*Revised 01/2025*

Date Received:

MFM Fellowship Status:

Proposed Meeting Date:

MGG Residency Status:

**FOR OFFICE USE ONLY:**

**AMERICAN BOARD OF OBSTESTRICS AND GYNECOLOGY (ABOG) AMERICAN BOARD OF MEDICAL GENETICS AND GENOMICS (ABMGG)**

Combined Maternal-Fetal Medicine (MFM) and Medical Genetics and Genomics (MGG) Application Form for New Programs

This program must be designed to fulfill the requirements as outlined in the current publication of the ABOG and ABMGG’s *Program Requirements for Combined Maternal-Fetal Medicine Fellowship / Medical Genetics and Genomics Residency*

*Email completed application to* [*fellowship@abog.org*](mailto:fellowship@abog.org)***AND*** *to* [*credentials@abmgg.org*](mailto:credentials@abmgg.org) *No fee required*

1. **ACCREDITATION INFORMATION – MFM FELLOWSHIP**

|  |  |
| --- | --- |
| **Institution:** | |
| **ABOG Number:** | **ACGME Number:** |
| **Accreditation Status:** | **Accreditation Date:** |
| **Complement – Per Year:** | **Complement – Total:** |

1. **ACCREDITATION INFORMATION – MGG RESIDENCY**

|  |  |
| --- | --- |
| **Institution:** | |
| **ACGME Number:** | |
| **Accreditation Status:** | **Accreditation Date:** |
| **Complement – Per Year:** | **Complement – Total:** |

1. **DESIGNATED COMBINED PROGRAM CONTACTS**

|  |  |
| --- | --- |
| **PROGRAM DIRECTOR –** The designated Program Director may be the director of either the MFM fellowship or the MGG residency, and the remaining director must be designated as the Associate | |
| **Name:** | |
| **ABOG ID:** | **ABMGG ID:** |
| **Address 1:** | |
| **Address 2:** | |
| **City, State, Zip:** | |
| **Phone:** | **Email:** |
| **MFM/MGG Certification Date:** | **Specialty CC standards are being met. YES NO** |

|  |  |
| --- | --- |
| **ASSOCIATE PROGRAM DIRECTOR** – Note N/A if the designated Program Director listed above is the single director who is certified in both specialties and has an academic appointment in each department. | |
| **Name:** | |
| **ABOG ID:** | **ABMGG ID:** |
| **Address 1:** | |
| **Address 2:** | |
| **City, State, Zip:** | |
| **Phone:** | **Email:** |
| **MFM/MGG Certification Date:** | **Specialty CC standards are being met. YES NO** |
| **CHAIR OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY** | |
| **Name:** | |
| **ABOG ID:** | |
| **Address 1:** | |
| **Address 2:** | |
| **City, State, Zip:** | |
| **Phone:** | **Email:** |
| **CHAIR OF THE DEPARTMENT OF MEDICAL GENETICS AND GENOMICS (or Head of Division)** | |
| **Name:** | |
| **Address 1:** | |
| **Address 2:** | |
| **City, State, Zip:** | |
| **Phone:** | **Email:** |
| **DESIGNATED INSTITUTIONAL OFFICER** | |
| **Name:** | |
| **Address 1:** | |
| **Address 2:** | |
| **City, State, Zip:** | |
| **Phone:** | **Email:** |

|  |  |
| --- | --- |
| **COORDINATOR** – Note the single coordinator who will be the contact person for the combined program. | |
| **Name:** | |
| **Phone:** | **Email:** |

1. **TRAINING SITES (***List all sites previously approved for the MFM Program or MGG Program and any new sites for the proposed Combined Program)*

|  |  |
| --- | --- |
| **SITE A MFM / MGG / BOTH** | |
| **Institution Name:** |  |
| **City, State, Zip:** | |
| **SITE B MFM / MGG / BOTH** | |
| **Institution Name:** |  |
| **City, State, Zip:** | |
| **SITE C MFM / MGG / BOTH** | |
| **Institution Name:** |  |
| **City, State, Zip:** | |
| **SITE D MFM / MGG / BOTH** | |
| **Institution Name:** |  |
| **City, State, Zip:** | |
| **SITE E MFM / MGG / BOTH** | |
| **Institution Name:** |  |
| **City, State, Zip:** | |

1. **PROGRAM CRITERIA**

|  |  |
| --- | --- |
| **SPONSORING INTITUTION** | |
| Will the sponsoring institution provide:  An administrative home within the department and institution where the director primarily functions? |  |
| Salaries and benefits for trainees that are arranged in such a way as to minimize difficulties/disparities for trainees, regardless of the rotations? |  |
| **PROGRAM ADMINISTRATION** | |
| Will there be meetings at least quarterly between the Program Director and Associate Program Director? |  |
| Will there be regular meetings of the entire MFM and MGG faculties to review the educational objectives of each training program? |  |
| Will the meetings involve consultation with faculty from both disciplines as well as MFM fellows and MGG residents? |  |

|  |  |
| --- | --- |
| **TRAINING TIME** | |
| MGG:  Are there 18 clinical months in MGG? |  |
| Are the first six months consecutive with no more than 10% (one-half) day per week devoted to MFM continuity clinics? |  |
| Are there no more than six months shared with the MFM fellowship? |  |
| During shared months, are the trainees be supervised by both MFM and MGG instructors? |  |
| Is there a minimum of two continuous weeks in each of the following clinical laboratories:  Clinical biochemical genetics? |  |
| Clinical molecular genetics and genomics? |  |
| Clinical cytogenetics and genomics? |  |
| MFM:  Are there 18 months of core clinical?  including at least: |  |
| 3 months of ultrasonography? |  |
| 2 months outpatient Maternal-Fetal Medicine? |  |
| 2 months in a supervisory position on L&D (minimum two-week blocks)? |  |
| 1 month embedded in a medical or surgical intensive care unit? |  |
| 2 months clinical elective? |  |
| Is there a minimum of 12 months of protected research? |  |
| Confirmation that leave will not exceed 12 weeks in any single year of fellowship and 22 weeks over the total 4-year program? |  |

