



## PSYCHIATRY / FAMILY MEDICINE COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

### SECTION 1: GENERAL PROGRAM INFORMATION

#### A. Program Information

Date:
Title of Program:

#### B. Sponsoring Institution Information (Indicate the institution responsible for this combined training program)

Institution:
Address:
City, State, Zip Code:

#### C. Program Director or Co-director Information

The combined training must be coordinated by a designated director or co-directors who can devote substantial 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. The two directors should embrace similar values and goals for their program. 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.

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**D. Attestation**

<b>The signatures of the director of the program, the co-director or associate director and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.</b>
Signature of Program Director (and date):
Signature of Co-director or Associate Director (and date):
Signature of Designated Institutional Official (DIO) (and date):

**SECTION 2: SPONSORING PSYCHIATRY AND FAMILY MEDICINE CATEGORICAL RESIDENCY PROGRAMS INFORMATION**

**A. Residency Programs Information**

Indicate the name, the Accreditation Council for Graduate Medical Education (ACGME) program number, and the program director.

**Psychiatry**

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

**Family Medicine**

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

### SECTION 3: SPONSORING INSTITUTION

SPONSORING INSTITUTION:	(The university, hospital, or foundation that has ultimate responsibility for this combined program.)
Name of Sponsor:	
City, State, Zip Code:	
Name of Designated Institutional Official:	

### SECTION 4: COMBINED PROGRAM RESIDENTS

#### A. Number of Positions

Ideally at least two residents should be enrolled in each year of the five-year program to ensure peer interaction.

Positions	P/FM Year 1	P/FM Year 2	P/FM Year 3	P/FM Year 4	P/FM Year 5	Total
Number of Positions Requested:						

### SECTION 5: INSTITUTIONS

#### Letters of Support

Submit letters of support from the Chief of Services for the following:

Chief of Service for Psychiatry	Name:
Chief of Service for Family Medicine	Name:

**SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS, AND GUIDELINES**

Yes	No	GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are issues on which the program should develop policy statements that are distributed to residents and faculty and are on file for Board review. Indicate (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.
X	X	
<input type="checkbox"/>	<input type="checkbox"/>	A combined residency in family medicine and psychiatry must include at least five (5) years of coherent training integral to residencies in the two disciplines which meet the Program Requirements for accreditation by the RC-Family Medicine and the RC-Psychiatry, respectively.
<input type="checkbox"/>	<input type="checkbox"/>	It is strongly recommended that combined training be in the same institution. Documentation of hospital and faculty commitment and institutional goals for the combined program must be available in signed agreements. Affiliated institutions must be located close enough to facilitate cohesion among the program's housestaff, attendance at continuity clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters.
<input type="checkbox"/>	<input type="checkbox"/>	Ideally, at least two residents should be enrolled in the combined program each year. If no trainees are in a combined program for a period of three (3) years, the program will not be listed as approved.
<input type="checkbox"/>	<input type="checkbox"/>	The program will inform ABPN and ABFM of residents leaving the program, transferring to another program, or entering a categorical residency.
<input type="checkbox"/>	<input type="checkbox"/>	The program informs residents leaving the program of the need to request Board approval to receive credit for previous training experiences.
<input type="checkbox"/>	<input type="checkbox"/>	At the conclusion of sixty (60) months of training in family medicine and psychiatry, residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic medical and psychiatric illnesses presented in both inpatient and ambulatory settings. Trainees should be exposed to patients with psychiatric and/or medical problems representing all age groups. Trainees should receive training in the socioeconomics of illness, the ethical care of patients, and the team approach to providing patient care.
<input type="checkbox"/>	<input type="checkbox"/>	The training of residents while on family medicine rotations is the responsibility of the family medicine faculty; while on psychiatry rotations, training is the responsibility of the psychiatry faculty.
<input type="checkbox"/>	<input type="checkbox"/>	Vacation, leave, and meeting time will be shared equitably by both training programs.
Except for the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in family medicine and psychiatry.		
<input type="checkbox"/>	<input type="checkbox"/>	Residents should enter a combined program at the R-1 level, but may enter as late as the beginning of the R-2 level only if the R-1 year meets the advanced placement requirements of one of the two specialties. Residents may not enter a combined training program beyond the R-2 level.

