

REQUEST FOR TRANSFER CREDIT

Transfer Credit is the processes by which program directors document credit for individual residents who have received training in another AOA or ACGME accredited emergency medicine residency program. By requesting transfer credit, residents will obtain credit toward their emergency medicine training program. This credit is documented to ensure full credit for all training obtained in Emergency Medicine. This must be reported to the ACOEP and reviewed by the Committee on Graduate Medical Education.

Reporting Process

Program Directors must report prior to emergency medicine training to the ACOEP for any resident currently enrolled in emergency medicine who has been matriculating in the institution's emergency medicine program for a minimum of 3-months. **Applications may only be submitted by Emergency Medicine Program Directors.**

Applications must include the following documents:

1. **A completed application**
2. **A copy of the accepting institution's 4-year emergency medicine program curriculum listing a block-by-block rotation schedule for the program**
3. **Verification from the resident's previous program, documenting the successful completion of the resident's educational progress and successful completion of rotations being credited.**
4. **Verification from the resident's previous program, documenting the residents schedule and curriculum.**
5. **A formal letter from the current Program Director petitioning the transfer on behalf of the resident.**

Review Guidelines

Applications may be submitted by the Program Director any time during the year and must reflect the beginning and the projected end dates of the current program in emergency medicine.

Rotations requested for credit must directly correlate and replace a month of training in the accepting institution's curriculum.

All information should be sent to:

Kristen Kennedy, M.Ed.
Director of Educational Services
kkennedy@acoep.org
American College of Osteopathic Emergency Physicians
142 E. Ontario Street
Suite 1500
Chicago, IL 60611-5722
312-445-5708

American College of Osteopathic Emergency Physicians

APPLICATION FOR Transfer CREDIT

Instructions: This form should be completed by the program director and submitted to the ACOEP with the resident's previous schedule and appropriate rotations identified for which credit is to be considered. **This form must be typed.**

Current Institution: _____

Current Specialty: _____

AOA Program # _____

Address: _____

(City) (State)

Resident's Name: _____

Resident's AOA # _____

Resident's Email: _____

Current Address: _____

(City) (State)

Current Training Dates: _____
(Start Date) **Projected End Date**

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Previous Specialty: _____

Previous Institution: _____

(City) (State)

Previous Training Dates: _____
(Start Date) (End Date)

American College of Osteopathic Emergency Physicians

Please outline the rotations completed at this program and designate the time allotted for each. The requesting Program Director must include the 4-year curriculum currently used in the program.

Rotation Name	Length of Rotation

Attachments:

- Current Institution 4 year rotation schedule
- Letter of Confirmation of Successful Completion from previous institution

Signature of Program Director

Program Director’s Name

Date