical Education |       |       |
| Chief of Surgical Staff |       |       |

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| --- |
| 1. **Program Information** (as defined in CPME 820)
 |
|  | Name of fellowship program |       |
|  | What type of residency program is required for acceptance into the fellowship? |
| [ ]  POR | [ ]  PPMR | [ ]  PSR-12 | [ ]  PSR-24 |
| [ ]  PM&S-24 | [ ]  PM&S-36 | [ ]  PMSR | [ ]  PMSR/RRA |
|  | Number of positions requested | / |
|  | Length of program | [ ]  12 months  | [ ]  24 months |
|  | Number of podiatric medical faculty active as teaching staff |       |
|  | Program start and end dates (*e.g. July 1 – June 30*) |       |
|  | Fellow stipend in each year of training | $     , $      |

**Supplemental Materials**

The following items must be submitted with the application. Please refer to the referenced requirements in CPME 820, *Standards and Requirements for Approval of Podiatric Fellowships,* for further information specific to each required document.

|  |  |
| --- | --- |
| 1. **Supplemental Materials (checklist)**
 | **Included** |
|  | The following information for each institution (e.g., hospitals, offices, nursing homes, etc.) participating in the fellowship program (including the sponsoring institution):* name
* address
* accreditation (Requirement 1.2)
* name of on-site coordinator if applicable (Requirement 1.3)
* approximate percentage of the fellow’s training time over the duration of the program (Requirement 1.3)
 | [ ]  |
|  | Signed written agreement between the sponsoring institution and each co-sponsoring and/or affiliated institution and/or facility. (Requirements 1.1 and 1.3) | [ ]  |
|  | The contract(s) or letter(s) of appointment between the sponsoring institution(s) and the fellow. (Requirements 3.7 and 3.8) | [ ]  |
|  | The mechanism of appeal/due process policies, remediation methods, and rules and regulations for the conduct of the fellow. (Requirement 3.9) | [ ]  |
|  | The certificate verifying satisfactory completion of training requirements that includes the statement “Approved by the Council on Podiatric Medical Education” relative to the type of fellowship. (Requirement 3.10) | [ ]  |
|  | Curriculum vitae of the fellowship program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the fellowship. (Requirement 5.2) | [ ]  |
|  | List of podiatric medical faculty involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6) | [ ]  |
|  | List of non-podiatric medical faculty involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6) | [ ]  |
|  | A list of the goals and objectives to be achieved by the fellow and identification of the specific clinical and/or didactic learning activities to be used to enable fellow achievement of each objective. (Requirement 6.1) | [ ]  |
|  | If the institution also sponsors a podiatric residency program, submit a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in developing analytic skills and surgical/medical treatment judgment. This agreement is to be prepared jointly by the residency director and the fellowship director and to be submitted only if the institution sponsors a residency program and the residency director is someone other than the fellowship director. (Requirement 6.2) | [ ]  |
|  | If the institution also sponsors a podiatric residency program, submit a list of all facilities where both the fellow and resident will be clinically active. List each facility and each residency program active at that facility. | [ ]  |
|  | One fellow’s formal schedule of educational experiences for the duration of the program. The schedule must relate to the institutions and facilities listed in response to item (a) above and to the goals and objectives listed in response to item (i) above.(Requirement 6.8) | [ ]  |
|  | Evidence that didactic activities that complement and supplement the curriculum are available at least weekly. (Requirement 6.9) | [ ]  |
|  | Description and copies of the documentation that will assess and validate the extent to which the fellow has achieved the objectives of each educational experience and completion of the research project. (Requirement 7.1) | [ ]  |

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric fellowship training.

Chief administrative officer (or DIO) Date

Chief administrative officer of co–sponsoring institution (if applicable) Date

Program director Date

NOTE: The Residency Review Committee and the Council on Podiatric Medical Education reserves the right to request further information for use in determination of approval.