

**APPLICATION FOR ACCREDITATION 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.  
322 West Borwell  
Dartmouth-Hitchcock Medical Center  
One Medical Center Drive  
Lebanon, NH 03756

**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. (\_\_\_)

Are private physician's offices also used? Yes \_\_\_No \_\_\_

If so, where?

**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:

Time Committed to program (hours per week):

Of the time devoted to the program, please estimate the percentage of time spent in each of the following activities for fellows in training:

Activity	Percent of Time	Activity	Percent of Time
Administration of program		Conferences	
Teaching rounds		Supervision of research activities	
Supervision of ambulatory care		Other (please describe)	
Supervision of consultations			

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:

\* If not certified, please indicate equivalent training experience:

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 (eg. 5a, 5b, etc.).

NAME: \_\_\_\_\_ Circle one: FT / PT / VOL

Rank or Title:

Time Committed to program (hours per week):

Of the time devoted to the program, please estimate the percentage of time spent in each of the following activities for fellows in training:

Activity	Percent of Time	Activity	Percent of Time
Administration of program		Conferences	
Teaching rounds		Supervision of research activities	
Supervision of ambulatory care		Other (please describe)	
Supervision of consultations			

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:

\* If not certified, please indicate equivalent training experience:

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 the **Fellows Required Experience** in your program. 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 (3 years) 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?

VII. SITE VISIT AND ACCREDITATION FEES

- A. A site visit will be required by the American Board of Clinical Pharmacology before final approval will be given. Accreditation of a fellowship program will be for a five year period, after which the application for accreditation must be repeated.
- B. To cover the cost of accreditation, your institution must pay the accreditation fee of \$3,000, which includes the travel expense of a site visitor from the ABCP. The accreditation fee must accompany your application.

*(revised 1/27/22)*