<input type="checkbox"/>	<input type="checkbox"/>	Transfer between combined programs must have the prospective approval of both Boards, and is allowed only once during the five-year training period. The continuity requirement of the ABFM must be met. In a transfer between combined programs, residents must be offered and also complete a fully-integrated curriculum. A resident transferring from a combined program to a categorical family medicine or psychiatry program must have the prospective approval of the receiving Board.
<input type="checkbox"/>	<input type="checkbox"/>	Training in each discipline must incorporate progressive responsibility for patient care, as well as supervision and teaching of medical students and junior residents throughout the training period.
<input type="checkbox"/>	<input type="checkbox"/>	Combined residencies must be coordinated by a designated full-time director or co-directors who can devote substantial time and effort to the educational program. An overall program director may be appointed from either specialty, or co-directors from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to ensure both integration in the program and supervision of the discipline. The program director(s) must be certified by the ABFM or ABPN. An exception to the above requirements would be a single director who is certified and/or has completed residency training in both specialties and has an academic appointment in each department. The two directors must embrace similar values and goals for their program.
<input type="checkbox"/>	<input type="checkbox"/>	The supervising directors from both family medicine and psychiatry must document meetings with one another at least quarterly to monitor the progress of each resident and the overall success of the program.
<input type="checkbox"/>	<input type="checkbox"/>	Training requirements for credentialing related to the certifying examination of each Board will be fulfilled by sixty (60) months of training in an approved combined program. A reduction of twelve (12) months of training compared to that required for two separate residencies is possible due to overlap of curricular and training requirements. The requirement of thirty-six (36) months family medicine training is met by thirty (30) months family medicine training with six (6) months credit for training appropriate to family medicine obtained during the thirty (30) months psychiatry training. Likewise, the thirty-six (36) months psychiatry training requirements is met by thirty (30) months psychiatry training with six (6) months credit for training appropriate to psychiatry obtained during the thirty (30) months family medicine training.
<input type="checkbox"/>	<input type="checkbox"/>	There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Such evaluations must be in accordance with the Family Medicine and Psychiatry Program Requirements and include documentation of milestones achieved in each parent discipline.
<input type="checkbox"/>	<input type="checkbox"/>	There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program and be available for review by the RCs, ABFM, and ABPN.

<input type="checkbox"/>	<input type="checkbox"/>	The program must formally conduct clinical skills examinations that conform to the requirements set forth in the document “Requirements for Clinical Skills Evaluation in Psychiatry.” In at least three evaluations with any patient type, in any clinical setting, and at any time during the program, residents must demonstrate satisfactory competence in establishing an appropriate doctor/patient relationship; psychiatric interviewing, including the mental status examination; and case presentation. The three required evaluations must be conducted by at least two different ABPN-certified psychiatrists. Satisfactory demonstration of the competencies during the three evaluations is required prior to completing the program.
<input type="checkbox"/>	<input type="checkbox"/>	Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory performance and professional growth.
<input type="checkbox"/>	<input type="checkbox"/>	The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
<input type="checkbox"/>	<input type="checkbox"/>	The program director and faculty are responsible for documenting a final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance during training and should verify that the resident has performed in a professional manner and is able to practice competently and independently in all relevant components of the Combined Program. This final evaluation should be part of the resident’s permanent record maintained by the institution.
<input type="checkbox"/>	<input type="checkbox"/>	All Psychiatry residents should participate in an in-training cognitive exam such as the American College of Psychiatry (ACP)’s In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	All Family Medicine residents should participate in ABFM’s In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	To meet requirements for dual certification, the resident must satisfactorily complete sixty (60) months of combined training and this must be verified by the combined program director or by both training directors. The written certifying examinations may not be taken until all the required training in the relevant specialties is satisfactorily completed.
<input type="checkbox"/>	<input type="checkbox"/>	The Committee will take into consideration the information provided by the ABPN regarding resident performance on the certifying examinations during the most recent five years. The expectation is that 70% of those who complete the program will take the certifying examination; and the rate of those passing the psychiatry examination on their first attempt is 50%.

