



PSYCHIATRY / NEUROLOGY 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. An exception to the above requirements would be a single director who is board certified and/or residency trained in both specialties and has an academic appointment in each department. The two directors must embrace similar values and goals for their program. The supervising directors from both specialties must document meeting with one another at least quarterly to monitor the progress of each resident and the overall success of the program.

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

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.
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 NEUROLOGY 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:	

Neurology

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 six-year program to ensure peer interaction.

Positions	P/N Year 1	P/N Year 2	P/N Year 3	P/N Year 4	P/N Year 5	P/N Year 6	Total
Number of Positions Requested:							

SECTION 5: INSTITUTIONS

A. Letters of Support

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

Chief of Service for Psychiatry	Name:
Chief of Service for Neurology	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"/>	Combined training in psychiatry and neurology must include at least six years of coherent training integral to residencies in the two disciplines, which meet the Program Requirements for accreditations by the RC-Psychiatry and the RC-Neurology respectively.
<input type="checkbox"/>	<input type="checkbox"/>	It is strongly recommended that combined training be in the same institution; however, training may be completed in no more than two institutions. Documentation of hospital and faculty commitment to and institutional goals of the combined program must be available in signed agreements. Affiliated institutions, must be located close enough to facilitate cohesion among the program's house staff, attendance at weekly clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters.
<input type="checkbox"/>	<input type="checkbox"/>	Ideally, at least one resident should be enrolled in combined training each year. If no trainees are in a combined program for a period of three years, the program will not be listed as approved.
<input type="checkbox"/>	<input type="checkbox"/>	The program will inform ABPN 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 the sixty (60) months of training in psychiatry and neurology, residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic psychiatric and neurological illnesses presenting in both in-patient and ambulatory settings, as well as in the socioeconomics of illness, the ethical care patients, and in the team approach to the provision of patient care.
<input type="checkbox"/>	<input type="checkbox"/>	The training of residents while on psychiatry rotations is the responsibility of the psychiatry faculty; and while on neurology rotations, the responsibility of neurology faculty.
<input type="checkbox"/>	<input type="checkbox"/>	Vacation, sick, and leave time should be prorated for each specialty. Written information must be provided regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, maternity/paternity leave, as well as other special leaves.
		Except as may be detailed in the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in psychiatry and neurology.
<input type="checkbox"/>	<input type="checkbox"/>	Residents ideally should enter a combined program at the R-1 level, but may enter as late as the beginning of the R-3 level. Transfer is allowed only once during the five-year training period (R-2 through R-6). In a transfer between combined programs, residents must be offered and complete a fully integrated curriculum. A resident transferring from combined training to a categorical psychiatry or neurology program must have the prospective approval of the ABPN.

<input type="checkbox"/>	<input type="checkbox"/>	Training in each discipline must incorporate graded 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 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 may be appointed, an associate director from the other specialty must be named to ensure both integration of the program and supervision in the discipline. 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 specialties must document meeting 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 for the certifying examination of the Board for each specialty will be fulfilled by sixty (60) months of training in an approved combined program. A reduction of 12 months of training compared to that which is required for two separate residencies is possible due to overlap of curriculum and training requirements. The requirement of 36 months of psychiatry training is met by 30 months of psychiatry training with six months credit for training appropriate to psychiatry obtained during the 30 months of neurology training. Likewise, the 36 months of neurology training is met by 30 months of neurology training with six months credit for training appropriate to neurology obtained during the 30 months of psychiatry 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 Psychiatry and Neurology Program Requirements.
<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 RC's and the 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"/>	Resident competency must be documented in five areas (critical care, neuromuscular, ambulatory, neurodegenerative, and child patient) by evaluating a minimum of five different patients as specified in the RRC requirements for neurology and the current version of the ABPN document Requirements for Clinical Skills Evaluation in Neurology and Child Neurology, and reported to the ABPN in the manner specified.

Section 6, continued

<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 examination such as the American College of Psychiatry (ACP) In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	All neurology residents should participate in the AAN's In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	The written curriculum is periodically reviewed by Psychiatry and Neurology faculty and residents via a program evaluation process consistent with that outlined in the ACGME common program requirements.
<input type="checkbox"/>	<input type="checkbox"/>	To meet requirements for dual certification, the resident must satisfactorily complete seventy-two (72) months of training, including 60 months of combined training which 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 both 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%.
<input type="checkbox"/>	<input type="checkbox"/>	Sixty percent of a program's eligible graduates over the past five years must pass the certifying neurology examination of the ABPN. (Currently in effect)
<input type="checkbox"/>	<input type="checkbox"/>	Graduate pass rates for the ABPN specialty certifying examination must be used in evaluating the educational effectiveness of the program. At least 70 percent of a program's eligible graduates from the preceding five years should take the ABPN certifying examination in neurology. At least 50 percent of a program's eligible graduates from the preceding five years who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)
<input type="checkbox"/>	<input type="checkbox"/>	In those programs with fewer than five graduates over the past five years, at least 50 percent of graduates who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)

