Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also in community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe lea
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physical care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compass professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop n infrastructure that promotes collabora
Int.B.	Definition of Subspecialty Clinical neurophysiology is a subspecialty of neurology in which selected neurological disorders involving electrophysiology of the central, peripheral, and autonomic nervous systems are assessed and monitored.	[None]	Definition of Subspecialty Clinical neurophysiology is a subspecial neurological disorders involving electrop autonomic nervous systems are assesse
Int.C.	Length of Educational Program The educational program in clinical neurophysiology must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in clinical neur length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight

ation

edical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members serve assion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

ny fellowship programs advance ts. While the ability to create new exclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to are. Beyond the clinical subspecialty mentored relationships built on an orative research.

alty of neurology in which selected ophysiology of the central, peripheral, and seed and monitored.

urophysiology must be 12 months in

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic resp medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	Relation to Core Program The Sponsoring Institution must also sponsor an ACGME-accredited residency program in child neurology or neurology. (Core)	1.2.a.	Relation to Core Program The Sponsoring Institution must also spo program in child neurology or neurology
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must l by the program director, who is accousite, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.4.	Workforce Recruitment and Retention	1.6.	Workforce Recruitment and Retentior
	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and		The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements.

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

sponsor an ACGME-accredited residency gy. (Core)

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core)

lesignated institutional official (DIO).

cal learning and working environment

at be one faculty member, designated countable for fellow education for that am director. (Core)

any additions or deletions of ng an educational experience, required le equivalent (FTE) or more through the m (ADS). (Core)

on

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment isive workforce of residents (if present), Iministrative GME staff members, and emic community. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Resources
			The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	The program, in partnership with its S the availability of adequate resources
	There must be space and equipment for the educational program, including		There must be space and equipment for
	meeting rooms; classrooms with audiovisual and other educational aids; office		meeting rooms; classrooms with audiovi
I.D.1.a)	space for staff members and fellows; and diagnostic, therapeutic, and research facilities. (Core)	1.8.a.	space for staff members and fellows; and facilities. (Core)
	The number of patients must be adequate to provide an educational program		The number of patients must be adequa
	with diversity related to age, gender, acute or chronic neurological problems,	1.8.b.	with diversity related to age, gender, acu and inpatient and outpatient population.
I.D.1.b)	and inpatient and outpatient population. (Core) The program, in partnership with its Sponsoring Institution, must ensure	1.0.D.	The program, in partnership with its S
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
1.0.2.0)	clean and private facilities for lactation that have refrigeration capabilities,	1.3.0.	clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
	security and safety measures appropriate to the participating site; and,		security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
- /	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must		appropriate reference material in print
	include access to electronic medical literature databases with full text	1.40	include access to electronic medical l
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including		The presence of other learners and ot
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from othe
I.E.	and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	advanced practice providers, must no fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap
		2.4	authority and accountability for the ov
II.A.	Program Director	2.1.	with all applicable program requireme
	There must be one faculty member appointed as program director with		Program Director There must be one faculty member ap
	authority and accountability for the overall program, including compliance		authority and accountability for the ov
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requireme

Sponsoring Institution, must ensure es for fellow education. (Core)

Sponsoring Institution, must ensure es for fellow education. (Core)

or the educational program, including wisual and other educational aids; office and diagnostic, therapeutic, and research

uate to provide an educational program cute or chronic neurological problems, n. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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/rest facilities available and accessible te for safe patient care; (Core)

ion that have refrigeration capabilities, patient care; (Core)

priate to the participating site; and,

sabilities consistent with the re)

subspecialty-specific and other int or electronic format. This must al literature databases with full text

sonnel

other health care personnel, including ner programs, subspecialty fellows, and not negatively impact the appointed

appointed as program director with overall program, including compliance nents. (Core)