Section 6, continued

Yes	No	CORE CURRICULAR REQUIREMENTS: <i>Indicate (X) if the program includes each of the following core curricular requirements.</i>
X	X	A clearly described, written curriculum must be available for residents, faculty, and both Review Committees.
		The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties.
		Duplication of clinical experiences between the two specialties should be avoided and periodic review of the program curriculum must be performed. This review must include the program directors from both departments and consultation with faculty and residents from both departments.
		Each year of the residency should include both family medicine rotations and psychiatry residency rotations.
		Care must be exercised to avoid unnecessary duplication of educational experiences in order to provide as many clinical/educational opportunities as possible.
		During the final 48 months, continuous assignment to one specialty or the other should not be less than three months nor more than six months in duration with allowance for the required 12 months FTE of continuous outpatient psychiatry scheduled at the program's discretion.
		Joint educational conferences involving residents from family medicine and psychiatry are recommended and should specifically include the participation of all residents in the combined training program. Availability of faculty from both specialties for consultation during clinical rotations, especially during continuity clinic, is encouraged.

Section 6, continued

Yes X	No X	FAMILY MEDICINE GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Family Medicine</i>
<input type="checkbox"/>	<input type="checkbox"/>	Thirty (30) months of training in family medicine must be devoted to the fulfillment of all required longitudinal and intense short duration experiences defined in the Program Requirements.
<input type="checkbox"/>	<input type="checkbox"/>	The remaining six (6) months will be fulfilled by utilizing psychiatric training as electives.
<input type="checkbox"/>	<input type="checkbox"/>	The continuity requirement for attending a panel of patients and families in the Family Medicine Center for thirty-six (36) months must be met.
<input type="checkbox"/>	<input type="checkbox"/>	At least twenty-four (24) months of continuous care must be sequential, irrespective of the concurrent training requirements in either family medicine or psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	A minimum of one half day a week in the R-1 year must be spent in the Family Medicine Center.
<input type="checkbox"/>	<input type="checkbox"/>	During the R-2 through R-5 any two consecutive years may be utilized for continuity experience, so long as the first of these years requires at least two (2) half days per week and the second year requires at least three (3) half days per week in the Family Medicine Center.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must follow their own panel of patients, including obstetric patients, in the hospital or other residential facility.
All other elements of the Program Requirements must be met.		
<input type="checkbox"/>	<input type="checkbox"/>	Seven months of Adult Medicine is provided: six months dedicated to the care of the hospitalized adult patient and one month dedicated to the care of the older patient. Residents have at least 100 hours (or one month) dedicated to the care of ICU patients. Residents are also provided exposure to a variety of medical subspecialties throughout the educational program designed to help address the breadth of patients seen in family medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Four months of care of neonates, infants, children, and adolescents is provided. Residents have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of ill child patients in the hospital and/or emergency setting, including a minimum of 75 patient encounters in the hospital, 75 patient encounters in the emergency room, and 40 newborn patients encounters (including well and ill newborns). Residents have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of children and adolescents in the ambulatory setting including well child care, acute and chronic care.
<input type="checkbox"/>	<input type="checkbox"/>	One month of the curriculum is dedicated to care of surgical patients including hospitalized surgical patients. Residents are provided an operating room experience. Residents are provided exposure to a variety of surgical subspecialties throughout the educational program designed to help address the breadth of patients seen in family medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Two months of maternity care is provided, including a structured curriculum in prenatal, intra-partum, and post-partum care. Residents participate in deliveries and provide prenatal and postpartum care with some of the experience involving a continuity patient.
<input type="checkbox"/>	<input type="checkbox"/>	Residents are provided the training required to achieve competency in performing the clinical procedures determined by the PD and family medicine faculty to be appropriate for their future practices. These procedures are included in a list if procedural competencies required for completion by all residents in the program prior to graduation.



<input type="checkbox"/>	<input type="checkbox"/>	200 hours or two months of Emergency Medicine training is provided.
<input type="checkbox"/>	<input type="checkbox"/>	One month of structured experience in Gynecology is provided including well woman care, contraception, family planning, and options counseling for unintended pregnancy.
<input type="checkbox"/>	<input type="checkbox"/>	Experiences in the diagnosis and management of common dermatologic conditions are provided.
<input type="checkbox"/>	<input type="checkbox"/>	Two months experience in care of patients with orthopedic & musculoskeletal problems including a structured experience in sports medicine.
<input type="checkbox"/>	<input type="checkbox"/>	A structured curriculum is provided in which residents address population health, including the evaluation of health problems of the community.
<input type="checkbox"/>	<input type="checkbox"/>	A structured experience in Diagnostic Imaging and Nuclear Medicine is provided.
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral science and Psychiatry are integrated with all disciplines throughout the total educational experience. A structured curriculum in which residents are educated in the diagnosis and management of common mental illnesses is provided to all residents.
<input type="checkbox"/>	<input type="checkbox"/>	100 hours of experience in the management of health systems is provided. Residents attend regular clinic business meetings with staff and faculty members and receive (and taught to analyze) regular reports of individual and practice productivity, financial performance, and clinical quality.
<input type="checkbox"/>	<input type="checkbox"/>	A minimum of three months (or 300 hours) dedicated to elective experiences is provided.
<input type="checkbox"/>	<input type="checkbox"/>	A three-year family medicine center/continuity clinic experience is provided in which each resident must have a documented total of at least 1650 patient visits. Resident must provide acute care, chronic care, and wellness care for patients of all ages and must optimize and coordinate care across all settings for a panel of continuity patients. The last two years (104 weeks) of this experience must be continuous and residents must see patients in the FMC a minimum of 40 weeks during each of these two years; other assignments must not interrupt continuity for more than eight weeks in any of these two years.

