

FOR OFFICE USE ONLY:	
Date Received: _____	Proposed Meeting Date: _____
MFM Fellowship Status: _____	MGG Residency Status: _____

**AMERICAN BOARD OF OBSTETRICS 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 - No fee required

I. ACCREDITATION INFORMATION – MFM FELLOWSHIP

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

II. ACCREDITATION INFORMATION – MGG RESIDENCY

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

III. 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:	MFM/MGG MOC Date:

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

Name:

ABOG ID:

ABMGG ID:

Address 1:

Address 2:

City, State, Zip:

Phone:

Email:

MFM/MGG Certification Date:

MFM/MGG MOC Date:

CHAIR OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Name:

ABOG ID:

Address 1:

Address 2:

City, State, Zip:

Phone:

Email:

DIRECTOR OF THE DEPARTMENT OF MEDICAL GENETICS AND GENOMICS

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:

IV. TRAINING SITES (*List all sites previously approved for the MFM 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:		

V. 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	
Will there be 18 clinical months in MGG?	
Will the first six months be consecutive with no more than 10% (one-half) day per week devoted to MFM continuity clinics?	
Will there be no more than six months shared with the MFM fellowship?	
If so, will the trainees be supervised by both MFM and MGG instructors?	
Will there be a minimum of two continuous weeks in each of the following laboratories:	
Clinical biochemical genetics?	
Clinical molecular genetics?	
Clinical cytogenetics?	
Will the fellows be exposed to genetic disorders of:	
Children?	
Adolescents?	
Adults (including obstetrics)?	
Cancer?	
Metabolic disease?	
Other basic genetic areas?	
In MFM, will there be a minimum of:	
12 months clinical?	
2 months in a supervisory position on L&D (minimum two-week blocks)?	
1 month embedded in a critical care unit?	
Will there be a minimum of 12 months of protected research?	
Will the trainees be integrated with MFM fellows and MGG categorical residents at all levels of training?	
Will the trainees attend MFM and MGG continuity clinics, including specialty clinics in accordance with MFM and MGG training requirements?	
Will leave be distributed equally between the MFM and MGG portions of the program?	

VI. EDUCATIONAL CURRICULUM

Will the educational curriculums for MFM and MGG be reviewed with the faculty and the trainees?	
Will there be mandatory didactics and conferences while in MFM in accordance with the ABOG or ACGME MFM requirements?	
Will there be mandatory didactics and conferences while in MGG in accordance with the ACGME MGG requirements?	

Will the research performed by the trainees be related to MFM and MGG?	
Will the trainees have a thesis that: Is completed before graduating?	
Meets the requirements in the ABOG's <i>Bulletin for Subspecialty Certification in Maternal-Fetal Medicine</i> ?	
Has been defended before an appropriate committee within the MFM and/or MGG department or division?	

VII. EVALUATIONS

While in MFM training, will all trainees be evaluated in accordance with the ABOG or ACGME requirements for MFM?	
While in MGG training, will all trainees be evaluated in accordance with the ACGME requirements for MGG?	

VIII. DELIVERIES

Total number of deliveries for all MFM training sites for the last 12 months <i>on (See Section IV for list of sites)</i>	
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IX. 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
MGBGL = Biochemical Genetics Laboratory
MGCYL = Cytogenetics Laboratory
MGA = Adult Genetics
PRNG = Prenatal Genetics
MFMOP = MFM Outpatient
LDS = MFM Labor & Delivery Supervisor
MFMC = MFM Clinical/Surgical

MGB = Medical Biochemical Genetics
MGMol = Molecular Genetics Laboratory
MGC = Cancer Genetics
R = Research
CC = MFM Critical Care
US = MFM Ultrasound
MFME = MFM Elective**

***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		

** Use Section IV as Key*

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CC = MFM Critical Care
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MFME = MFM Elective**

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

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*

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R = Research
CC = MFM Critical Care
US = MFM Ultrasound
MFME = MFM Elective**

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

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R = Research
CC = MFM Critical Care
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MFME = MFM Elective**

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

MFM PROGRAM – MFM FELLOW(S)

YEAR 1	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	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):

- R = Research
- C = Clinical/Surgical
- E = Elective
- CC = Critical Care
- LD = Labor & Delivery Supervisor
- OP = Outpatient
- US = Ultrasound

MFM PROGRAM – MFM FELLOW(S)

YEAR 2	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	Rotation(s)	Site(s)*
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				

* Use Section IV as Key

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MFM PROGRAM – MFM FELLOW(S)

YEAR 3	Fellow A		Fellow B	
	Rotation(s)	Site(s)*	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):

- R = Research
- C = Clinical/Surgical
- E = Elective
- CC = Critical Care
- LD = Labor & Delivery Supervisor
- OP = Outpatient
- US = Ultrasound

X. 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			
Director of Medical Genetics and Genomics			
Designated Institutional Official (DIO)			