ABR | AMERICAN BOARD OF RADIOLOGY

Sponsoring Department Agreement
IMG Alternate Pathway for Radiation Oncology Certification

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

Complete requirements can be found on the ABR website: https://www.theabr.org/radiation-oncology/initial-certification/alternate-pathways/international-medical-graduates

Name of International Medical Graduate Candidate for ABR Certification:

_____
           Last   First   Middle

Institution:_____ ACGME/RRC Program Number: _____

Name of Sponsoring Department Chair: _____
                                                        Please print

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

_____ Inform candidate and provide opportunity to attend conferences in all areas related to radiation oncology to facilitate preparation for ABR exams.

_____ Complete and submit the IMG Alternate Pathway training verification forms when requested by the ABR.

_____ Provide opportunity for applicant to develop all six core competencies and attest to their attainment on the competency completion attestation form in radiation oncology prior to invitation to the Oral Exam.

Requirement: Four years at the same Sponsoring Department, which has a radiation oncology program accredited by the ACGME or RCPSC (Canada). Training must be completed within eight years from training start date.

Please indicate the Sponsoring Department's plan for this candidate's four 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 Alternate Pathway program. Please submit the details for ABR review.
- Up to three years of radiation oncology residency may be counted. However, four years of radiation oncology residency does not qualify for the ABR Alternate Pathway, as that is the standard training pathway.
- Intended to be a prospective four-year training plan. Candidates may only use up to two years of retrospective training.

4-YEAR PLAN	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)	POSITION	SUBSPECIALTY	ACADEMIC RANK (If applicable)
First Year					
Second Year					
Third Year					
Fourth Year					

_____   _____
Sponsoring Department Chair Signature   Date

_____   _____
IMG Alternate Pathway Candidate   Date