



**ACFAS RECOGNIZED FELLOWSHIP
ADDITIONAL FELLOW REQUEST FORM**

Program Name: _____

Director Name: _____

Phone: _____

Email: _____

Type of Additional Fellow Position: Surgical _____ Research _____ Surgical/Research _____

Rationale for Additional Position*:

Faculty Changes*:

Specific criteria exist for a program to increase from one to two fellows. Demonstration of a higher case volume will be required to offset the potential for a diluted educational experience. Rules include:

- a) The program must successfully matriculate one fellow and hold Recognized Status with ACFAS for one full fellowship year before considering addition of a second fellow.
- b) With one fellow, the program must demonstrate the ability to have access to 1,000 cases minimum for the program before adding a second fellowship position.
- c) If the fellowship exists alongside a residency, the fellowship director must provide a co-signed letter with the residency director agreeing to the additional fellow position.

I acknowledge that my fellowship has met the above requirements in order to add an additional fellow slot for the upcoming fellowship year.

Signature: _____ Date: _____

Please submit this completed form to Michelle Kennedy, MS, CAE, Director of Membership & Post Graduate Affairs, at michelle.kennedy@acfas.org or via fax (773) 693-9304.

**Submit an additional page with more details if needed.*