



American College of
PHLEBOLOGY

AMERICAN COLLEGE OF PHLEBOLOGY (ACP)

PROGRAM APPLICATION FORM (PAF) – PHLEBOLOGY FELLOWSHIP

FOR NEW APPLICATIONS ONLY

GENERAL INSTRUCTIONS

APPLICATION FOR A NEW PROGRAM: This form is for use only by programs making an **initial application**. All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the proposed program. For items that do not apply, indicate N/A in the space provided. Where patient numbers are requested, estimate what you expect will occur. If any requested information is not available, an explanation should be given and it should be so indicated in the appropriate place on the form. When responding, use a larger or different font than the one used for the questions.

The Institutional Requirements, the Program Requirements, and the PAF may be downloaded from the ACP's Website. Before completing the accompanying form, please review the Program Requirements for phlebotomy.

For questions regarding the completion of the form (content), contact the ACP's HQ Office via phone or email.

Once completed, please mail five copies to the ACP at:

American College of Phlebotomy
Attention: Fellowship Committee
(please see website for current office address)

The forms are designed for use by single institutions as well as multi-institution programs. The Program Director is responsible for the collection of data and other information from each participating institution. All the information is to be consolidated and reported on a single set of forms which must be signed by the Program Director. If more space is required to respond to an item, insert additional pages as necessary. The information provided should be complete but concise and should not include unrequested material such as reprints, brochures, computer printouts, catalogs, or lengthy CVs.

FOR PART 1, SECTION 4: List those key members of the teaching staff who currently devote 8 plus hours per week to fellow education. Include members of other departments if applicable. Indicate whether "Chief," "Attending," etc. in the position field. If a "Consultant" in a related field, note the field, e.g., "Radiology" or "Pathology."

GLOSSARY OF TERMS

A. Terms used in Program Requirements

Desirable: “Desirable” or “highly desirable” are phrases used for aspects of a training program which are not absolutely essential but are considered very significant.

Essential: Equates with indispensable and definitely identifies an absolute requirement.

Must: Indicates that something is required and connotes an absolute requirement.

Should: Used for those dimensions of a training program which are so important that their absence must be justified. If the program has an alternative way to accomplish the intent of the requirement, this should be fully described. A program is at risk if it is not in compliance with a “should.”

Substantial Compliance: The determination of substantial compliance results from a judgment based on all available information as to the degree that the entity being evaluated meets accreditation standards.

Suggested: A term, along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or a program will not be cited for failing to do something that is suggested or strongly suggested.

B. Terms used in the Program Application Forms (PAF)

Elective: Indicates a rotation/experience that may be chosen at the resident’s discretion in consultation with the faculty.

Required: Designates those experiences required by the program of all residents although they may choose which month or year they are to be taken.

C. Other terms used in graduate medical education (GME)

Applicant: Persons invited to come for an interview for a GME program.

Categorical Position: (see also "Graduate Year 1" and "Preliminary Positions") - Positions for residents who begin and remain in a given program or specialty until completion of the year(s) required for admission to specialty board examination.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g., GME). A consortium may serve as a "sponsoring institution" for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.

Designated Institutional Official (DIO): The person in a sponsoring institution of GME who assumes the authority and responsibility for the GME programs and oversees the implementation of the Institutional Requirements. The DIO is responsible for completing the Annual Update for the Web Accreditation Data System and seeing that all sponsored programs complete their updates on schedule.

Fellow: A term used by some sponsoring institutions and in some specialties to designate participants in subspecialty GME programs. Such physicians may also be termed "resident" as well. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., "research fellow."

Institution: An organization having the primary purpose of providing educational and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

Major Participating Institution: An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

Other Participating Institution: An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.

Sponsoring Institution: The institution that assumes the ultimate responsibility for a program of GME.

Institutional Review: The process undertaken by the ACGME to judge whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Intern: Historically, "intern" was used to designate individuals in the first year of GME; less commonly it designated individuals in the first year of any residency program. Since 1975 the *Graduate Medical Education Directory* and the ACGME have not used the term, instead referring to individuals in their first year of GME as residents.

