

**AMERICAN BOARD OF PEDIATRICS (ABP)**  
**AMERICAN BOARD OF MEDICAL GENETICS AND GENOMICS (ABMGG)**  
**COMBINED RESIDENCY TRAINING PROGRAM**  
**APPLICATION FORM**

**A. INSTRUCTIONS**

The Combined Residency Training Program Application Form may be downloaded from either the ABP or ABMGG website. Once completed, make two copies and submit one to each of the following Boards:

American Board of Pediatrics  
Attention: Suzanne Woods, MD  
111 Silver Cedar Court  
Chapel Hill, NC 27514  
Email: [gpcert@abped.org](mailto:gpcert@abped.org)

American Board of Medical Genetics and Genomics  
Attention: Miriam G. Blitzer, PhD  
6120 Executive Boulevard; Suite 525  
Rockville, MD 20852  
Email: [abmegg@abmegg.org](mailto:abmegg@abmegg.org)

Submission of an ABP/ABMGG Combined Residency Training Program Application Form will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated program director, associate program director, both of their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. The ABP and the ABMGG will send a confirmation acknowledging receipt of the application.

Both the categorical programs in pediatrics and medical genetics and genomics must have full ACGME accreditation. If either the program in pediatrics or medical genetics and genomics loses accreditation, approval of the combined program will be withdrawn. If either categorical program is on probation, the combined program may not accept additional trainees until this is corrected.

The administrative home for the combined program should be within the department and institution where the director of the combined program primarily functions.

All programs must receive prospective approval from both the ABP and the ABMGG before any trainees are accepted into the combined program.

Residents who do not complete the combined program in the required amount of time or wish to transfer to another accredited combined program must have the prospective approval of both Boards.

Residents in the combined program will be counted in the ACGME approved total complement number as a 0.5 trainee in both specialties for each of the four years of training. Combined trainees should integrate smoothly with the categorical residents in each specialty and not compromise training of those residents.

**B. ELIGIBILITY**

Eligible residents must be graduates of US or Canadian medical schools or be sponsored by the ECFMG for the duration of the combined training. Acceptance will be determined by the directors of both programs in pediatrics and medical genetics and genomics. Medical students may apply, typically in their senior year. Pediatric residents who wish to apply for this program should do so as soon as possible in their residency training and before the end of the PGY-1. The time medical genetics and genomics training is to begin must be acceptable to the program directors of both the pediatrics and medical genetics and genomics programs.

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**SPONSORING INSTITUTION:** Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions. If the pediatric program is sponsored by an independent, free standing institution, the sponsoring institution will be the one responsible for oversight of the pediatric residency.

| Institution | City | State |
|-------------|------|-------|
|             |      |       |

**ACCREDITED RESIDENCY PROGRAMS:** Indicate the name and the ACGME program number for the specialty programs offering the combined training.

| Program                       | ACGME # | Primary Training Site |
|-------------------------------|---------|-----------------------|
| Pediatrics                    |         |                       |
| Medical Genetics and Genomics |         |                       |

**ACCREDITED RESIDENCY PROGRAM INFORMATION:** Indicate the accreditation status of each specialty program.

| Program                       | Date of Last ACGME Accreditation | Date of Next ACGME Review | ACGME Approved Residents per Year |
|-------------------------------|----------------------------------|---------------------------|-----------------------------------|
| Pediatrics                    |                                  |                           |                                   |
| Medical Genetics and Genomics |                                  |                           |                                   |

**PROGRAM DIRECTOR:** Indicate the administrative structure for program directorship and check the appropriate boxes. The designated director may be the director of either categorical program, and the other categorical director must be the associate director. A single director who is certified in both specialties and has an academic appointment in each department may be the combined director.

| Program Director                            | Name | Board Certified Peds, Med Gen or Both | Pediatric Categorical Director | Medical Genetics and Genomics Categorical Director |
|---------------------------------------------|------|---------------------------------------|--------------------------------|----------------------------------------------------|
| Designated Program Director                 |      |                                       |                                |                                                    |
| Associate Program Director                  |      |                                       |                                |                                                    |
| Combined Director<br><i>(If applicable)</i> |      |                                       |                                |                                                    |