appointed as program director with overall program, including compliance nents. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.1 Number of Approved Resident Positions: 4-6 Minimum FTE: 0.15 Number of Approved Resident Positions: 7-9 Minimum FTE: 0.2 Number of Approved Resident Positions: 10-12 Minimum FTE: 0.25	2.2.6	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a Number of Approved Fellow Positions: 1 Number of Approved Resident Positions Number of Approved Resident Positions Number of Approved Resident Positions
II.A.2.a)	Number of Approved Resident Positions: 13-15 Minimum FTE: 0.3	2.3.a.	Number of Approved Resident Positions Qualifications of the Program Directo
II.A.3.	Qualifications of the program director:	2.4.	The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or by the American Osteopathic Board of Neurology and Psychiatry (AOBNP), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess c subspecialty for which they are the pr Board of Psychiatry and Neurology (AB Board of Neurology and Psychiatry (AO that are acceptable to the Review Con
II.A.3.b).(1)	The Review Committee only accepts current ABPN or AOBNP certification in clinical neurophysiology. (Core)	2.4.b.	The Review Committee only accepts cur clinical neurophysiology. (Core)
II.A.4. II.A.4.a)	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core) The program director must:	2.5. [None]	Program Director Responsibilities The program director must have responsibility for: administration and activity; fellow recruitment and select fellows, and disciplinary action; super education in the context of patient car
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the com Sponsoring Institution, and the missio

ent Language ate Medical Education Committee program director and must verify the inical appointment. (Core)

tor resides with the Review Committee.

cable, the program's leadership team, quate for administration of the program on. (Core)

st be provided with support equal to a bw for administration of the program. This ector only or divided between the program assistant) program directors. (Core)

1-3 | Minimum FTE: 0.1 hs: 4-6 | Minimum FTE: 0.15 hs: 7-9 | Minimum FTE: 0.2 hs: 10-12 | Minimum FTE: 0.25 hs: 13-15 | Minimum FTE: 0.3

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subspecialty expertise and iew Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

s current certification in the program director by the American (BPN) or by the American Osteopathic (OBNP), or subspecialty qualifications ommittee. (Core)

urrent ABPN or AOBNP certification in

ponsibility, authority, and nd operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GI
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment of
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion o (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v

ter and maintain a learning g the fellows in each of the ACGME

e authority to approve or remove aculty members at all participating ore faculty members, and must valuate candidates prior to approval.

e authority to remove fellows from ning environments that do not meet

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

he program's compliance with the discover distribution of the discover distribution of the discover distribution of the distribution of the distribution of the discrete distribution of the distribution of t

n a non-competition guarantee or

nt verification of education for all n of or departure from the program.

verification of an individual fellow's a, within 30 days. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective of professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	Faculty members or consultants with special expertise in all the disciplines related to neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, headache, movement disorders, neurocritical care, neurogenetics, neuroimaging, neurology of aging, neuromuscular medicine, neuro-oncology, neuro-ophthalmology, neuropathology, pain management, psychiatry, sleep disorders, and vascular neurology, should be available to the fellows. (Detail)	2.6.a.	Faculty members or consultants with spore related to neurology, including behaviora neurophysiology, epilepsy, headache, m neurogenetics, neuroimaging, neurology neuro-oncology, neuro-ophthalmology, r psychiatry, sleep disorders, and vascula fellows. (Detail)
II.B.2	Faculty members must:	[None]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching i
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ing that patients receive the highest ls for future generations of physicians inmitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the graduate e the health of the individual and the

nts receive the level of care expected recognize and respond to the needs of nd institution. Faculty members vision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

special expertise in all the disciplines oral neurology, child neurology, clinical movement disorders, neurocritical care, ogy of aging, neuromuscular medicine, v, neuropathology, pain management, ular neurology, should be available to the

els of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core) e a strong interest in the education of nt time to the educational program to

responsibilities. (Core)

and maintain an educational Ig fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty member the subspecialty by the American Boa American Osteopathic Board of Neuro qualifications judged acceptable to the
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, or acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devot effort to fellow education and/or admin of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	The program must have at least two core faculty members, including the program director, who have completed education in and are certified by the ABPN or the AOBNP in clinical neurophysiology. (Core)	2.10.b.	The program must have at least two core program director, who have completed e ABPN or the AOBNP in clinical neurophy
II.B.4.c)	A core faculty-to-fellow ratio of at least one-to-one must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. (Core)	2.10.c.	A core faculty-to-fellow ratio of at least or programs with two or more fellows. The p one of the faculty members in determinin
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator.
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

nbers

bers must have current certification in oard of Psychiatry and Neurology or the prology and Psychiatry, or possess the Review Committee. (Core)

y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and /ote a significant portion of their entire ninistration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core)

ore faculty members, including the education in and are certified by the hysiology. (Core)

