**Program Director Information**

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

|  |  |
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| 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:       |