**GENERAL PROGRAM POLICIES AND DOCUMENTS:** The following are policies the program must develop, distribute to residents and faculty, and have on file for ABP and ABMGG review. Indicate (Y or N) if the requirement has been met in the program in the dropdown boxes below.

|         |                                                                                                                                                                                                                                                                                                                      |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On file | The administrative home is within the department and institution where the director of combined program primarily functions                                                                                                                                                                                          |
| On file | The program is based on a written curriculum of planned educational experiences in both specialties and is not simply a listing of rotations between the two specialties                                                                                                                                             |
| On file | The written curriculum is periodically reviewed by pediatrics and medical genetics and genomics faculty and residents                                                                                                                                                                                                |
| On file | There is adequate, ongoing evaluation of the knowledge, skills and performance of residents as well as a method of documenting procedures and providing written evaluations following each rotation. A semi-annual formal written evaluation is conducted. Evaluations are permanently maintained by the institution |
| On file | There is a schedule of at least quarterly meetings between the designated director and associate director unless there is a single combined program director                                                                                                                                                         |
| On file | Salaries and benefits for trainees in the combined program are arranged in such a way as to minimize difficulties/disparities for residents, regardless of the rotations taken, to protect trainees from the vagaries of different institutional policies                                                            |
| On file | The vacation/leave policy is on file and time-off is equally distributed between pediatrics and medical genetics and genomics                                                                                                                                                                                        |
| On file | The program informs residents leaving the program of the need to request Board approval to receive credit for previous experience                                                                                                                                                                                    |
| On file | The program will inform the ABP and ABMGG of residents leaving the program, transferring to another program, or entering from a categorical residency                                                                                                                                                                |
| On file | The ABP and ABMGG will be notified immediately if there is a change in either of the designated program director, associate program director or combined director                                                                                                                                                    |
| On file | Written agreements exist between all institutions in which training will occur                                                                                                                                                                                                                                       |
| On file | The components of combined training must be derived from training that has been accredited by ACGME as part of the core programs. Participating sites that are used for training by the combined program must be approved for simultaneous use by the core programs                                                  |

**PEDIATRIC REQUIREMENTS:** Indicate (Y or N) that the program includes each of the following requirements for approved training in pediatrics. Resident rotations and evaluations must be reported to both the ABP and ABMGG according to current policies of the respective Boards. Educational Unit (EU) = 4 weeks or 1-month block OR outpatient longitudinal experience of 32 half-day sessions OR inpatient longitudinal experience of 200 hours.

|  |                                                                                                                        |
|--|------------------------------------------------------------------------------------------------------------------------|
|  | The pediatrics residency has full ACGME accreditation                                                                  |
|  | A letter signed by the pediatrics department chair documents institutional and faculty commitment to combined training |
|  | 3 EUs of emergency medicine and Acute Illness (2 months in ED minimum)                                                 |
|  | 1 EU of behavioral/developmental pediatrics                                                                            |
|  | 1 EU of adolescent medicine                                                                                            |
|  | 1 EU of term newborn                                                                                                   |
|  | 5 EUs of inpatient rotations as per RRC requirements                                                                   |
|  | 2 EUs ambulatory experiences (to include community pediatrics and child advocacy)                                      |

|  |                                                                                                                                                                                                                                |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | 2 EUs NICU                                                                                                                                                                                                                     |
|  | 2 EUs PICU                                                                                                                                                                                                                     |
|  | 7 EUs RC required subspecialty rotations with a mix of inpatient and outpatient experience (see combined program requirements for lists). Note that rotations in medical genetics and genomics do not fulfill this requirement |
|  | At least 3 EUs of supervisory experience with at least one EU leading inpatient team                                                                                                                                           |
|  | Weekly pediatric continuity clinic during first and second years with minimum of 36 half-day sessions per year to be scheduled in no fewer than 26 weeks per year                                                              |

