



ACFAS Co-Signed Collaborative Agreement: Fellowship and Residency Overlap & Care of Residents

Fellowship Name:

Fellowship Director Name:

Residency Name:

Residency Director Name:

We the undersigned confirm that the above-named fellowship enhances the educational opportunities for the residents matriculating at the above-named residency program. In no way does the fellow(s) detract from the residency training experience.

In addition, it is mutually agreed upon that there is an enhanced educational opportunity provided to the residents. The program directors of the residency and fellowship have both provided significant efforts to advance the training experience of all PGYs.

All parties listed within the header have reviewed the “ACFAS Minimal Criteria for Recognized Fellowship” – most recent version, as found on ACFAS.org.

Any additional comments/concerns regarding the relationship between the programs of note:

Cosigned/Dated:

Fellowship Director:

Residency Director:

Title:

Title:

Date:

Date: