

## Sponsoring Department Agreement IMG Alternate Pathway for Interventional Radiology/Diagnostic Radiology Certification

Form to be completed by the chair of the ACGME-accredited Sponsoring Department

Complete requirements can be found on the ABR website: <a href="https://www.theabr.org/interventional-radiology/initial-certification/international-medical-graduates-alternate-pathway">https://www.theabr.org/interventional-radiology/initial-certification/international-medical-graduates-alternate-pathway</a>

## Name of International Medical Graduate Candidate for ABR Certification:

Last	First	Middle
Institution:	ACGME,	/RRC Program Number:
Name of Sponsoring Department Cha	ir:	
	Please	print
Sponsoring Department's responsi	bilities: (Please initial to acknowled	dge.)
	ide opportunity to attend confere d diagnostic radiology to facilitate	
Complete and submit the II by the ABR.	MG Alternate Pathway training veri	ification forms when requested
their attainment on the co	plicant to develop all six core ACGN mpetency completion attestation ior to invitation to the Certifying I	form in interventional radiology

Rev. 11/2022 1

Requirement: Five years at the same Sponsoring Department, which has an interventional and diagnostic radiology program accredited by the ACGME. Training must be completed within ten years from training start date.
Please indicate the Sponsoring Department's plan for this candidate's five years (amended plans may be filed later.)
Proposed Plan:
A maximum of 12 months in research may be approved by the ABR to meet the requirements of the

- A maximum of 12 months in research may be approved by the ABR to meet the requirements of the Alternate Pathway program. Please submit the details for ABR review.
- Up to four years of IR residency may count. However, five years of IR residency does not qualify for the ABR Alternate Pathway, as that is the standard training pathway.
- Intended to be a prospective five-year training plan. Candidates may only use up to two years of retrospective training.

5-YEAR PLAN	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)	POSITION	SUBSPECIALTY (2 years must be in IR)	ACADEMIC RANK (if applicable)
First Year					
Second Year					
Third Year					
Fourth Year					
Fifth Year					
Sponsoring Depa	artment Chair Sign	ature		_	Date
IMG IR/DR Alteri	nate Pathway Can	didate		_	Date

Rev. 11/2022 2