

Combined Training in Emergency Medicine – Internal Medicine – Critical Care Medicine

New Program Application

Effective February 10, 2017



The American Board of Internal Medicine
Attn: Credentials Administrator
jjones@ABIM.ORG
510 Walnut Street Suite 1700
Philadelphia, PA 19106-3699
www.abim.org



The American Board of Emergency Medicine
Attn: Director of Medical Affairs
mbarton@abem.org
3000 Coolidge Road East Lansing, MI 48823
www.abem.org
517-332-4800

INSTRUCTIONS:

The Combined Residency Training Program Application Form should be downloaded from either the American Board of Internal Medicine (ABIM) or American Board of Emergency Medicine (ABEM) website. Please complete the entire fillable PDF application electronically, except for the fields requiring a signature. Electronic signatures will not be accepted; original signatures are required. Once completed, scan and email a copy of the entire form and the requested documentation to both Boards at the below email addresses.



American Board
of Internal Medicine®

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Submission of the enclosed ABEM-ABIM Combined Residency Training Program Audit of Existing Program Form, found on Page 3, will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the appointed Program Director, designated Associate Program Director, both of their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. ABEM and ABIM will send a confirmation acknowledging receipt of the application.

Both the categorical programs in Emergency Medicine and Internal Medicine as well as the subspecialty, Critical Care Medicine, must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If the Emergency Medicine, Internal Medicine, or Critical Care Medicine program(s) lose accreditation, approval of the combined program is withdrawn. If any program is on probation, the combined program may not accept additional trainees until this is corrected.

All programs must receive prospective approval from both ABEM and ABIM before any trainees are accepted into the combined program.

Residents who do not complete the combined program in the required amount of time or wish to transfer to another combined program at the same institution must have the prospective approval of both Boards.

Please indicate the expected annual number of trainees in the combined residency training program on the application form. The number of positions permitted in these combined programs will be approved for each program by ABEM and ABIM in conjunction with their respective Review Committees (RCs) when applicable. Each core specialty is responsible for contributing half of the total number of combined program positions from their approved complement (rounding fractions to the nearest whole number). In addition, the Internal Medicine program is responsible for contributing to the Critical Care Medicine positions expected the sixth and final year.

**AMERICAN BOARD OF EMERGENCY MEDICINE / AMERICAN BOARD OF INTERNAL MEDICINE
COMBINED RESIDENCY TRAINING PROGRAM
AUDIT FORM**

Program Name: _____

Date Completed: _____

ACCREDITED RESIDENCY PROGRAMS: Indicate the name and the ACGME program number for the programs offering the combined training.

<i>Program</i>	<i>ACGME #</i>	<i>Primary Training Site</i>
Department of Emergency Medicine		
Department of Internal Medicine		
Department of Critical Care Medicine		

SPONSORING INSTITUTION: Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions.

<i>Institution</i>	<i>City</i>		<i>State</i>				
<i># of Approved Categorical Resident Positions</i>	EM1	EM2	EM3	EM4 (if applicable)	IM1	IM2	IM3
<i># of Requested Combined Positions</i>	EM/IM/CCM1 -	EM/IM/CCM2 -	EM/IM/CCM3 -	EM/IM/CCM4 -	EM/IM/CCM5 -	EM/IM/CCM6 -	

COMBINED TRAINING DIRECTOR(S) AND POSITIONS:					
<i>Program Name</i>	<i>Director</i>	<i>Co-Director OR Associate Director</i> <i>(Choose one by checking box below.)</i>		<i>Board Certification</i> <i>Board Acronym Preferred</i> <i>(If subspecialty please list.)</i>	<i>Expiration Date</i> <i>of Current</i> <i>Board</i> <i>Certification</i>

Yes ✓	No ✓	GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are known issues on which the program should develop policy statements that are distributed to residents, faculty, and are on file for RC or Board review. Indicate (✓) if each issue has been addressed by the program. If you answer “no,” please include an explanation on a separate sheet. Also, please enclose any items marked with an (*).
<input type="checkbox"/>	<input type="checkbox"/>	<p>The Emergency Medicine residency has full ACGME accreditation and is in good standing at the time when the application for a combined residency training program is submitted.</p> <ul style="list-style-type: none"> If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABIM have in place for residents in categorical residency training will likewise apply to residents in the combined program.
<input type="checkbox"/>	<input type="checkbox"/>	<p>The Internal Medicine residency has full ACGME accreditation and is in good standing at the time when the application for a combined residency training program is submitted.</p> <ul style="list-style-type: none"> If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABIM have in place for residents in categorical residency training will likewise apply to residents in the combined program.
<input type="checkbox"/>	<input type="checkbox"/>	<p>The Critical Care Medicine program has full ACGME accreditation and is in good standing at the time when the application for a combined residency training program is submitted.</p> <ul style="list-style-type: none"> If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABIM have in place for residents in categorical residency training will likewise apply to residents in the combined program.
<input type="checkbox"/>	<input type="checkbox"/>	<p>The program informs Emergency Medicine/Internal Medicine/Critical Care Medicine residents withdrawing from the program of the need to request Board approval to receive credit for training completed if transferring to another residency program; see EM/IM/CCM Guidelines.</p>