Internal Review: The formal process undertaken by a sponsoring institution of its individual ACGME accredited programs in conformity with Section I.B.3.c. of the Institutional Requirements to evaluate the sponsored programs.

International Medical Graduate (IMG): A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education (LCME)). IMGs may be citizens of the United States or Canada who chose to be educated elsewhere, or non-citizens who were admitted to the United States by U.S. immigration authorities. All IMGs should undertake residency training in the United States before they can obtain a license to practice medicine in the United States even if they were fully trained, licensed, and practicing in another country.

Medical School Affiliation: Institutions that sponsor an accredited program may have a formal relationship with a medical school. Indicate that a medical school affiliation exists for an institution (or program) if the institution (or program) is an important part of the teaching program for the medical school. Do not include only brief, occasional, and/or unique rotations of students or residents.

Months of Rotation: Refers to the total number of months a typical resident spends at an institution. If the total number of months that each resident spends at a location is different for different residents, use the average (a decimal number may be reported).

Ownership Type of Institution: Refers to the governance, control or type of ownership of the institution.

Program: The unit of specialty education, comprising a series of graduated learning experiences in GME, designed to conform to the program requirements of a particular specialty.

Preliminary Positions (see also "Graduate Year 1"): Positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually one year in length and usually offered for Graduate Year 1. Internal medicine, surgery, and transitional year programs commonly offer preliminary positions.

Preliminary Designated Positions: Residents matched by/for other specialties. The resident is designated as having a permanent position after completing the preliminary year(s). Specialties that do not designate preliminary positions will use this option to indicate preliminary positions.

Preliminary Non-Designated: Residents accepted into the program for one or two years of training; these residents do not have designated permanent positions in the current program or another program at the time of acceptance.

Primary Teaching Hospital: If the sponsoring institution is a hospital, it is by definition the principal teaching hospital for the residency program. If the sponsoring institution is a medical school, university, or consortium of hospitals, the hospital that is used most heavily in the residency program is the principal teaching hospital. If two or more hospitals are used equally, each can be considered the principal teaching hospital.

Program Director: The official responsible for maintaining the quality of a GME program so that it meets ACGME accreditation standards. Other duties of the Program Director include preparing a written statement outlining the program's educational goals; providing an accurate statistical and narrative description of the program as requested by the Residency Review Committee (RRC); and providing for the selection, supervision, and evaluation of residents for appointment to and completion of the program.

Program Merge/Split/Absorption: In a merge, two programs combine to create one new program; the new program becomes the accredited unit and accreditation is voluntarily withdrawn from both former programs. In a split, one program divides into two separate programs and each program receives accreditation. In absorption, one program takes over the other program; the absorbed program is granted voluntary withdrawal status, while the other program remains accredited.

Program Letters of Agreement: The sponsoring institution must ensure that for each accredited program appropriate letters of agreement exist between the sponsoring institution and the participating institutions used by a program that provides specific learning experiences.

Program Year (see also "Graduate Year"): Refers to the current year of training within a specific program; this may or may not correspond to the graduate year. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including 3 prior years of family practice). The Web accreditation data systems tracks residents according to his/her current year in the program, regardless of prior training.

Resident: A physician at any level of GME in a program accredited by the ACGME. Participants in accredited subspecialty programs are included. Other uses of the term "resident" require modifiers.

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Sponsoring Institution (See also "Institution"): The institution that assumes the ultimate responsibility for a program of GME.

Teaching Staff: Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.



