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**Obesity Medicine Fellowship Program Information Form.**

**Please return the completed form and any accompanying materials to** **stacy@omfellowship.org**

**FACE PAGE:**

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| --- |
| Institution:  |
| Department:  |
| Address:  |
| City, State, Zip:  |
| Program Director:  |
| Academic Title:  |
| Email:  | Phone:  |
| Program Website:  |
| Program Coordinator Name:  | Program Coordinator Email:   |

**PROGRAM STRUCTURE**

Briefly describe the following fellowship experiences. If your program does not include one or more of the below experiences, please explain why it is not included.

1. **Didactic curriculum**
	1. Structure (weekly lectures, grand rounds, etc.)
	2. Subjects covered:
	3. Core faculty\*:
	4. Institutional Location:
2. **What is included in the adult obesity management program/rotation?**
	1. Core faculty\*:
	2. Specific Experiences:
	3. Institutional Location:
	4. Program schedule (i.e., clinic 3 sessions/week, etc.)
3. **What is included in the pediatric obesity management program/rotation?**
	1. Core faculty\*:
	2. Specific Experiences:
	3. Institutional Location:
	4. Program schedule
4. **What is included in the Bariatric surgery rotation?**
	1. Core faculty\*:
	2. Specific Experiences:
	3. Institutional Location:
	4. Program schedule: (i.e., 1 month)
5. **Other required experiences**
	1. Core faculty\*:
	2. Specific Experiences:
	3. Institutional Location:
	4. Program schedule:
6. **Other elective experiences**
	1. Core faculty\*:
	2. Specific Experiences:
	3. Institutional Location:
	4. Program Schedule:
7. **Summarize any additional experiences during the fellowship.**

\*Include a brief CV < 4 pages for all faculty involved in the fellowship.

**Provide the following program details:**

1. What are the eligibility requirements for fellow applicants?
2. What is the duration of the fellowship program (years/months)?
3. Is the fellowship a full-time position?
4. Is the fellowship a paid position? What is the pay structure (PGY?)?
5. Does the institution where the fellowship program resides have other ACGME-accredited fellowship programs? Y/N
6. Is the fellowship approved by your institution’s GME oversight committee? If not, what is the status of the fellowship?
7. In what department is your program situated?
8. Please briefly provide information on your current patient volume and mix and the nature of referrals for your practice.
9. How is the program funded?
10. How are fellows funded?