one-to-one must be maintained in e program director may be counted as ning the ratio. (Core)

or. (Core)

or. (Core)

rovided with dedicated time and of the program based upon its size

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator n time and support specified below for adm
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.2 Number of Approved Resident Positions: 4-6 Minimum FTE: 0.2 Number of Approved Resident Positions: 7-9 Minimum FTE: 0.2 Number of Approved Resident Positions: 10-12 Minimum FTE: 0.25 Number of Approved Resident Positions: 13-15 Minimum FTE: 0.3	2.11.b.	Number of Approved Fellow Positions: 1- Number of Approved Resident Positions: Number of Approved Resident Positions: Number of Approved Resident Positions: Number of Approved Resident Positions:
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME- I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AC an AOA-approved residency program, International (ACGME- I) Advanced Sp College of Physicians and Surgeons o College of Family Physicians of Canac program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ver level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program in neurology, child neurology, or neurodevelopmental disabilities that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello program in neurology, child neurology, or satisfies the requirements in 3.2. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon		Fellow Transfers The program must obtain verification and a summative competency-based p acceptance of a transferring fellow, an
III.C.	matriculation. (Core)	3.4.	matriculation. (Core)

r must be provided with the dedicated dministration of the program: (Core)

1-3 | Minimum FTE: 0.2 ns: 4-6 | Minimum FTE: 0.2 ns: 7-9 | Minimum FTE: 0.2 ns: 10-12 | Minimum FTE: 0.25 ns: 13-15 | Minimum FTE: 0.3

Sponsoring Institution, must jointly personnel for the effective

p Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or om the core residency program. (Core)

ellows must have successfully completed a or neurodevelopmental disabilities that e)

pint more fellows than approved by the

n of previous educational experiences d performance evaluation prior to and Milestones evaluations upon

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is o and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra- their subspecialty. These must be dis- fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient management subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqui

designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

place different emphasis on research, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

lowing educational components:

th the Sponsoring Institution's by it serves, and the desired distinctive must be made available to program nbers; (Core)

tives for each educational experience trajectory to autonomous practice in istributed, reviewed, and available to)

o for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the he focus in fellowship is on nd medical knowledge, as well as quired in residency.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
, IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing patient care that is informed by an understanding of social determinants of health, including but not limited to race, ethnicity, sexual orientation, gender identity, religion, socioeconomic status, neighborhood, and disability status. (Core)	4.4.a.	Fellows must demonstrate competence i by an understanding of social determinal race, ethnicity, sexual orientation, gende status, neighborhood, and disability statu
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in developing and executing an appropriate plan for electrodiagnosis. (Core)	4.4.b.	Fellows must demonstrate competence i appropriate plan for electrodiagnosis. (Co
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in at least two of the following:	4.5.a.	Fellows must demonstrate competence i •interpretation and reporting of electroen •performance, interpretation, and reporting nerve conduction studies; •interpretation of intra-operative monitori •interpretation and reporting of sleep students
IV.B.1.b).(2).(a).(i)	interpretation and reporting of electroencephalography (EEG) and video EEG; (Detail)	4.5.a.	Fellows must demonstrate competence i •interpretation and reporting of electroen •performance, interpretation, and reportin nerve conduction studies; •interpretation of intra-operative monitori •interpretation and reporting of sleep studies
IV.B.1.b).(2).(a).(ii)	performance, interpretation, and reporting of electromyography (EMG) and nerve conduction studies; (Detail)	4.5.a.	Fellows must demonstrate competence i •interpretation and reporting of electroen •performance, interpretation, and reportin nerve conduction studies; •interpretation of intra-operative monitorin •interpretation and reporting of sleep studies
IV.B.1.b).(2).(a).(iii)	interpretation of intra-operative monitoring studies; or, (Detail)	4.5.a.	Fellows must demonstrate competence i •interpretation and reporting of electroen •performance, interpretation, and reportin nerve conduction studies; •interpretation of intra-operative monitori •interpretation and reporting of sleep students

ME Competencies into the curriculum.