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICAL GENETICS AND GENOMICS REQUIREMENTS:</b> Indicate (Y or N) that the program includes each of the following requirements for approved training in medical genetics and genomics: Resident rotations and evaluations must be reported to both the ABP and ABMGG according to current policies of the respective Boards. |                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                 | The medical genetics and genomics residency have full ACGME accreditation                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                 | A letter signed by the medical genetics/genomics department or division chair documents institutional and faculty commitment to combined training                                                                                       |
|                                                                                                                                                                                                                                                                                                                                 | 18 months or EUs of broad-based, clinically-oriented medical genetics and genomics rotations with at least 6 months/EUs in evaluation, treatment and care of the pediatric age population                                               |
|                                                                                                                                                                                                                                                                                                                                 | Inpatient and outpatient experience in care of patients with metabolic diseases                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                 | Minimum of 2 continuous weeks each in clinical biochemical genetics, clinical molecular genetics, and clinical cytogenetics laboratories (or 4 weeks total (may be two 2-week blocks) in a laboratory genetics and genomics laboratory) |
|                                                                                                                                                                                                                                                                                                                                 | Curriculum must meet the RC requirements for medical genetics and genomics training and include rotations in cancer, adult, and prenatal genetics                                                                                       |
|                                                                                                                                                                                                                                                                                                                                 | Pediatric genetics and metabolism continuity clinic during third and fourth years with minimum of 36 half-day sessions per year                                                                                                         |

|                                                                                                                                   |                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ROTATION OUTLINE:</b> Indicate (Y or N) that the program meets each of the following requirements for the combined curriculum. |                                                                                                                                                                                                                     |
|                                                                                                                                   | There must be 24 core pediatrics months with 12 months occurring in year one                                                                                                                                        |
|                                                                                                                                   | There must be 18 core months in clinical genetics and genomics                                                                                                                                                      |
|                                                                                                                                   | 6 months of an individualized curriculum                                                                                                                                                                            |
|                                                                                                                                   | In years two through four, rotations in each specialty should be no less than 3 months nor more than 6 months in length, with the option for up to 9 months spent in clinical genetics and genomics in the 4th year |
|                                                                                                                                   | Categorical and combined residents interact at all levels of training                                                                                                                                               |
|                                                                                                                                   | Care has been exercised to avoid unnecessary duplication of educational experiences to provide as many clinical/educational opportunities as possible                                                               |

**COMBINED RESIDENCY PROGRAM**

Number of requested positions in the combined program\_\_\_\_\_

By signing below, you attest that the combined trainees will integrate smoothly with the categorical residents in each specialty and not compromise training of those residents.

**SIGNATURES:** Indicate by signing below that the information contained herein is correct and that the hospital and faculty of each department are committed to supporting the combined program.

| PRINT NAME                                                                                                                                                    | SIGNATURE | DATE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>Designated Program Director</b>                                                                                                                            |           |      |
| <b>Associate Program Director</b>                                                                                                                             |           |      |
| A single director who is certified in both specialties and has an academic appointment in each department may be <b>the Combined Director (if applicable)</b> |           |      |
| <b>Chair/Head of the Medical Genetics</b> department or Division where core medical genetics and genomics training occurs                                     |           |      |
| <b>Chair of the Pediatrics</b> department where core pediatrics training occurs                                                                               |           |      |
| <b>*Primary Designated Institutional Official</b>                                                                                                             |           |      |
| <b>Other Designated Institutional Official (when applicable)</b><br>(If there are two separate free-standing institutions, both DIO's should sign)            |           |      |

\* The Primary DIO is the DIO of the institution where the Designated Program Director primarily functions.