1. **EDUCATIONAL CURRICULUM**

|  |  |
| --- | --- |
| Research performed by the trainees is related to MFM and MGG? |  |
| Will the trainees have a thesis that: Is completed before graduating? |  |
| Meets the requirements in the ABOG’s *Subspecialty Examination Bulletin*? |  |
| Has been defended before an appropriate committee within the MFM and/or MGG department? |  |

1. **ROTATION SCHEDULE / BLOCK DIAGRAMS**

**COMBINED MFM/MGG PROGRAM – COMBINED TRAINEE**

|  |  |  |
| --- | --- | --- |
| **YEAR 1** | **Rotation(s)** | **Site(s)\*** |
| **July** |  |  |
| **Aug** |  |  |
| **Sept** |  |  |
| **Oct** |  |  |
| **Nov** |  |  |
| **Dec** |  |  |
| **Jan** |  |  |
| **Feb** |  |  |
| **Mar** |  |  |
| **Apr** |  |  |
| **May** |  |  |
| **Jun** |  |  |

*\* Use Section IV as Key*

KEY (List all that apply):

MGP = Pediatric Genetics MGB = Medical Biochemical Genetics MGBGL = Biochemical Genetics Laboratory MGMol = Molecular Genetics Laboratory MGCYT = Cytogenetics Laboratory MGC = Cancer Genetics

MGA = Adult Genetics R = Research

PRNG = Prenatal Genetics CC = MFM Critical Care

MFMOP = MFM Outpatient US = MFM Ultrasound

LDS = MFM Labor & Delivery Supervisor MFME = MFM Elective\*\* MFMC = MFM Clinical/Surgical

*\*\*Counts as MFM time but can be spent in Genetics*

**COMBINED MFM/MGG PROGRAM – COMBINED TRAINEE**

|  |  |  |
| --- | --- | --- |
| **YEAR 2** | **Rotation(s)** | **Site(s)\*** |
| **July** |  |  |
| **Aug** |  |  |
| **Sept** |  |  |
| **Oct** |  |  |
| **Nov** |  |  |
| **Dec** |  |  |
| **Jan** |  |  |
| **Feb** |  |  |
| **Mar** |  |  |
| **Apr** |  |  |
| **May** |  |  |
| **Jun** |  |  |

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KEY (List all that apply):

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**COMBINED MFM/MGG PROGRAM – COMBINED TRAINEE**

|  |  |  |
| --- | --- | --- |
| **YEAR 3** | **Rotation(s)** | **Site(s)\*** |
| **July** |  |  |
| **Aug** |  |  |
| **Sept** |  |  |
| **Oct** |  |  |
| **Nov** |  |  |
| **Dec** |  |  |
| **Jan** |  |  |
| **Feb** |  |  |
| **Mar** |  |  |
| **Apr** |  |  |
| **May** |  |  |
| **Jun** |  |  |

*\* Use Section IV as Key*

KEY (List all that apply):

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MFMOP = MFM Outpatient US = MFM Ultrasound

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*\*\*Counts as MFM time but can be spent in Medical Genetics*

**COMBINED MFM/MGG PROGRAM – COMBINED TRAINEE**

|  |  |  |
| --- | --- | --- |
| **YEAR 4** | **Rotation(s)** | **Site(s)\*** |
| **July** |  |  |
| **Aug** |  |  |
| **Sept** |  |  |
| **Oct** |  |  |
| **Nov** |  |  |
| **Dec** |  |  |
| **Jan** |  |  |
| **Feb** |  |  |
| **Mar** |  |  |
| **Apr** |  |  |
| **May** |  |  |
| **Jun** |  |  |

*\* Use Section IV as Key*

KEY (List all that apply):

MGP = Pediatric Genetics MGB = Medical Biochemical Genetics MGBGL = Biochemical Genetics Laboratory MGMol = Molecular Genetics Laboratory MGCYT = Cytogenetics Laboratory MGC = Cancer Genetics

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LDS = MFM Labor & Delivery Supervisor MFME = MFM Elective\*\* MFMC = MFM Clinical/Surgical

*\*\*Counts as MFM time but can be spent in Medical Genetics*

1. **SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Sign below to indicate that the information contained herein is correct and that the hospital and faculty of each department are committed to supporting the combined program. | | | |
|  | **Printed Name** | **Signature** | **Date** |
| **Combined Program Director** |  |  |  |
| **Combined Associate Program Director** |  |  |  |
| **Chair of Ob/Gyn** |  |  |  |
| **Chair/Director of Medical Genetics and Genomics** |  |  |  |
| **Designated Institutional Official (DIO)** |  |  |  |