



**The American Society for Reproductive Immunology
Reproductive Immunology Fellowship Application**

FOR INSTITUTIONS

1. PROGRAM INFORMATION

Program Name:
Main Site:
Name of Fellowship Director:
Name of Department Chair (if applicable):
Administrative contact:
Program address:
City, state, zip code:
Email:
Telephone:
Fax:
Type of institution: (e.g, hospital, medical school, stand-alone clinic, research laboratory)

Participating Site:
Name:
Address:
Clinical site? () Yes () No
Type of rotation (select one): () Elective () Required () Both
Site Director:
Distance from Primary Site (in miles): _____ (in minutes): _____
Length of fellow rotations (in months): _____
Experience gained through this affiliation:
*REQUIRED: Attach program letter(s) of agreement as Attachment A.

If more than one participating site, duplicate tables as needed.

2. FELLOWSHIP DIRECTOR INFORMATION

Name:
Title:
Institution:



Institution Address:	
City, State, Postal Code:	
Work Telephone:	Work E-mail:
Date first appointed as Fellowship Director:	
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Completed reproductive immunology training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list name of program:	Completion date:
Number of years post-residency and/or post-fellowship as faculty in reproductive immunology or OB/GYN	
Active ASRI membership? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*REQUIRED: Attach curriculum vitae as Attachment B.	

3. FACULTY ROSTER

(LIST ONLY THOSE WITH A SIGNIFICANT ROLE IN TRAINING THE FELLOW) *Duplicate rows in table as needed.*

Name of Faculty (Please include professional degrees)	Current title	Institution	Active in reproductive immunology? (yes/no)	Active in research? (yes/no)	Board certification and status	ASRI Member? (yes/no)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

***REQUIRED: Attach curriculum vitae of all physician and non-physician faculty as Attachment C.**

How will the program ensure faculty have enough time to teach, supervise and mentor fellows in the program?

--



List faculty development activities that faculty have attended in the past year: duplicate rows, as necessary.

Name of activity	Date

4. PROGRAM RESOURCES

Will the program be run in conjunction with an ACGME-accredited OB/GYN residency program?	() YES () NO
Name of Program:	
ACGME Program Number:	
If no, please explain:	

Will the program provide:	
Access to food while on duty	() YES () NO
Sleep/rest facilities	() YES () NO
Clean, private lactation facilities	() YES () NO
Access to specialty specific journals, textbooks and educational databases	() YES () NO
Fellow work area/office	() YES () NO
Explain any “no” responses:	

Will the program provide:	
Outpatient clinic facilities	() YES () NO
Ultrasound lab	() YES () NO
Hysteroscopy	() YES () NO
Clinical and basic immunology lab	() YES () NO
Research lab	() YES () NO
ELISA	() YES () NO
Flow cytometry	() YES () NO
Tissue culture	() YES () NO
Explain any “no” responses:	



Other learners: Please list the type and number of other learners that will be present in the program. Duplicate rows, as necessary.

Type	Number

How will fellows interact with these learners:

Fellow Appointments

Number of Positions Requested:	
Length of Training Program:	

5. PROGRAM GOALS AND OBJECTIVES

What is your program’s mission and aims?

6. EDUCATIONAL EXPERIENCE

For each educational experience, provide a description of how the program will provide training and the method(s) of evaluation that will be used as applicable to reproductive immunology.

Educational Experience	Training Activities <i>(examples include clinical rotation, laboratory work, research, clinics, simulation, didactics, conferences)</i>	Evaluation Method(s) <i>(examples include end of rotation evaluation, clinical presentations, direct observation, exams, quizzes, research/conference presentations)</i>
Pregnancy Loss		
Pregnancy Complications		
Autoimmune Disease		
Hematological Disease		
Reproductive Endocrinology and Infertility		



Tumor/Oncology		
Transplantation		
Allergy/Immunology		
Transplantation and Pregnancy		
Infection		

For each required procedure, provide a description of how the program will provide training and the method(s) of evaluation that will be used, as applicable to reproductive immunology.

Procedure	Training Activities <i>(examples include clinical rotation, simulation, didactics, courses)</i>	Evaluation Method(s) <i>(examples include end of rotation evaluation, direct observation, procedure logs, chart reviews)</i>
Endometrial biopsy		
Hysterosalpingogram		
Ultrasound Evaluation and Monitoring		
Transvaginal Ultrasound		
3D/4D Imaging		

Provide a schedule of conferences and educational activities that the program will provide. Include core conferences, journal clubs, multi-disciplinary conferences, research conferences and other educational activities that fellows will participate in. Add rows as necessary.

Title of Educational Activity	Frequency	Will fellows present, participate or both?
<i>Example – Journal Club</i>	<i>Quarterly</i>	<i>Both</i>

Will the program provide at least four hours of formal education per month? YES NO



Required Clinical Experiences

Will the program provide six months of protected research?	() YES () NO
Will the program provide 15 months of clinical reproductive immunology?	() YES () NO
Will the program provide one month of ultrasound?	() YES () NO
Will the program provide one month of reproductive endocrinology and immunology (REI)?	() YES () NO
Will the program provide one month of elective experience?	() YES () NO

7. PROGRAM DESCRIPTION

Please provide complete answers to the following questions.

Describe the two-year, planned curriculum for the program.

***REQUIRED: Include a sample block schedule as Attachment D.**

Describe the research curriculum for the program. Include what scholarship products the program will expect from fellows:

Describe the evaluation criteria and processes the program will use to determine progression of the fellow. Include final, graduation criteria the program will use to determine the fellow has met all of the requirements:

Describe how the program will deal with fellow complaints or grievances.:



Please provide any additional information, or unique aspects, about your program that you would like the committee to know:

Attachment Check List

- Attachment A – Program letter of agreement (if applicable)
- Attachment A – Program Director CV
- Attachment C – CV’s of program faculty
- Attachment D – Sample block schedule

Completed applications must be uploaded to the form on the ASRI website at www.theasri.org.

Mail your application fee payment to:

Ms. Karen Gottlieb, Executive Director
American Society for Reproductive Immunology
6524 SW 61st Terrace
Miami, FL 33143
Email: manager@theasri.org
Phone: 301-661-0709