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tment to professionalism and an re)

е

ient care that is patient- and family-, appropriate, and effective for the e promotion of health. (Core)

e in providing patient care that is informed nants of health, including but not limited to der identity, religion, socioeconomic atus. (Core)

e in developing and executing an (Core)

Skills

medical, diagnostic, and surgical r the area of practice. (Core)

e in at least two of the following: encephalography (EEG) and video EEG; rting of electromyography (EMG) and

oring studies; or, tudies. (Detail)

e in at least two of the following: encephalography (EEG) and video EEG; rting of electromyography (EMG) and

oring studies; or, tudies. (Detail)

e in at least two of the following: encephalography (EEG) and video EEG; rting of electromyography (EMG) and

oring studies; or, tudies. (Detail)

e in at least two of the following: encephalography (EEG) and video EEG; rting of electromyography (EMG) and

oring studies; or, tudies. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.b).(2).(a).(iv)	interpretation and reporting of sleep studies. (Detail)	4.5.a.	Fellows must demonstrate competence i •interpretation and reporting of electroen •performance, interpretation, and reportin nerve conduction studies; •interpretation of intra-operative monitorin •interpretation and reporting of sleep studies
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the application of electrical, magnetic, and mechanical methods to evaluate a wide range of diseases salient to a fellow's two or more areas of clinical neurophysiology experience. (Core)	4.5.b.	Fellows must demonstrate competence i and mechanical methods to evaluate a w fellow's two or more areas of clinical neu
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the normal electrophysiology of the nervous system; and, (Core)	4.6.a.	Fellows must demonstrate competence in electrophysiology of the nervous system.
IV.B.1.c).(1).(b)	disease states involving abnormal electrophysiology of the nervous system. (Core)	4.6.b.	Fellows must demonstrate competence i involving abnormal electrophysiology of t
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability to of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interpersor result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarene larger context and system of health ca social determinants of health, as well other resources to provide optimal he

e in at least two of the following: encephalography (EEG) and video EEG; ting of electromyography (EMG) and

oring studies; or, tudies. (Detail)

e in the application of electrical, magnetic, wide range of diseases salient to a europhysiology experience. (Core)

owledge ge of established and evolving I, and social-behavioral sciences, as the application of this knowledge to

e in their knowledge of the normal m. (Core)

e in their knowledge of disease states f the nervous system. (Core)

ased Learning and Improvement y to investigate and evaluate their care ite scientific evidence, and to ased on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with rofessionals. (Core)

Based Practice eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.	Curriculum Organization and Fellow Experiences	4.10. and 4.11.	 4.10 Curriculum Organization and Fel Structure The curriculum must be structured to experiences, the length of the experiences These educational experiences include patient care responsibilities, clinical to events. (Core) 4.11 Curriculum Organization and Fel Clinical Experiences Fellows must be provided with protect didactic activities. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structur rotational transitions and rotations must quality educational experience, defined supervision, longitudinal relationships wi assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences must be structured to facilitate learning in a manner that allows the fellows to function as part of an effective health care team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences must be structured allows the fellows to function as part of a together longitudinally with shared goals improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.3.	The program must provide a broad education in clinical neurophysiology, including: (Core)	4.11.a.	The program must provide a broad educ including: (Core)
IV.C.3.a)	EEG, to include video EEG, ambulatory EEG, and intracranial monitoring; (Core)	4.11.a.1.	EEG, to include video EEG, ambulatory
IV.C.3.b)	EMG and nerve conduction studies; (Core)	4.11.a.2.	EMG and nerve conduction studies; (Co
IV.C.3.c)	evoked potential studies; (Core)	4.11.a.3.	evoked potential studies; (Core)
IV.C.3.d)	intra-operative monitoring and analysis; (Core)	4.11.a.4.	intra-operative monitoring and analysis;
IV.C.3.e)	movement disorder assessment, to include dystonia; (Core)	4.11.a.5.	movement disorder assessment, to inclu
IV.C.3.f)	neuromuscular ultrasound; (Core) polysomnography and assessment of disorders of sleep; (Core)	4.11.a.6. 4.11.a.7.	neuromuscular ultrasound; (Core)
IV.C.3.g) IV.C.3.h)	single-fiber EMG; (Core)		polysomnography and assessment of dis single-fiber EMG; (Core)
IV.C.3.i)	testing of autonomic function; and, (Core)	4.11.a.8. 4.11.a.9.	testing of autonomic function; and, (Core
,			video EEG monitoring. (Core)
IV.C.3.j)	video EEG monitoring. (Core)	4.11.a.10.	

ellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

Fellow Experiences – Didactic and

ected time to participate in core

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

tured to minimize the frequency of st be of sufficient length to provide a d by continuity of patient care, ongoing with faculty members, and high-quality

ed to facilitate learning in a manner that of an effective health care team that works als of patient safety and quality

w Experiences – Pain Management ion and experience in pain management ncluding recognition of the signs of

ucation in clinical neurophysiology,

ry EEG, and intracranial monitoring; (Core) Core)

s; (Core)

clude dystonia; (Core)

disorders of sleep; (Core)

ore)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.	The program must include clinical experience in at least two of the following: (Core)	4.11.b.	The program must include clinical exper •EEG; •EMG and nerve conduction studies; •intra-operative monitoring; or, •polysomnography and assessment of d
IV.C.4.a)	EEG; (Detail)	4.11.b.	The program must include clinical exper •EEG; •EMG and nerve conduction studies; •intra-operative monitoring; or, •polysomnography and assessment of d
IV.C.4.b)	EMG and nerve conduction studies; (Detail)	4.11.b.	The program must include clinical exper •EEG; •EMG and nerve conduction studies; •intra-operative monitoring; or, •polysomnography and assessment of d
IV.C.4.c)	intra-operative monitoring; or, (Detail)	4.11.b.	The program must include clinical exper •EEG; •EMG and nerve conduction studies; •intra-operative monitoring; or, •polysomnography and assessment of d
IV.C.4.d)	polysomnography and assessment of disorders of sleep. (Detail)	4.11.b.	The program must include clinical exper •EEG; •EMG and nerve conduction studies; •intra-operative monitoring; or, •polysomnography and assessment of d
IV.C.5.	If clinical education emphasizes one experience, the duration of the second experience must be at least two months. (Core)	4.11.c.	If clinical education emphasizes one experience must be at least two months

perience in at least two of the following:

disorders of sleep. (Core)

perience in at least two of the following:

disorders of sleep. (Core)

perience in at least two of the following:

disorders of sleep. (Core)

perience in at least two of the following:

f disorders of sleep. (Core)

perience in at least two of the following:

f disorders of sleep. (Core) experience, the duration of the second hs. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically,		Scholarship Medicine is both an art and a science
	evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pop- other programs might choose to utility research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

ce. The physician is a humanistic his requires the ability to think critically, ly assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

ty of fellowships and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ns may concentrate their scholarly opulation health, and/or teaching, while ilize more classic forms of biomedical hip.

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate low and faculty involvement in scholarly

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra
	•Research in basic science, education, translational science, patient care,		accomplishments in at least three of t •Research in basic science, education
	or population health •Peer-reviewed grants		or population health •Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives		•Quality improvement and/or patient s
	•Systematic reviews, meta-analyses, review articles, chapters in medical		•Systematic reviews, meta-analyses, i
	textbooks, or case reports		textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials		•Creation of curricula, evaluation tool electronic educational materials
	•Contribution to professional committees, educational organizations, or		•Contribution to professional commit
	editorial boards		editorial boards
IV.D.2.a)	Innovations in education	4.14.	•Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fol
	faculty participation in grand rounds, posters, workshops, quality		faculty participation in grand rounds,
	improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book		improvement presentations, podium p peer-reviewed print/electronic resource
	chapters, textbooks, webinars, service on professional committees, or		chapters, textbooks, webinars, servic
	serving as a journal reviewer, journal editorial board member, or editor;		serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
			Fellow Scholarly Activity The curriculum must advance fellows' kr
			evidence-based medicine and research,
IV.D.3.	Fellow Scholarly Activity	4.15.	evaluated, explained to patients, and ap
			Fellow Scholarly Activity
	The curriculum must advance fellows' knowledge of the basic principles of		The curriculum must advance fellows' kn
IV.D.3.a)	evidence-based medicine and research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)	4.15.	evidence-based medicine and research, evaluated, explained to patients, and ap
11.0.0.0)	Fellows must participate in scholarly activity under the mentorship of program		Fellows must participate in scholarly acti
IV.D.3.b)	faculty members. (Core)	4.15.a.	faculty members. (Core)
	The Sponsoring Institution and program must allocate adequate educational		The Sponsoring Institution and program
IV.D.3.c)	resources to facilitate fellow involvement in scholarly activities. (Core)	4.15.b.	resources to facilitate fellow involvement
	Fellows should receive support to attend one regional, national, or international	4.15.c.	Fellows should receive support to attend
IV.D.3.d) V.	professional conference during the program. (Detail)	4.15.c. Section 5	professional conference during the progr Section 5: Evaluation
			Fellow Evaluation: Feedback and Eva
			Faculty members must directly observed
			feedback on fellow performance durin
V.A.	Fellow Evaluation	5.1.	educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva
1			Faculty members must directly observ
			feedback on fellow performance durin

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

t safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

s, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

e)

knowledge of the basic principles of h, including how research is conducted, applied to patient care. (Core)

knowledge of the basic principles of h, including how research is conducted, applied to patient care. (Core) ctivity under the mentorship of program

m must allocate adequate educational ent in scholarly activities. (Core) nd one regional, national, or international ogram. (Detail)

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erve, evaluate, and frequently provide ring each rotation or similar

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erve, evaluate, and frequently provide ring each rotation or similar

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty n other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polici
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sum includes their readiness to progress to applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performa by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

aluation/

erve, evaluate, and frequently provide ring each rotation or similar

he completion of the assignment.

hree months in duration, evaluation three months. (Core)

ontinuity clinic in the context of other luated at least every three months and

tive performance evaluation based on alty-specific Milestones, and must:

v members, peers, patients, self, and and, (Core)

cal Competency Committee for its formance and improvement toward

nee, with input from the Clinical with and review with each fellow their of performance, including progress stones. (Core)

nee, with input from the Clinical at fellows in developing individualized strengths and identify areas for

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (Core)

ummative evaluation of each fellow that to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones,
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
	we with the table to be a demonstrated the low ended as a bills, and		The final evaluation must verify that the
$(1 \land 2 \circ) (2) (b)$	verify that the fellow has demonstrated the knowledge, skills, and	5.2.c.	knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.C.	(Core)
$V \wedge 2 \Rightarrow (2) (c)$	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	J.Z.U.	program. (Core)
	A Clinical Competency Committee must be appointed by the program		Clinical Competency Committee A Clinical Competency Committee mu
V.A.3.	director. (Core)	5.3.	director. (Core)
		0.0.	
	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must		At a minimum the Clinical Competence members, at least one of whom is a co
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	-
			The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee
V/ A 2 L) (2)	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to performance as it relates to the education of the educat
V.B.	Faculty Evaluation	5.4.	(Core)
V.D.		J. T .	Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
	in faculty development related to their skills as an educator, clinical		in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)

es, and when applicable the ust be used as tools to ensure fellows practice upon completion of the

art of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core)

e must meet prior to the fellows' semiprogram director regarding each

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core) n, confidential evaluations by the

back on their evaluations at least

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations show program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation conduct and document the Annual Program Evaluation program's continuous improvement process. (Correct
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Ev conduct and document the Annual Program Evalua program's continuous improvement process. (Core
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be comp program faculty members, at least one of whom is and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities mu program's self-determined goals and progress tow (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities mu ongoing program improvement, including develop based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities mu current operating environment to identify strength opportunities, and threats as related to the program (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consid prior Annual Program Evaluation(s), aggregate fell evaluations of the program, and other relevant data the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate and aims, strengths, areas for improvement, and the tage of tag
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the acti distributed to and discussed with the fellows and t teaching faculty, and be submitted to the DIO. (Cor
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study and s (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is to edu seek and achieve board certification. One measure the educational program is the ultimate pass rate.
	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.		The program director should encourage all eligible take the certifying examination offered by the appl of Medical Specialties (ABMS) member board or A
V.C.3.		[None]	Association (AOA) certifying board.

nould be incorporated into

Evaluation Committee to uation as part of the ore)

Evaluation Committee to uation as part of the ore)

nposed of at least two is a core faculty member,

must include review of the oward meeting them.

must include guiding opment of new goals,

nust include review of the ths, challenges, ram's mission and aims.

ider the outcomes from ellow and faculty written ata in its assessment of

te the program's mission threats. (Core)

ction plan, must be the members of the ore)

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ducate physicians who re of the effectiveness of),

ble program graduates to plicable American Board American Osteopathic

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Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

MS member board and/or AOA vritten exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