## Combined Pediatrics-Medical Genetics and Genomics Training Block Diagram

Use these abbreviations for the pediatric rotations:

|        |                                                                             |         |                                                                                                                                                                                         |
|--------|-----------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P-ADOL | Adolescent Medicine                                                         | P-RS    | Required Subspecialty (required by program or chosen by resident to fulfill the requirement for 4 subspecialty EUs from list 1 in RC requirements) Designate % inpatient and outpatient |
| P-AI   | Acute Illness                                                               | P-SP    | Subspecialty Experience (subspecialty experience used to fulfill the additional 3 EUs of required subspecialty experiences from list 1 or 2.) Designate % inpatient and outpatient      |
| P-DB   | Developmental/Behavioral                                                    | P-TN    | Term Newborn                                                                                                                                                                            |
| P-EM   | Emergency Medicine                                                          | Elec/IC | Experiences chosen for individualized curriculum or electives                                                                                                                           |
| P-IP   | Inpatient (no more than 1 EU in a single subspecialty)                      | PICU    | Pediatric Intensive Care                                                                                                                                                                |
| NICU   | Neonatal Intensive Care                                                     | VAC     | Vacation                                                                                                                                                                                |
| AMBU   | Ambulatory Experiences (to include community pediatrics and child advocacy) |         |                                                                                                                                                                                         |

### 1st Year – Required Pediatrics

#### 1st Year Block Diagram

| MONTH/4WK              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Experience or Rotation |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatrics             | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
|                        |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Supervisory            |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Inpatient %  |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Outpatient % |   |   |   |   |   |   |   |   |   |    |    |    |    |

## Combined Pediatrics-Medical Genetics and Genomics Training

Use these abbreviations for the medical genetics and genomics rotations:

|            |                                                                       |              |                                                                             |
|------------|-----------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------|
| MG-P       | Pediatric Genetics                                                    | MG-LGG (MOL) | Laboratory Genetics and Genomics Laboratory (molecular genetics experience) |
| MG-B       | Medical Biochemical Genetics                                          | MG-BGL       | Biochemical Genetics Laboratory                                             |
| MG-C       | Cancer Genetics                                                       | VAC          | Vacation                                                                    |
| MG-PN      | Prenatal Genetics                                                     | Elec/IC      | Experiences chosen for individualized curriculum or elective                |
| MG-A       | Adult Genetics                                                        |              |                                                                             |
| MG-LGG-CYL | Laboratory Genetics and Genomics Laboratory (cytogenetics experience) |              |                                                                             |

### 2nd Year – Combined Pediatrics and Medical Genetics and Genomics

#### 2nd Year Block Diagram

| EU/MONTH/4WK                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| <b>Experience or Rotation</b>        |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Pediatrics</b>                    |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Medical Genetics and Genomics</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Supervisory</b>                   |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Pediatric Inpatient %</b>         |   |   |   |   |   |   |   |   |   |    |    |    |    |
| <b>Pediatric Outpatient %</b>        |   |   |   |   |   |   |   |   |   |    |    |    |    |

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics and Genomics. Please indicate by "X" if rotation includes supervisory responsibility.

**Combined Pediatrics-Medical Genetics and Genomics Training**

**3rd Year — Combined Pediatrics and Medical Genetics and Genomics**

**3rd Year Block Diagram**

| MONTH/4WK                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Experience or Rotation        |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatrics                    |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Medical Genetics and Genomics |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Supervisory                   |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Inpatient %         |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Outpatient %        |   |   |   |   |   |   |   |   |   |    |    |    |    |

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics and Genomics.  
Please indicate by "X" if rotation includes supervisory responsibility.

**4th Year — Combined Pediatrics and Medical Genetics and Genomics**

**4th Year Block Diagram**

| MONTH/4WK                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Experience or Rotation        |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatrics                    |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Medical Genetics and Genomics |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Supervisory                   |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Inpatient %         |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Pediatric Outpatient %        |   |   |   |   |   |   |   |   |   |    |    |    |    |

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics and Genomics.  
Please indicate by "X" if rotation includes supervisory responsibility.



Describe the plan for meeting the requirement for pediatric and medical genetics and genomics continuity clinics.



8/2013

Update 5/22/2014

Update 11/2017, 3/2018, edited 4/2020