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SECTION 1. GENERAL PROGRAM INFORMATION

A. Accreditation Information

Date:
Title of Program:

B. Program Director Information

Name:			
Title:			
Address:			
City, State, Zip code:			
Telephone:	FAX:	Email:	
Date First Appointed:			
Principal Activity Devoted to Resident Education:			
Term of PD Appointment:			
Primary Specialty Board Certification:	Most Recent Date:		
Secondary Specialty Board Certification:	Most Recent Date:		
Number of years spent teaching in GME in this specialty:			
Director based at primary teaching institution? () YES () NO			
Number of hours per week Director Spends in:			
Clinical Supervision:	Administration:	Research:	Didactics/Teaching:
Is Program Director also Department Chair? () YES () NO			
If No, Chair Name:			
The signatures of the director of the program, the chief of the department 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 Chief/Department Chair if different from Program Director (and date):			
Signature of Designated Institutional Official (DIO) (and date):			

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PARTICIPATING INSTITUTION (Institution #3)

Select one (if applicable)

SECTION 2. PARTICIPATING INSTITUTIONS**SPONSORING INSTITUTION:**

Name of Sponsor:

Address:

Changed since the Last Review? () YES () NO

Single Residency Sponsor? () YES () NO

City, State, Zip code:

Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)

Ownership Type: (e.g., State, Corporation, Church)

Name of Designated Institutional Official:

Name of Chief Executive Officer:

Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)? () YES () NO

If yes, name the medical school below and make available an affiliation agreement that describes the effect of these arrangements on this program.

Name of Medical School #1:

Name of Medical School #2:

PRIMARY INSTITUTION (Institution #1)

Name:

Address:

City, State, Zip Code:

Type of Relationship with Program: Sponsor () Major () Clinical () Other ()

Type of Rotation: Elective () Required () Both () (select one)

Length of Resident Rotation (in months) Year 1:

CEO/Director/President's Name:

JCAHO Approved? () YES () NO () N/A

Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)

Ownership Type: (e.g., State, Corporation, Church)

Brief Educational Rationale:

PARTICIPATING INSTITUTION (Institution #2)Select one (if applicable)
INTEGRATED ()
AFFILIATED ()

Name:

Address:

City, State, Zip Code:

Type of Relationship with Program: Sponsor () Major () Clinical () Other ()

Does this institution also sponsor its own program in this specialty?

Does it participate in any other ACGME accredited programs in this specialty?

Distance between 2 & 1: Miles: Minutes:

Type of Rotation: Elective () Required () Both () (select one)

Length of Resident Rotation (in months) Year 1:

CEO/Director/President's Name:

JCAHO Approved? () YES () NO () N/A

Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)

Ownership Type: (e.g., State, Corporation, Church)

Brief Educational Rationale:

Name:

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Address:	
City, State, Zip Code:	
Type of Relationship with Program: Sponsor () Major () Clinical () Other ()	
Does this institution also sponsor its own program in this specialty?	
Does it participate in any other ACGME accredited programs in this specialty?	
Distance between 3 & 1:	Miles: Minutes:
Type of Rotation: Elective () Required () Both () (select one)	
Length of Resident Rotation (in months) Year 1:	
CEO/Director/President's Name:	JCAHO Approved? () YES () NO () N/A
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)	
Ownership Type: (e.g., State, Corporation, Church)	
Brief Educational Rationale:	

PARTICIPATING INSTITUTION (Institution #4)		Select one (if applicable) INTEGRATED () AFFILIATED ()
Name:		
Address:		
City, State, Zip Code:		
Type of Relationship with Program: Sponsor () Major () Clinical () Other ()		
Does this institution also sponsor its own program in this specialty?		
Does it participate in any other ACGME accredited programs in this specialty?		
Distance between 4 & 1:	Miles:	Minutes:
Type of Rotation: Elective () Required () Both () (select one)		
Length of Resident Rotation (in months) Year 1:		
CEO/Director/President's Name:	JCAHO Approved? () YES () NO () N/A	
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)		
Ownership Type: (e.g., State, Corporation, Church)		
Brief Educational Rationale:		

PARTICIPATING INSTITUTION (Institution #5)		Select one (if applicable) INTEGRATED () AFFILIATED ()
Name:		
Address:		
City, State, Zip Code:		
Type of Relationship with Program: Sponsor () Major () Clinical () Other ()		
Does this institution also sponsor its own program in this specialty?		
Does it participate in any other ACGME accredited programs in this specialty?		
Distance between 5 & 1:	Miles:	Minutes:
Type of Rotation: Elective () Required () Both () (select one)		
Length of Resident Rotation (in months) Year 1:		
CEO/Director/President's Name:	JCAHO Approved? () YES () NO () N/A	
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)		
Ownership Type: (e.g., State, Corporation, Church)		
Brief Educational Rationale:		

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SECTION 4. FACULTY / TEACHING STAFF

A. Faculty Roster

List all major teaching staff who participate directly and regularly in resident education.