MS member board and/or AOA vritten exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

d certification status annually for the graduated seven years earlier. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working		The Learning and Working Environm Fellowship education must occur in t
	environment that emphasizes the following principles:		environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
N/I	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the hea
VI.	Detient Cefety, Quelity Improvement, Supervision, and Accountability	Section 6	
VI.A. VI.A.1.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1. VI.A.1.a)	Patient Safety and Quality Improvement Patient Safety	[None] [None]	
	Culture of Safety		Culture of Safety
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, ar patient safety systems and contribute
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti-
VI.A.1.a).(2)	<i>changes to ameliorate patient safety vulnerabilities.</i> Residents, fellows, faculty members, and other clinical staff members	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

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the context of a learning and working blowing principles:

of care rendered to patients by

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oviding care for patients

he students, residents, fellows, faculty lealth care team

ious identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement. and fellows must actively participate in

ute to a culture of safety. (Core)

y-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based by vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate
VI.A.2.a)	and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.

s, and other clinical staff members ormation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as tion of actions. (Core)

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

e ultimately responsible for the care of in the responsibility and accountability eare. Effective programs, in partnership define, widely communicate, and nsibility and accountability as it relates e.

te medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

e ultimately responsible for the care of in the responsibility and accountability eare. Effective programs, in partnership define, widely communicate, and nsibility and accountability as it relates e.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or path fellow and the supervising physician patient care through appropriate telec
VI.A.2.0).(1)		0.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati fellow and the supervising physician patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physician is required. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

oviding physical or concurrent visual itely available to the fellow for appropriate direct supervision.

ble to provide review of ck provided after care is delivered. sical presence of a supervising

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Baguiraman
Requirement Number	The privilege of progressive authority and responsibility, conditional	Requirement Number	Requiremen The privilege of progressive authority
	independence, and a supervisory role in patient care delegated to each		independence, and a supervisory role
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the progra
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills	6 0 h	portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisory
VI.A.2.d).(3)	in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	in recognition of their progress towar of each patient and the skills of the in
v 1.A.2.0).(3)	Programs must set guidelines for circumstances and events in which	0.3.0.	Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the su
,	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of th
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mus
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Sp
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their		responsibilities of physicians, includi to be appropriately rested and fit to p
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-	· ·	The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
			The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		meaning that each fellow finds in the
	experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence		including protecting time with patient promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
- /	The program director, in partnership with the Sponsoring Institution, must	-	The program director, in partnership v
	provide a culture of professionalism that supports patient safety and		provide a culture of professionalism t
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)

ity and responsibility, conditional ble in patient care delegated to each gram director and faculty members.

e each fellow's abilities based on stones. (Core)

pervising physicians must delegate I the needs of the patient and the skills

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) rcumstances and events in which supervising faculty member(s). (Core)

their scope of authority, and the ow is permitted to act with conditional

ust be of sufficient duration to assess low and to delegate to the fellow the hority and responsibility. (Core)

Sponsoring Institutions, must educate rning the professional and ethical ding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate rning the professional and ethical ding but not limited to their obligation provide the care required by their

ram must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

am must include efforts to enhance the e experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

p with the Sponsoring Institution, must n that supports patient safety and

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VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must d personal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
VI.C.	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers. 	[None]	Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills nurtured in the context of other aspect Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem- responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co

demonstrate an understanding of their fare of patients entrusted to their care, te conditions and safety events. (Core)

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other a buse, or coercion of students,

Sponsoring Institutions, should have a d faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of 's that must be modeled, learned, and bects of fellowship training.

t risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and I attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

nity to attend medical, mental health, uding those scheduled during their

embers in:

urnout, depression, and substance use ential for violence, including means to conditions; (Core)

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VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including a 24 hours a day, seven days a week. (C
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and p coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the fellow who is or work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return he
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre

ent Language
nemselves and how to seek appropriate
screening. (Core)
fordable mental health assessment,
g access to urgent and emergent care (Core)
ellows may be unable to attend work,
illness, family emergencies, and
e. Each program must allow an
ellows unable to perform their patient
d procedures in place to ensure
e continuity of patient care. (Core)
d without fear of negative
or was unable to provide the clinical
and faculty members in recognition of
vation, alertness management, and
I)
and faculty members in recognition of
vation, alertness management, and
1)
Sponsoring Institution, must ensure
ansportation options for fellows who
home. (Core)
n fellow must be based on PGY level,
y and complexity of patient
port services. (Core)

environment that maximizes interprofessional, team-based care in system. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

