

FOR OFFICE USE ONLY:

v15.1

Date Received: \_\_\_\_\_

Proposed Meeting Date: \_\_\_\_\_

MFM Fellowship Status Confirmed: \_\_\_\_\_

MG Residency Status Confirmed: \_\_\_\_\_

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

**Combined Maternal-Fetal Medicine (MFM) and Medical Genetics (MG)  
Program Information Form (PIF) for New Programs**

The 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 Residency*.

*Email completed PIF to [fellowship@abog.org](mailto:fellowship@abog.org) - No fee required.*

**I. ACCREDITATION INFORMATION – ABOG MFM FELLOWSHIP**

<b>Name:</b>	
<b>ABOG Number*:</b>	<b>Complement:</b>
<b>Accreditation Status:</b>	<b>Accreditation Date:</b>

\* ABOG Program Number is not Website ID Number (Example: 123456M)

**II. ACCREDITATION INFORMATION – ACGME MG RESIDENCY**

<b>Name:</b>	
<b>ACGME Number:</b>	<b>Complement:</b>
<b>Accreditation Status:</b>	<b>Accreditation Date:</b>

**III. DESIGNATED COMBINED PROGRAM CONTACTS**

<b>PROGRAM DIRECTOR</b> – The designated Program Director may be the director of either the MFM fellowship or the MG residency, and the remaining director must be designated as the Associate Program Director.	
<b>Name:</b>	
<b>ABOG ID:</b>	<b>ABMGG ID:</b>
<b>Mailing Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>MFM/MG Certification Date:</b>	<b>Most Recent MFM/MG MOC Date:</b>
<b>ASSOCIATE PROGRAM DIRECTOR</b> – 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.	

<b>Name:</b>	
<b>ABOG ID:</b>	<b>ABMGG ID:</b>
<b>Mailing Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>MFM/MG Certification Date:</b>	<b>Most Recent MFM/MG MOC Date:</b>
<b>CHAIR OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY</b>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>DIRECTOR OF THE DEPARTMENT OF MEDICAL GENETICS</b>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>DESIGNATED INSTITUTIONAL OFFICER</b>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>COORDINATOR – Note the single coordinator who will be the contact person for the combined program.</b>	
<b>Name:</b>	
<b>Phone:</b>	<b>Email:</b>

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

SITE A		MFM / MG / BOTH
Institution Name:		
City, State, Zip:		
SITE B		MFM / MG / BOTH
Institution Name:		
City, State, Zip:		
SITE C		MFM / MG / BOTH
Institution Name:		
City, State, Zip:		
SITE D		MFM / MG / BOTH
Institution Name:		
City, State, Zip:		
SITE E		MFM / MG / BOTH
Institution Name:		
City, State, Zip:		

**V. PROGRAM CRITERIA**

SPONSORING INTITUTION	YES / NO
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 taken?	
PROGRAM ADMINISTRATION	YES / NO
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 MG 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 MG residents?	
TRAINING TIME	YES / NO
Will there be 18 clinical months in MG?	
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 MG 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 MG categorical residents at all levels of training?	
Will the trainees attend MFM and MG continuity clinics, including specialty clinics in accordance with MFM and MG training requirements?	
Will leave be distributed equally between the MFM and MG portions of the program?	

## VI. EDUCATIONAL CURRICULUM

	YES / NO
Will the educational curriculums for MFM and MG be reviewed with the faculty and the trainees?	
Will there be mandatory didactics and conferences while in MFM in accordance with the ABOG MFM requirements?	
Will there be mandatory didactics and conferences while in MG in accordance with the ACGME MG requirements?	
Will the research performed by the trainees be related to MFM and MG?	
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 MG department or division?	

**VII. EVALUATIONS**

YES / NO	
Will all trainees be evaluated in accordance with the ABOG MFM requirements?	
Will all trainees be evaluated in accordance with the ACGME MG requirements?	

**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/MG 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/MG 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

**KEY (List all that apply):**

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**MGBGL = Biochemical Genetics Laboratory**  
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**MGA = Adult Genetics**  
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**US = MFM Ultrasound**  
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\*\*Counts as MFM time but can be spent in Genetics

**COMBINED MFM/MG 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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**MGBGL = Biochemical Genetics Laboratory**  
**MGCYL = Cytogenetics Laboratory**  
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**R = Research**  
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**US = MFM Ultrasound**  
**MFME = MFM Elective\*\***

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

**COMBINED MFM/MG 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**  
**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

**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*

**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 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.

	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Combined Program Director</b>			
<b>Combined Associate Program Director</b>			
<b>Chair of Ob/Gyn</b>			
<b>Director of Medical Genetics</b>			
<b>Designated Institutional Official (DIO)</b>			