Name (Position)	Degree	Based Primarily at Institution #*	Primary Specialty / Field			Years as Faculty in Specialty	Average Hours Per Week Spent On			
			Specialty / Field	ABMS Board Certification (Y/N)	Most Recent Certification Date		Clinical Supervision	Administration	Didactic Teaching	Research

*as listed in Part 1, Section 2.

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B. **Key Faculty Curriculum Vitae** - Complete for each faculty member. One page only.

PLEASE DUPLICATE THIS PAGE for as many Key Faculty as listed in Section 4 (A). ONE PAGE FOR EACH MEMBER.

First Name:	MI:	Last Name:
Present Position:		
Medical School Name:		
Degree Awarded:		Year Completed:

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration

Academic Appointments - List the past ten years, beginning with your current position. (Add rows as necessary.)

Start Date	End Date	Description of Position(s)

Concise Summary of Role in Program:

Current Professional Activities / Committees (Limit of 10):

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

If not Board certified, explain equivalent qualifications:

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SECTION 6. OUTLINE OF FELLOW ASSIGNMENTS

Provide a typical weekly schedule for a program fellow resident using the chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7AM							
8							
9							
10							
11							
12PM							
1							
2							
3							
4							
5							

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SECTION 7. NARRATIVE DESCRIPTION OF THE PROGRAM

The questions which follow provide programs with an opportunity to systematically describe the manner in which they comply with the program requirements (PR). Responses should be concise and focused. During the site visit, residents, faculty, and others will be asked for comment on the information provided. As a result, those who will be interviewed should read the PAF prior to their meeting with the site visitor.

Institutional Support

1. Program Sponsorship and Affiliation
 - A. If the program is sponsored by an institution that also sponsors a related residency/fellowship (vascular surgery, interventional radiology), how do the two program directors monitor the interaction of residents and fellow to ensure appropriate educational experiences for both?
 - B. If the program is not affiliated with a related residency, explain why. Note: Programs that are not sponsored by institutions that also sponsor other programs must document compliance with institutional requirements. PR II.B.2.
2. Describe the space dedicated to the performance of venous surgery, including vascular laboratories and patient examination areas. Are program's laboratory facilities accredited? If so, identify the accreditation agency (ies). PR III.D.
3. Summarize fellow access to (a) a major medical library, (b) electronic retrieval of information and medical databases, and (c) on-site collection of texts and journals at each program institution. PR III.B.4.

Responsibilities of the Program Director

4. How does the program director select, supervise, and evaluate the teaching staff and other program personnel at each institution participating in the program? Has a local site director been identified in each program institution? How does the director monitor resident supervision at each institution? PR III.A.4.a
5. Has the program implemented procedures regarding fellow grievances during the last five years? If yes, provide a concise summary. PR III.A.4.c.
6. How does the program monitor fellow stress, including mental or emotional conditions inhibiting performance or learning? What arrangements does the program have for the provision of counseling and psychological support services for fellow?
7. Identify any authorized/approved changes in the Program Requirements that have been made since the last accreditation site visit? Note: Documentation of the ACP Fellowship Committees approval of each change must be available for the site visitor's review.
8. If the program has a Co-director, identify the individual and provide a brief description of his/her responsibilities for the fellowship.

Other Specialties and Program Personnel

9. Concisely describe the opportunities fellows have to work with personnel from other specialties. PR III.C.2.
10. Concisely summarize the technical, clerical, and other non-physician personnel who provide support for the administrative and educational conduct of the program. Is the support of the program in this area satisfactory at all program institutions? PR III.C.1.

