

(Office use only)	ABR S.D. ID:	
	DO ID:	
	Date Received:	



**Sponsoring Department Agreement
 Osteopathic (DO) Physicians
 Alternate Pathway for Diagnostic Radiology Certification**

Name of DO Alternate Pathway Candidate for Diagnostic Radiology Certification:

Last
First
Middle

To be completed by the chair of the department of the ACGME-accredited diagnostic radiology program:

Institution: _____ ACGME/RRC Program Number: _____

Name of Sponsoring Department Chair: _____
 (please print)

1. Sponsoring Department's responsibilities (Please initial to acknowledge):

- _____ A. Inform candidate and provide opportunity to attend conferences in all areas related to diagnostic radiology in order to facilitate preparation for ABR exams.
- _____ B. Complete and submit the annual DO Alternate Pathway Verification Forms each year the applicant is in the Alternate Pathway process.
- _____ C. Provide opportunity for applicant to develop all six core competencies and attest to their attainment on the competency completion attestation form in diagnostic radiology, prior to invitation to the oral examination.
- _____ D. Inform candidate regarding Authorized User (AU) eligibility requirements.
- _____ E. Inform candidate regarding optional MQSA requirements in breast imaging, and allocate pathway time accordingly if eligibility in this area is mutually agreed upon (candidate and department).
- _____ F. Alert candidate to key dates for application for ABR qualifying and certifying exams.

2. Have properly documented clinical year training requirements been accepted by the Sponsoring Department?

- Yes No

3. Requirement: Four continuous years at the same Sponsoring Department, which has a diagnostic radiology program accredited by the ACGME or RCPSC (Canada) (see ABR DO Alternate Pathway Requirements at <https://www.theabr.org/diagnostic-radiology/initial-certification/alternate-pathways/do-pathway>)

4. Requirement: Four months of nuclear medicine training during the four-year experience.

- Training will be scheduled. Candidate completed training during his/her plan.

Please indicate the department’s plan for this candidate’s four years (amended plans may be filed later):

Proposed Plan:

4-YEAR PLAN	START DATE (M/D/Y)	END DATE (M/D/Y)	POSITION*	SUBSPECIALTY	ACADEMIC RANK (if applicable)
First Year					
Second Year					
Third Year					
Fourth Year					

Nuclear Medicine Requirement	START DATE (M/D/Y)	END DATE (M/D/Y)	POSITION AT THE TIME*	SUBSPECIALTY	ACADEMIC RANK (if applicable)
Four months				Nuclear Medicine	

* Positions may be filled as faculty, fellow, and/or resident.¹⁻

¹The ABR may approve a maximum of 12 months in research to partially meet requirements of the Alternate Pathway Program. Please submit the details for ABR review.

Sponsoring Department Chair Signature

Date

DO Alternate Pathway Candidate Signature

Date