Section 6, continued

Yes	No	<b>PSYCHIATRY GUIDELINES:</b> <i>Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry</i>
X	X	
<input type="checkbox"/>	<input type="checkbox"/>	Among the thirty (30) months of training provided under the direction of Psychiatry, the following experiences are required:
<input type="checkbox"/>	<input type="checkbox"/>	Neurology: two FTE months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. At least one month should occur in the first or second year of the program.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Inpatient Psychiatry: at least six months, but no more than 16 months FTE of inpatient psychiatry of which there must be a minimum of six months of significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients who are admitted to traditional psychiatry units, day hospital programs, research units, residential treatment programs, and other settings where:</p> <ul style="list-style-type: none"> <li>- the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, ages, and gender; and</li> <li>- patient services are comprehensive and continuous and allied medical and ancillary staff are available for backup support at all times.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Outpatient Psychiatry: 12 months FTE of organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both brief and long-term care of patients. Each resident must have significant experience treating outpatients longitudinally for at least one year. This longitudinal experience should include:</p> <ul style="list-style-type: none"> <li>- evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision;</li> <li>- exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment;</li> <li>- opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically-ill patient population; and,</li> <li>- no more than 20 percent of child and adolescent patients. This portion of education may be used to fulfill the two-month child and adolescent psychiatry requirements, so long as this component meets the requirements for child and adolescent psychiatry below.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Child and Adolescent Psychiatry: two months FTE of organized clinical experience in which the residents are:</p> <ul style="list-style-type: none"> <li>- supervised by child and adolescent psychiatrists who are certified by the ABPN or who are judged by the Review Committee to have equivalent qualifications; and</li> <li>- provided opportunities to assess development and to evaluate and treat a variety of diagnoses in male and female children and adolescents and their families, using a variety of interventional modalities.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Consultation/Liaison: two months FTE in which residents consult under supervision on other medical and surgical services.
<input type="checkbox"/>	<input type="checkbox"/>	Geriatric Psychiatry: one month FTE of organized experience focused on the specific competencies in areas that are unique to the care of the elderly. These include the diagnosis and management of mental disorders in patients with multiple comorbid medical disorders, familiarity with the differential diagnosis and management (including management of the cognitive component) of the degenerative disorders, and understanding of neuropsychological testing as it relates to cognitive functioning in the elderly, and the unique pharmacokinetic and pharmacodynamic considerations encountered in the elderly, including drug interactions.

<input type="checkbox"/>	<input type="checkbox"/>	Addiction Psychiatry: one month FTE of organized experience focused on the evaluation and clinical management of patients with substance abuse/dependency problems, including dual diagnosis. Treatment modalities should include detoxification, management of overdose, maintenance pharmacotherapy, the use of psychological and social consequences of addiction in confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance, and the use of self-help groups.
<input type="checkbox"/>	<input type="checkbox"/>	Forensic Psychiatry: This experience must expose residents to the evaluation of forensic issues such as patients facing criminal charges, establishing competency to stand trial, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others. This experience should include writing a forensic report. Where feasible, giving testimony in court is highly desirable.
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Psychiatry: This experience must be conducted in an organized 24-hour psychiatric emergency service, a portion of which may occur in ambulatory urgent-care settings, but not as part of the 12-month outpatient requirement. Residents must be provided experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients; On-call experiences may be part of this experience, but no more than 50 percent
<input type="checkbox"/>	<input type="checkbox"/>	Community Psychiatry: This experience must expose residents to persistently and chronically-ill patient in the public sector, (e.g., community mental health centers, public hospitals and agencies, and other community-based settings). The program should provide residents the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.
<input type="checkbox"/>	<input type="checkbox"/>	Addiction, community, forensic, and geriatric psychiatry requirements can be met as part of the inpatient requirements above the minimum six months, and/or as part of the outpatient requirement.