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13. How does the program ensure that fellows have the opportunity to develop competence in pre-operative evaluation of patients? Include commentary on the manner in which fellows gain experience in the identification of a) patients whose conditions should be treated by dermatologic surgical techniques and b) those who should be referred to other specialists. PR V.B.2.b.
14. How does the program ensure that fellows have the opportunity to gain experience in the post-operative follow-up care of patients?
15. Describe the manner in which faculty instruct and supervise fellows during the performance of surgical procedures. How are fellows given the opportunity to assume increasing responsibility as they gain experience and develop more advanced skills. PR V.B.2.c.
16. Summarize fellow education and experience in laboratory management and ultrasonography. PR V.B.2.c and PR V.B.1.c.
17. Summarize fellow education and experience in the area of quality improvement activities. PR V.B.2.e.

Scholarly Activity

18. Summarize program research activity, including commentary on each of the following:
 - A. List the staff who provide stimulation and supervision of clinical or laboratory research activity by residents and identify their particular area(s) of expertise.
 - B. List the publications in refereed journals (during the last 3 years) by program residents. Provide titles, co-authors, dates with resident name in bold font.
 - C. List the research presentations (during the last three years) that resulted from resident research activity during the program.
 - D. Describe the time free of clinical duties that is provided for resident participation in clinical or laboratory research.

Fellow Duty Hours & Working Environment

19. Has the program been granted an exception to the program requirement regarding the 80 hour per week duty limit for fellows? Note: Documentation of ACP Fellowship Committee approval must be provided for site visitor review. PR VI.F.
20. How does the program ensure that all fellows have (a) at least 1 day in 7 free from all educational and clinical responsibilities and (b) a 10-hour time period between daily duty periods and after in-house call? PR VI.B.3 and PR VI.B.4.
21. Describe the manner in which the program ensures the fellow's call schedule is in compliance with VI.C (On Call Activities) of the program requirements.
22. Summarize the program's policies regarding fellow moonlighting. PR VI.D.

Evaluation

23. Describe the manner in which the program director and other members of the teaching staff participate in a quality improvement review.

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24. Concisely summarize the manner in which fellows are evaluated (including comment on how feedback is provided to promote improvement in fellow performance.) PR VII.A.1.
25. Concisely summarize the manner in which faculty are evaluated, including commentary on the manner in which written fellow evaluations are utilized. PR VII.B.
26. Describe the manner in which program personnel (including at least one fellow) review, at least once each year, program effectiveness. How are evaluations of fellow performance utilized in this process? PR VII.C.
27. Provide a frank assessment of (a) program strengths, (b) program needs, and (c) plans to address those needs in the future.

DOCUMENTS THAT MUST BE AVAILABLE FOR REVIEW BY THE SITE VISITOR

These materials should not be submitted with the PAF.

- A. Documentation of the ACP Fellowship Committee's approval of changes in the program as specified in Q.7 above.
- B. Current, written institutional and interinstitutional agreements, fellow contracts, and policies on duty hours. (PR II.B.2 and PR VI.E.1.)
- C. The written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment. (PR V.A.2.)
- D. The academic and clinical curriculum specified in PR V.B.
- E. Program policies and procedures regarding duty hours, call, and moonlighting. (PR VI.B through VI.D.)
- F. If the program has been granted an exception to the program requirement regarding the 80 hour per week duty limit for fellows, documentation of ACP Fellowship Committee approval must be provided for site visitor review. (PR VI.F.)
- G. The programs record of the semiannual evaluation of fellows. (PR VII.A.1.b.)
- H. Final written evaluations of fellows who have completed the program. These evaluations must include a review of a fellows performance during the final period of education and verify that the fellow have demonstrated sufficient professional ability to practice competently and independently. (PR VII.A.2.)
- I. Fellow evaluations of faculty. (PR VII.B.)
- J. Agenda and/or minutes of faculty meetings devoted to evaluation of program goals, objectives and effectiveness (PR VII.C.1.)