ABEM REQUEST FOR CREDIT FOR TRAINING IN OTHER SPECIALTIES

EM Residency Program	**EM Residency Director:**	
Resident's Name & Medical Degree		**Birth Date:**_____ **Medical School Graduation Date:**_____
Non-EM Program Name & Location		Previous Specialty:
NOTE	***Previous training must have started no more than 48 months prior to the anticipated resident's EM start date listed below.***	

Non-EM Training Start Date:	**Non-EM** Training End Date:	EM Training Start Date:	Desired EM Graduation Date:

In the applicable columns below, please list previously complete rotations to be replaced as either equal or equivalent. Up to 2 months of EM rotation credit is considered if the resident completes 24 months of non-EM ACGME-accredited training OR 1 month if 12-23 months were/are completed. No credit for vacation/leave time is considered.

#	**EM Program Rotation to be Replaced**	**Equal Prior Rotation**	Week(s) Requested	#	**EM Program Rotation to be Replaced**	**Equivalent Prior Rotation**	Week(s) Requested
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
9.				9.			
10.				10.			
11.				11.			
12.				12.			
Total Credit Requested for Equal Rotation(s)→				**Total Credit Requested for Equivalent Rotation(s)→**			

TOTAL CREDIT REQUESTED IN WEEKS: _____

REMINDER: Attach evidence of previous training, signed by the non-EM program director, confirming the resident's training dates, and successful (or anticipated) completion of the prior training rotations listed above. Also, provide copies of the non-EM & EM standard curricula and non-EM and EM program block diagrams.

Emergency Medicine Residency Director's Signature (e-signatures accepted) **Date Signed**

This form must be filled electronically. Handwritten forms will not be accepted.
Please email this form and applicable documentation to training@abem.org. If you have any questions, please contact the ABEM office at 517-332-4800 option 3.