Section 6, continued

Yes X	No X	CORE CURRICULAR REQUIREMENTS: <i>Indicate (X) if the program includes each of the following core curricular requirements.</i>
<input type="checkbox"/>	<input type="checkbox"/>	A clearly described, written curriculum available for residents, faculty, and both Review Committees.
<input type="checkbox"/>	<input type="checkbox"/>	The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	The 12 months of training in the R-1 year must be a year of internal medicine or a year which includes eight months of training in internal medicine with primary responsibility in patient care, or a year which includes a minimum of six months of internal medicine with primary responsibility in patient care and a period of at least two months time comprising one or more months of pediatrics, emergency medicine, internal medicine, or family medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training under the direct supervision of Psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training under the direct supervision of Neurology.
<input type="checkbox"/>	<input type="checkbox"/>	Joint educational conferences involving residents from neurology and psychiatry is recommended and should specifically include participation of all residents in combined training program.

Section 6, continued

Yes	No	PSYCHIATRY GUIDELINES: <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"/>	Thirty months of training is provided under the direction of Psychiatry.
<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"> - the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, ages, and gender; and - patient services are comprehensive and continuous and allied medical and ancillary staff are available for backup support at all times.
<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"> - evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision; - exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment; - opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically-ill patient population; and, - 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.
<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"> - 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 - 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.

Section 6, continued

<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.

Section 6, continued

Yes X	No X	NEUROLOGY GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Neurology.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training is provided under the direction of Neurology.
<input type="checkbox"/>	<input type="checkbox"/>	Among the 30 months of neurology, each resident must obtain 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least six months (full-time equivalent) of inpatient experience in adult neurology, and at least six months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience must include a resident longitudinal/continuity clinic with attendance by each resident one-half day weekly throughout the 30 months of training.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have a minimum of three months of elective time.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have a minimum of three months FTE in clinical child neurology with management responsibility under the supervision of a child neurologist with ABPN certification.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have at least one month full-time equivalent experience in clinical psychiatry, including cognition and behavior under the supervision of a psychiatrist certified by the ABPN.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must participate in clinical teaching rounds supervised by faculty occurring at least five days per week.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have exposure to and understanding of evaluation and management of patients in various settings including an intensive care unit and an emergency department with neurological disorders and for patients requiring acute neurosurgical management.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have experience in neuroimaging including but not limited to magnetic resonance imaging, computerized tomography, and neurosonology.
<input type="checkbox"/>	<input type="checkbox"/>	The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

NEUROLOGY/PSYCHIATRY ROTATION CHARTS

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

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
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								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE



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

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
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								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE



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

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
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								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE



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

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
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								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE



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

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
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								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE

R-6 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/blocks)	FTE Credit Toward 30 months Neuro	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or neuro FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Neurology Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R6-1								
R6-2								
R6-3								
R6-4								
R6-5								
R6-6								
R6-7								
R6-8								
R6-9								
R6-10								
R6-11								
R6-12								
R6-13								
R6-14								
TOTALS	Total in column A must = sum of B+C (must be 12 months or 13 blocks)	A	B	C			Total Neuro Clinics	Total Outpt Psych FTE

Please use this table to explain which rotations meet each requirement

Specialty	Requirement	Rotation number(s)	# of months or blocks
(EXAMPLE)	Elective: Neurophysiology Blocks	R2-8, R2-9	2 blocks
PSYCHIATRY	Neurology 2 months		
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 (dedicated experience)		
PSYCHIATRY	Forensic Psych (experience)		
PSYCHIATRY	Community Psych (experience)		
NEUROLOGY	R-1: Categorical Medicine Year OR includes at least 8 mo FTE Internal Medicine OR at least 6 mo FTE Internal Medicine if also counting 1-2 mo FTE Peds, FP, or ED		
NEUROLOGY	R-1: FTE Peds, FP, or ED IF doing only 6 months FTE internal medicine (total 2 mo FTE)		
NEUROLOGY	Adult Neurology Inpatient at least 6 mo FTE		
NEUROLOGY	Adult Neurology Outpatient at least 6 mo FTE (must include half day/wk neurology continuity clinic during neurology years or their equivalent)		
NEUROLOGY	Clinical Adult Neurology 18 mo FTE (including at least 6 mo FTE inpatient and 6 mo FTE outpatient in 2 lines above)		
NEUROLOGY	Elective 3 mo FTE		
NEUROLOGY	Clinical Child Neurology 3 mo FTE		

NEUROLOGY	Clinical Psychiatry 1 mo FTE (may count experience during psych half of training)		
NEUROLOGY	ICU experience (including neuro patients and patients requiring acute neurosurgical management)		
NEUROLOGY	ED experience (including neuro patients and patients requiring acute neurosurgical management)		
NEUROLOGY	Neuroimaging experience including MRI, CT, neurosonology		

Use this space for further explanation if needed to understand why the above experiences are being counted toward the requirement indicated