



TRAINING AWAY FROM AN ACCREDITED PROGRAM CHECKLIST

RESIDENTS:

Training away from the ACGME-accredited anesthesiology program cannot occur until completion of at least one year of clinical anesthesia training or during the last three months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

FELLOWS:

We will accept no more than two months of training in institutions not recognized by the ACGME as part of the accredited subspecialty program. Therefore, fellows must complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

See our Policy Book for more information.

Our Credentialing and Continuing Certification Committee must prospectively approve clinical anesthesia or subspecialty training away from the resident's or fellow's ACGME-accredited program. We must receive the request from the residency or fellowship program director at least four months before the resident or fellow begins the training in question.

Use this checklist to prepare a request for proposed training away from an ACGME-accredited. Email requests to credentialing@theaba.org or fax them to (866) 999-7503.

Resident/Fellow _____ ABA ID# _____

Training Program _____ Program Number _____

	Request must be signed by the department chair or program director of the program in which the physician is currently enrolled.
	<p>Answer the following questions about the facility/institution at which the proposed training would take place:</p> <ol style="list-style-type: none"> 1. Is there an RRC-approved affiliation or integration agreement with the parent institution? 2. Is the institution at which the training will occur accredited by the ACGME? 3. If no, is the facility a participating institution that is affiliated or integrated with another ACGME-accredited anesthesiology program?
	Include a chronological description of the proposed rotations and the dates of the planned rotations.
	Include information about the supervision of the resident/fellow, including the position and credentials (curriculum vitae) of the physician who will oversee the resident's/fellow's training while away from his/her accredited program.

	<p>Answer each of the following questions about all rotations the physician has previously completed away from his/her accredited program to date. <i>Please indicate all times in weeks or months:</i></p> <ul style="list-style-type: none"> • The total time, to date, the physician has spent training in facilities that are affiliated or integrated with his/her parent institution under a written agreement approved by the RRC. • The total time, to date, the physician has spent training away from his/her accredited program at other ACGME- accredited anesthesiology programs or their integrated/affiliated institutions. • The total time, to date, the physician has spent training away from his/her accredited program at other institutions/ facilities that are not ACGME-accredited.
	<p>Provide assurance that the resident/fellow will remain enrolled in his/her accredited program while training away from the accredited program.</p>
	<p>Provide assurance that the resident/fellow is in good standing at the time of the request.</p>
	<p>Indicate that the resident's/fellow's accredited program will report the training on the semi-annual Clinical Competence Committee report filed for the period involved.</p>