**Program Director Information**

Complete the table below with the program director’s information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | Credentials (MD, MPH, etc.): | | | | | | | | |
| Title: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City | | | | State: | | | | | | | Zip code: | | | | |
| Telephone: | | | FAX: | | | | | | Email: | | | | | | |
| Date the program director was first appointed: | | | | | | | | | | | | | | | |
| Primary specialty board certification: | | | | | | | | Most recent certification/recertification date: | | | | | | | |
| Secondary specialty board certification: | | | | | | | | Most recent certification/recertification date: | | | | | | | |
| Is the program director ABMS or RCPSC (i.e., ABPN, ABIM) certified? | | | | | | | | | | | | | YES | NO | |
| Is the program director UCNS certified in the subspecialty? | | | | | | | | | | | | | YES | NO | |
| Number of years spent teaching in GME in this subspecialty: | | | | | | | | | | | | | | | |
| Is the program director a full-time staff member of the sponsoring or primary institution? | | | | | | | | | | | | | YES | NO | |
| Does the program director hold a current license to practice medicine in the state of the sponsoring or primary institution? | | | | | | | | | | | | | YES | NO | |
| Is the program director based at primary teaching institution? | | | | | | | | | | | | | YES | NO | |
| Percentage of hours per week the program director spends in: | | | | | | | | | | | | | | | |
| Clinical (Time spent in patient care): |  | Administration (Time spent in program administrative duties): | | |  | Research (Time spent completing research activities): | | | |  | | Education (Time spent instructing fellows and preparing instruction materials): | | |  |
| Is the program director also the department chair? | | | | | YES | NO | | | | | | | | | |
| If no, chair name and credentials: | | | | | | | | | | | | | | | |