<input type="checkbox"/>	<input type="checkbox"/>	The vacation/leave policy is on file and time off is equally distributed between Emergency Medicine, Internal Medicine and Critical Care Medicine.
<input type="checkbox"/>	<input type="checkbox"/>	The program is based on a written curriculum of planned educational experiences in all specialties and is not simply a listing of rotations between three specialties.
<input type="checkbox"/>	<input type="checkbox"/>	The program must document a formal evaluation of the curriculum annually. This evaluation must include the respective categorical program directors, two additional faculty members, and one resident from each core program.
<input type="checkbox"/>	<input type="checkbox"/>	The program director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the faculty from each core program. *Enclose list of CCC members. <ul style="list-style-type: none"> • Each CCC should review all resident evaluations semi-annually and advise the program director regarding resident progress, including promotion, remediation, and dismissal. This evaluation must be provided to each resident.
<input type="checkbox"/>	<input type="checkbox"/>	There must be a method to document procedures that are performed by residents. Each resident must maintain in an accurate and timely manner, a written record of all major resuscitations and procedures performed throughout the entire education program.
<input type="checkbox"/>	<input type="checkbox"/>	The specialty-specific ACGME milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon program completion.
<input type="checkbox"/>	<input type="checkbox"/>	Prior to completion of combined training, each resident must demonstrate acceptable scholarly activity.
<input type="checkbox"/>	<input type="checkbox"/>	All Emergency Medicine/Internal Medicine/Critical Care Medicine residents participate in ABIM's In-training Examination.
<input type="checkbox"/>	<input type="checkbox"/>	Letters of support signed by the current department chairs of Emergency Medicine, Internal Medicine and Critical Care Medicine are on file. *Enclose letters
<input type="checkbox"/>	<input type="checkbox"/>	A letter of support signed by the current Designated Institutional Official is on file. *Enclose letter
<input type="checkbox"/>	<input type="checkbox"/>	Any significant change in institutional support or rotation location requires notification to both ABEM and ABIM.
<input type="checkbox"/>	<input type="checkbox"/>	Joint educational conferences involving residents from Emergency Medicine, Internal Medicine, and Critical Care Medicine are desirable, and should include participation of all residents in the combined residency whenever possible. A brief curriculum summary of such educational activities should be available for review.

Yes ✓	No ✓	CORE CURRICULAR REQUIREMENTS: Indicate (✓) if the program includes each of the following core curricular requirements.
<input type="checkbox"/>	<input type="checkbox"/>	A clearly described, written curriculum is available for residents, faculty, and Review Committees.
<input type="checkbox"/>	<input type="checkbox"/>	Twenty-seven months of training must occur under the direct supervision of Emergency Medicine, including five months during the first year of combined training.
<input type="checkbox"/>	<input type="checkbox"/>	Twenty-seven months of training must occur under the direct supervision of Internal Medicine, including five months during the first year of combined training.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Eighteen months of training must occur under the direct supervision of Critical Care Medicine. Fourteen of the eighteen months must occur as follows:</p> <ol style="list-style-type: none"> 1. One month during the first year of combined training 2. Two months during years R-2, R-3, or R-4. 3. Eleven months during years R-5 and R-6 to provide critical care experience at a senior supervisory level consistent with fellowship training.

Yes ✓	No ✓	EMERGENCY MEDICINE GUIDELINES: Indicate (✓) if the program includes each of the following requirements for approved training in Emergency Medicine.
<input type="checkbox"/>	<input type="checkbox"/>	At least three percent of the patient population must present with critical illness or injury. The curriculum must include four months of dedicated critical care experiences, including critical care of infants and children. At least two months of these experiences must be at the PGY-2 level or above.
<input type="checkbox"/>	<input type="checkbox"/>	A Pediatric experience, defined as care of patients less than 18 years of age, should be provided consisting of five full-time equivalent months, or 20 percent of all emergency department encounters. At least 50 percent of the five months should be in an emergency setting. This experience should include the critical care of infants and children.
<input type="checkbox"/>	<input type="checkbox"/>	Experience in performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types, in all age groups, must be provided. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have experience in Emergency Medical Services (EMS), emergency preparedness, and disaster management. EMS experiences must include ground unit runs and should include direct medical command. This should include participation in multi-casualty incident drills. Residents should have experience teaching out-of-hospital emergency personnel.