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	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their S
	and monitor effective, structured hand-off processes to facilitate both	a /a	and monitor effective, structured hand
VI.E.3.b)		6.19.a.	continuity of care and patient safety.
	Programs must ensure that fellows are competent in communicating with		Programs must ensure that fellows ar
VI.E.3.c)	team members in the hand-off process. (Outcome)	6.19.b.	team members in the hand-off proces
	Clinical Experience and Education		
			Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design		Programs, in partnership with their Sp
	an effective program structure that is configured to provide fellows with		an effective program structure that is
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience of
VI.F.		[None]	opportunities for rest and personal ac
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours n
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,	c 00	house clinical and educational activiti
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Fellows should have eight hours off b
VI.F.Z.	Manualory Time Free of Chinical Work and Education	0.21.	education periods. (Detail)
	Follows should have sight hours off between ashedulad clinical work and		Mandatory Time Free of Clinical Work
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and	6.21.	Fellows should have eight hours off b
VI.F.2.d)	education periods. (Detail) Fellows must have at least 14 hours free of clinical work and education	0.21.	education periods. (Detail)
VI.F.2.b)		6.21.a.	Fellows must have at least 14 hours fr after 24 hours of in-house call. (Core)
VI.F.Z.D)		0.21.a.	
	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a mini
	clinical work and required education (when averaged over four weeks). At-	6.21.b.	clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	0.21.0.	home call cannot be assigned on thes
			Maximum Clinical Work and Educatio
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
VI.F.J.	Maximum Chinical Work and Education Period Length	0.22.	
	Clinical and advectional work narieds for follows much not even al 04		Maximum Clinical Work and Educatio
\/I E 2 a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)		0.22.	
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to		patient safety, such as providing effected education. Additional patient care res
VIE3 a) (1)		6.22.a.	a fellow during this time. (Core)
VI.F.3.a).(1)		v.22.a.	
			Clinical and Educational Work Hour E
			In rare circumstances, after handing o
			on their own initiative, may elect to re
			the following circumstances: to contin
			severely ill or unstable patient; to give a patient or patient's family; or to atte
	Clinical and Educational Work Hour Exceptions	6 23	
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	(Detail)

Sponsoring Institutions, must ensure and-off processes to facilitate both v. (Core)

are competent in communicating with ess. (Outcome)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

cational Work per Week must be limited to no more than 80 ur-week period, inclusive of all inrities, clinical work done from home,

rk and Education f between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education e)

nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

nay be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in atinue to provide care to a single ave humanistic attention to the needs of tend unique educational events.

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Requirement Number	r Requirement Language	Requirement Number	· · · · ·
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E: In rare circumstances, after handing of on their own initiative, may elect to rea the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atter (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edue 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Neurology will not consider requests for exceptions		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound The Review Committee for Neurology wi
VI.F.4.c)		6.24.	to the 80-hour limit to the fellows' work w
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the educationa with the fellow's fitness for work nor c
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and on the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-hou third night (when averaged over a four
VI.F.8.		6.28.	At-Home Call Time spent on patient care activities b toward the 80-hour maximum weekly I not subject to the every-third-night lim requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b toward the 80-hour maximum weekly l not subject to the every-third-night lim requirement for one day in seven free averaged over four weeks. (Core)

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single ive humanistic attention to the needs of tend unique educational events.

lucation must be counted toward the

tion-specific exceptions for up to 10 and educational work hours to nd educational rationale.

will not consider requests for exceptions week.

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

d external moonlighting (as defined in t be counted toward the 80-hour

ntext of the 80-hour and one-day-off-in-

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buse call no more frequently than every bur-week period). (Core)

by fellows on at-home call must count y limit. The frequency of at-home call is imitation, but must satisfy the ee of clinical work and education, when

by fellows on at-home call must count y limit. The frequency of at-home call is imitation, but must satisfy the ee of clinical work and education, when Clinical Neurophysiology Crosswalk

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	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)		At-home call must not be so frequent reasonable personal time for each fell

ent Language nt or taxing as to preclude rest or fellow. (Core)