

Residency Program Directory New or Modified Program Input Form

Please type your information in the shaded areas only

Program Information

Name of Osteopathic Program Director	
Name of Osteopathic Director of Medical Education	
Program Number	
Specialty/Subspecialty	
Is this a Dually Accredited AOA/ACGME program	
Program Name	
Program Mailing Address	
City, State, Zip Code	
Phone Number	
Fax Number	
E-mail	
Website URL	<i>www.</i>

Sponsoring Institution/Affiliation Agreements

Sponsoring Institution <i>(if hospital is not AOA-accredited)</i>	
COM Affiliation	
OPTI Affiliation	

AOA-Approved/Funded/Filled Positions

According to the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment:
2.2 *The institution must provide sufficient patient volume to properly train a minimum of six residents in osteopathic family practice. The available patients must provide a broad spectrum of problems, as defined in this document, for the adequate training of residents.*

Number of AOA-Approved Positions	
Funded Positions	
Filled OGME-1 Positions	
Filled OGME-2 Positions	
Filled OGME-3 Positions	
Filled OGME-4 Positions	
Filled OGME-5 Positions	

Residency Setting/Other Specialties

Residency setting <i>(please type one setting only)</i> : <ul style="list-style-type: none"> • Urban • Suburban • Rural 	
List residencies offered in other specialties	

AOA/ACOFPP Clinical Assessment Program

According to the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment:
2.1 *The sponsoring institution must require participation in the AOA Clinical Assessment Program (CAP).*

Does your program participate in the AOA/ACOFPP CAP? <i>(please answer Yes or No)</i>

Osteopathic Residency Program Description *(please provide a brief description no more than 150 words)*

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Institutional Data

Hospital Bed Size	
Percentage of Occupied Beds	%
Medical Staff D.O.'s	
Medical Staff M.D.'s	

Annual Data

Admissions	
Births	
Emergency Room Visits Per Year	
Inpatient Surgeries	
Outpatient Surgeries	
Outpatient Procedures	
Accurate as of what date	

Average Annual On-Call Frequency

OGME Year	Call Type	Frequency Type	Day	Days
OGME-1				
OGME-2				
OGME-3				
OGME-4				
OGME-5				

Average Number of Patients Seen per Half-Day at the Ambulatory Continuity of Care Training Site

OGME-1	
OGME-2	
OGME-3	
OGME-4	
OGME-5	

Average Number of Half-Days per Week at the Ambulatory Continuity of Care Training Site

OGME-1	
OGME-2	
OGME-3	
OGME-4	
OGME-5	

Indicate the Total Number of Months Training Residents Receive in Each Category *(please go to the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment and see Part Five: Program Requirements)*

Obstetrics/Gynecology	Months
Pediatrics and Adolescent Medicine	Months
Surgery	Months

Faculty to Resident Ratio during Patient Care Hours at the Ambulatory Continuity of Care Training Site

Number of Faculty	
Number of Residents	

Number of Full-Time and Adjunct Teaching Faculty at Residency Program

Family Practice D.O. and M.D. Full-Time	
Family Practice D.O. and M.D. Adjunct	
Other Specialty D.O. and M.D. Full-Time	
Other Specialty D.O. and M.D. Adjunct	

Program Benefits (please answer "Yes" or "No")

Health Insurance	
Life Insurance	
Liability Insurance	
Malpractice Insurance	
Housing Allowance	
Time-off for Conferences	
Funds for Conferences	
Childcare Onsite	
Family Leave	
Medical Leave	
Maternity Leave	
Part-time Share Residencies	

Benefits

<i>OGME Year</i>	<i>Salary</i>	<i>Bonus</i>	<i>Vacation</i>
OGME-1	\$		<i>Days</i>
OGME-2	\$		<i>Days</i>
OGME-3	\$		<i>Days</i>
OGME-4	\$		<i>Days</i>
OGME-5	\$		<i>Days</i>

Additional Benefits

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Contact Information *(please list direct contact information for correspondence)*

Osteopathic Director of Medical Education

Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
E-Mail	

Osteopathic Program Director

Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
E-Mail	

Associate Program Director

Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
E-Mail	

Osteopathic Residency Program Coordinator

Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
E-Mail	

Osteopathic Resident Recruiter *(must be a Resident in your residency program)*

Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
E-Mail	

Program Director Signature	
Date	