



**AOA & ACOI SUBSPECIALTY
PROGRAM DIRECTORS
ANNUAL REPORT**



Name of Program Director _____

Training Institution _____

Mailing Address _____

Name of Fellow _____

Type of Program _____

Current Year of Training _____ Report Period: From _____ To _____

INSTRUCTIONS:

As part of the effort to monitor the educational progress of fellows, the ACOI and AOA require that you complete a Program Director's Annual Report on each osteopathic physician in your program. These reports are reviewed by the specialty college and become part of the fellow's permanent file. Completion of an internal medicine subspecialty fellowship program requires receipt of an annual report from the fellow and program director for each year of training.

Please evaluate the performance of the fellows within thirty (30) days of completion of the training year. The completed report with supporting documentation, including each fellow's schedule of rotations for the year, must be mailed to the **American College of Osteopathic Internists (ACOI), 3 Bethesda Metro Center, Suite 508, Bethesda, MD 20814** within thirty (30) days of completion of the contract year. Failure to meet the deadline for submission may result in delayed evaluation by the specialty college and delay in certifying board eligibility.

(Signature of Program Director)

(Date)

**The following signature verifies that the fellow has had the opportunity to review this report.
The fellow may attach comments (if any).**

(Signature of Fellow)

(Date)

Program Requirements

1. All fellows must complete one research project and submit an appropriate research paper during their subspecialty training. The research paper must be submitted to the ACOI six months prior to completion of the training program for programs two or more years in duration. Fellows in one-year subspecialty training programs must submit the required research paper within 30 days of completion of the training program.

Please describe the fellow's progress in meeting the research requirement: _____

2. Has the fellow established a panel of patients followed throughout the year in an ambulatory continuing setting? Yes No

Indicate the number of patients in the panel _____

Comment: _____

3. Please evaluate the fellow in terms of progress in the program, promise as a physician, and in other areas not specifically mentioned above. All comments will be treated confidentially between the fellow, the program director, and the specialty college. A written evaluation of each fellow is mandatory.

This confirms that the fellow has completed this year of training. Yes No

This fellow has made satisfactory progress in the training program and is capable to proceed into the next year. If no, please submit quarterly evaluations. Yes No Not Applicable

THE GRADUATING FELLOW HAS SUCESSFULLY COMPLETED ALL THE REQUIREMENTS OF THE TRAINING PROGRAM, AND IS RECOMMENDED FOR PROGRAM COMPLETE STATUS. IF NO, EXPLAIN. Yes No Not Applicable

If No, Explain: _____

NOTE: YOU MUST ATTACH THE FELLOW'S ROTATION SCHEDULE FOR THE YEAR TO THIS REPORT.

A.C.O.I.
3Bethesda Metro Center
Suite 508
Bethesda, MD 20814
Telephone: 1-800-327-5183