Yes ✓	No ✓	Internal Medicine GUIDELINES: Indicate (✓) that the program includes each of the following requirements for approved training in Internal Medicine. Resident rotations and evaluations must be reported to both the ABIM and ABEM according to current policies of the respective Boards.
<input type="checkbox"/>	<input type="checkbox"/>	Each resident must obtain 27 months of training under the direction of the internal medicine program. Twenty months must include experience with direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine. Each resident must be assigned a minimum of 12 months of inpatient clinical experiences on general internal medicine or subspecialty internal medicine rotations.
<input type="checkbox"/>	<input type="checkbox"/>	At least 33 percent of the 30 months of Internal Medicine experience must involve non-hospitalized patients. This must include a continuity experience for each resident in a half-day per week continuity-care clinic during the 30 months of Internal Medicine training, and block experience in ambulatory medicine for at least two months. These experiences may include work in subspecialty clinics and walk-in clinics, and brief rotations for appropriate interdisciplinary experience in areas such as dermatology, office gynecology, and psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	Residents are to be encouraged to follow their outpatients during the course of the patient's hospitalizations. The resident need not be scheduled in the continuity-care clinic during some emergency department and intensive care unit rotations. Health maintenance, prevention, and rehabilitation should be emphasized. Residents should work in the clinics with other professionals, such as social workers, nurse practitioners, physician assistants, behavioral scientists, and dietitians.
<input type="checkbox"/>	<input type="checkbox"/>	The emergency medicine and critical care medicine requirements of the internal medicine training are met by rotations occurring during years 1–5 under the supervision of emergency medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Experiences with the care of patients managed by the subspecialties of internal medicine must be provided to every resident for at least four months. Some of this must include experience as a consultant. Significant exposure to inpatient cardiology exclusive of coronary care unit assignment is necessary.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must regularly attend morning report, medical grand rounds, work rounds, and mortality and morbidity conferences when on Internal Medicine rotations.

Yes ✓	No ✓	Critical Care Medicine GUIDELINES: Indicate (✓) that the program includes each of the following requirements for approved training in Internal Medicine. Resident rotations and evaluations must be reported to both the ABIM and ABEM according to current policies of the respective Boards.
<input type="checkbox"/>	<input type="checkbox"/>	All ACGME Program Requirements for 24 months of accredited training in critical care medicine must be met during combined training. The critical care training must provide a balanced experience in a variety of critical care settings and must be broad in scope.
<input type="checkbox"/>	<input type="checkbox"/>	The critical care training must include a total of 14 months of direct responsibility in the care of critically ill patients. There must be three months of critical care training during the first four years of the combined program (one in year R-1, and two in years R-2, R-3, or R-4). Residents who are approved by ABEM and ABIM to enter the combined program at the R-2, R-3, or R-4 level must have completed this requirement in their previous training or must complete these three months of critical care training by the end of their R-4 year. There must be eleven months taken during years R-5 and R-6 which provide critical care experience at a senior supervisory level consistent with fellowship training.
<input type="checkbox"/>	<input type="checkbox"/>	All procedural requirements for certification eligibility in CCM by ABIM must be satisfactorily completed.
<input type="checkbox"/>	<input type="checkbox"/>	CCM's training goal of assuming care for monitoring of patients before and after admission to a critical care unit is achieved by giving CCM credit for three months on general medicine rotations supervised by IM and three months on emergency department rotations supervised by EM during years R-2 through R-5.

SIGNATURES: Indicate by signing below that the information contained in this application is correct and that the hospital and faculty of each department are committed to supporting the combined program. **Electronic signatures will not be accepted. Original signatures are required.**

	<i>Print Full Name</i>	<i>Signature</i>	<i>Date</i>
Emergency/Internal Medicine Program Director (primary contact)			
Emergency/Internal Medicine Co-Director			
Emergency Medicine Program Director			
Internal Medicine Program Director			
Critical Care Medicine Program Director			

Directions for completing the attached Rotation Outline:

Column 1: Represents a month or 4-week block for a particular year.

Column 2: Insert name of rotation, as well as hospital/location of rotation.

Column 3: Indicate (✓) if rotation counts as Emergency Medicine.

Column 4: Indicate (✓) if rotation counts as Internal Medicine.

Column 5: Enter number of continuity clinic sessions (1/2 days) for this rotation.

Column 6: Indicate (✓) if rotation counts for **both** Emergency Medicine and Internal Medicine (combined rotation).

Column 7: Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.

PGY-1 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PGY-2 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PGY-3 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PGY-4 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PGY-5 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PGY-6 Rotation Outline

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for both Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME & HOSPITAL LOCATION					
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>