

**APPLICATION FOR REGISTRATION OF A CLINICAL PHARMACOLOGY
FELLOWSHIP PROGRAM**

Send completed application, electronic copies (email or CD) of all documents and fee to:
American Board of Clinical Pharmacology, Inc.
P.O. Box 40278
San Antonio, Texas 78229-1278

Section I

PROGRAM IDENTIFICATION AND PARTICIPATING HOSPITALS

Date:

Program Title:

Mailing Address:

Telephone:

FAX:

Chairman of Primary Department:

Name of Program Director:

Signature of Program Director:

1. PARENT INSTITUTION:

Address:

City, State, Zip:

Telephone:

JCAHO approved: Yes ___ No ___

2. OTHER INSTITUTION: *(If program involves more than one institution)*

Address:

City, State, Zip:

Telephone:

JCAHO approved: Yes ___ No ___

If any institution is not approved by the Joint Commission of Accreditation of Health Care Organizations (JCAHO) attach explanation. For all integrated or affiliated institutions, attach written agreements. Check here if agreements are attached. (___)

SECTION II
ORGANIZATIONAL STRUCTURE OF PROGRAM

INSTITUTION:

Chairman of Department:

Director of Program:

Associate Director (define relationship to Director):

Dean or Chief Administrative Officer:

**SECTION III
CLINICAL PHARMACOLOGY
PROGRAM DIRECTOR CREDENTIALS**

Instructions: Please supply the following information on the program director. Limit this information to the space provided: include only the most recent appointments and titles, organizations, societies, honors, etc. DO NOT INCLUDE ADDITIONAL CV's. Circle "FT" if salaried for "FULL TIME", "PT" if salaried for "PART TIME" and "VOL" if he/she is a non-salaried "VOLUNTEER". If the program director has a responsibility in a special area, designate under "CURRENT APPOINTMENT". "TIME COMMITTEE TO PROGRAM" refers to the number of hours per week that the program director has significant educational responsibilities for fellows in training.

NAME: _____ Circle one: FT / PT / VOL

Rank or Title:

Prior academic appointments and titles:

Organizations, Societies, and Honors:

Current appointment:

Clinical Medicine (or other Graduate) Education:

Medical School:

Years: _____ Year Certified:

Residency:

Years: _____ Year Certified:

Primary Board Certification:

Specialty: _____ Year Certified:

Clinical Pharmacology Fellowship:

Years: _____ Year Certified:

Clinical Pharmacology Board Certification:

Year Certified:

Other Subspecialty Fellowships:

Years: _____ Year Certified:

SECTION IV
CREDENTIALS OF OTHER FACULTY IN PROGRAM

Instructions: Supply the following information about the other faculty in this program.
Duplicate these pages as necessary for each faculty member, and number pages accordingly (e.g., 4a, 4b, etc.).

NAME: _____ Circle one: FT / PT / VOL

Rank or Title:

Prior academic appointments and titles:

Organizations, Societies, and Honors:

Current appointment:

Clinical Medicine (or other Graduate) Education:

Medical School:

Years: _____ Year Certified:

Residency:

Years: _____ Year Certified:

Primary Board Certification:

Specialty: _____ Year Certified:

Clinical Pharmacology Fellowship:

Years: _____ Year Certified:

Clinical Pharmacology Board Certification:

Year Certified:

Other Subspecialty Fellowships:

Years: _____ Year Certified:

SECTION V

NARRATIVE DESCRIPTION OF THE FELLOWSHIP PROGRAM IN CLINICAL PHARMACOLOGY

The Accreditation Committee for Fellowship Training in Clinical Pharmacology will determine whether or not a truly educational experience in clinical pharmacology is being offered. The Committee recognizes that many variations exist among excellent fellowship programs, and it does not intend to design or dictate the curriculum. Describe the program succinctly and include unique features present within your program. Answer each of the following questions briefly on a separate sheet of paper. If a particular question is not pertinent to your program, indicate the reason. Attach additional sheets for the answers as necessary.

I. ORGANIZATIONAL STRUCTURE AND MANAGEMENT OF THE PROGRAM

- A. Is the Director of the Clinical Pharmacology Unit also the Director of the Fellowship Program? If not, explain the administrative relationship between these persons.
- B. How are the Director of the Clinical Pharmacology Unit and the Director of the Fellowship Program appointed and for what duration?
- C. Describe the specific duties and functions of all instructors who are participating in teaching in the fellowship program. How do they relate to the program director?
- D. How are the components of the fellowship training program at the affiliated and/or integrated institutions related administratively to the leadership of the program? (Flow diagram may be helpful.)

II. REQUIRED EXPERIENCE

Provide a written description of each item listed under Required Experience in III B of the instructions (Instructions, page 6). For each item, describe the educational purpose, the teaching methods, the educational content, the educational materials used, and the methods used in evaluating the performance of fellows.

III. AFFILIATIONS

- A. What are the pertinent features of the integrated or affiliated institutional agreements as related to clinical pharmacology?
- B. What advantages result from the existing integrations or affiliations?

IV. GENERAL

- A. Describe the progressive levels of responsibility in consultations that are expected from your fellows over the duration of the fellowship.
- B. How is basic pharmacology teaching incorporated into the program?
- C. Describe the research space and special research facilities for clinical pharmacology. Indicate the role of basic and clinical research programs in the clinical pharmacology program. How are the fellows involved in the research programs? Provide a list of publications from your program over the past three (3) years designating the roles of fellows in each publication. (Not applicable if a new program.)
- D. How are teaching of socio-economic, ethnic, and gender factors incorporated into the curriculum?
- E. Describe career counseling and placement aspects of your program.

V. RECRUITMENT AND RETENTION OF FELLOWS

- A. Over the past three years, what percent of fellows entering your program completed the full two years? What percent took a third year of training?
- B. Please attach a list of names of fellows in FY 1, 2, and 3, indicating for each the medical school of graduation, residency, and prior fellowships.
- C. If you have fellows who graduated from a foreign medical school in your program, how are their unique educational requirements being met? Have curriculum elements been specifically designed for this purpose?

VI. ASSESSMENT

- A. By what methods do you assess the teaching effectiveness of the clinical pharmacology faculty?
- B. By what methods do you evaluate performance and individual development of clinical pharmacology fellows? How are fellows informed of the results of the evaluations?
- C. What areas within your clinical pharmacology training programs warrant strengthening to enhance the education of fellows?

D. What do you consider to be the outstanding strengths of your program in the training of clinical pharmacology fellows?

(revised 2/2/05)