R-1 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: \_\_\_\_\_

Describe the continuity clinics on last page

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation  (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length			
R1-1						
R1-2						
R1-3						
R1-4						
R1-5						
R1-6						
R1-7						
R1-8						
R1-9						
R1-10						
R1-11						
R1-12						
R1-13						
R1-14						
<b>TOTALS</b>	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	<b>A</b>	<b>B</b>	<b>C</b>		

R-2 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: \_\_\_\_\_

Describe the continuity clinics on last page

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation  (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length			
R2-1						
R2-2						
R2-3						
R2-4						
R2-5						
R2-6						
R2-7						
R2-8						
R2-9						
R2-10						
R2-11						
R2-12						
R2-13						
R2-14						
<b>TOTALS</b>	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	<b>A</b>	<b>B</b>	<b>C</b>		

R-3 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: \_\_\_\_\_

Describe the continuity clinics on last page

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation  (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length			
R3-1						
R3-2						
R3-3						
R3-4						
R3-5						
R3-6						
R3-7						
R3-8						
R3-9						
R3-10						
R3-11						
R3-12						
R3-13						
R3-14						
<b>TOTALS</b>	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	<b>A</b>	<b>B</b>	<b>C</b>		

R-4 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: \_\_\_\_\_

Describe the continuity clinics on last page

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation  (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length			
R4-1						
R4-2						
R4-3						
R4-4						
R4-5						
R4-6						
R4-7						
R4-8						
R4-9						
R4-10						
R4-11						
R4-12						
R4-13						
R4-14						
<b>TOTALS</b>	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	<b>A</b>	<b>B</b>	<b>C</b>		

R-5 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: \_\_\_\_\_

Describe the continuity clinics on last page

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation  (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length			
R5-1						
R5-2						
R5-3						
R5-4						
R5-5						
R5-6						
R5-7						
R5-8						
R5-9						
R5-10						
R5-11						
R5-12						
R5-13						
R5-14						
<b>TOTALS</b>	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	<b>A</b>	<b>B</b>	<b>C</b>		



Please use this sheet to explain which rotations meet each requirement

<b>Specialty</b>	<b>Requirement</b>	<b>Rotation number(s)</b>	<b># of months or blocks</b>
EXAMPLE	Ambulatory Med Blocks	R2-8, R2-9	2 blocks
PSYCHIATRY	Neurology 2 mo FTE		
PSYCHIATRY	Inpatient Psych (6-16 months)		
PSYCHIATRY	Outpatient 12 mo FTE		
PSYCHIATRY	Child Psych 2 mo FTE		
PSYCHIATRY	Consultation Psych 2 mo FTE		
PSYCHIATRY	Geriatric psych 1 mo FTE		
PSYCHIATRY	Addiction Psych 1 mo FTE		
PSYCHIATRY	Emergency Psych (experience)		
PSYCHIATRY	Forensic Psych (experience)		
PSYCHIATRY	Community Psych (experience)		
FAMILY MEDICINE	FMC Continuity Clinic, 1650 visits		
FAMILY MEDICINE	Inpatient Medicine, 6 mo FTE		
FAMILY MEDICINE	ICU/CCU/RCU 1 mo FTE		
FAMILY MEDICINE	Geriatric Medicine 1 mo FTE		
FAMILY MEDICINE	Pediatrics, 200 hrs or 2 mo inpatient, 200 hrs, or 2 mo outpatient		
FAMILY MEDICINE	Emergency Med 1 month		
FAMILY MEDICINE	Surgery, 1 mo FTE		
FAMILY MEDICINE	OB, 2 mo		
FAMILY MEDICINE	Gynecology, 1 mo FTE		
FAMILY MEDICINE	Orthopedics, 2 mo FTE		
FAMILY MEDICINE	Population Health (experience)		
FAMILY MEDICINE	Health Systems Management, 100 hrs		
FAMILY MEDICINE	Diagnostic Imaging and Nuclear Medicine (experience)		
FAMILY MEDICINE	Behavioral Science and Psychiatry (experience)		
FAMILY MEDICINE	Electives, 300 hrs or 3 mo FTE		