



**Sponsoring Department Agreement:  
15-Month Pathway Leading to Specialty Certification in  
Diagnostic Radiology and Subspecialty in Pediatric Radiology**

Candidates seeking to apply to the 15-month pathway must submit the application and Sponsoring Department Agreement (SDA) for ABR review at least six months before diagnostic radiology (DR) residency training completion.

*To be completed by Sponsoring Department's Diagnostic Radiology Program Director  
and Pediatric Radiology preceptor.*

**Section I: Candidate Information**

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Last name

First name

Middle name

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15-month Pathway Candidate's Signature

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Date

**Section II: Pediatric Radiology Faculty Preceptor's Information**

*The Pediatric Radiology faculty preceptor must have current pediatric radiology subspecialty certification from the ABR.*

Full Name: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

### Section III: 15-Month Pathway Requirements for Sponsoring Department

*To be completed by Pediatric Radiology Faculty Preceptor (please initial each requirement).*

The 15 months may be completed at any time during the DR residency training. There is no requirement for consecutive months.

The 15 months is comprised of 12 core pediatric rotations and up to 3 pediatric radiology-related rotations. The collective experience for core pediatric rotations counting toward this pathway must involve on average greater than 80% of cases being in pediatric patients.

- ☐ Research rotations are not accepted.
- ☐ The training meets ACGME program requirements for pediatric radiology across modalities including radiography, fluoroscopy, ultrasound, CT, MRI, nuclear medicine and molecular imaging (NM/MI), as well as interventional procedures.
- ☐ The training includes experience across all pediatric subspecialty areas including pediatric body imaging, pediatric neuroradiology, fetal imaging, pediatric cardiovascular imaging, pediatric musculoskeletal imaging, pediatric interventional radiology, and pediatric nuclear radiology
- ☐ The training includes experience representing age-related (fetal/neonate/infant/child/adolescent) normal anatomy, growth and development, and the spectrum of disorders.
- ☐ The training program must have and maintain an ABR pediatric radiology subspecialty certified preceptor at the time of application, and throughout the 15 months of training. If this requirement is not maintained throughout the training period, the candidate cannot continue in the 15-month pathway.

### Section IV: Proposed Pediatric-related Rotations

Up to 3 months of the 15-month training may be focused on either additional subspecialty training within pediatric radiology or in related areas outside of pediatric radiology. These pediatric-radiology related rotations would allow the candidate to gain technical expertise applicable towards pediatric patients. For example, an adult-oriented cardiac imaging rotation that includes patients with treated congenital heart disease would meet the requirement.

- ☐ Proposed rotations in any related, primarily adult radiology subspecialties must have substantial exposure to pediatric radiology content.

#### Outline of Proposed Pediatric-Related Rotations:

**Month 1:** \_\_\_\_\_

\_\_\_\_\_

**Month 2:** \_\_\_\_\_

\_\_\_\_\_

**Month 3:** \_\_\_\_\_

\_\_\_\_\_

## Section V: Residency Program Director and Pediatric Radiology Preceptor Agreement

I, \_\_\_\_\_, agree to support the candidate named in Section I  
 ABR Certified Pediatric Radiology Preceptor (PRINT)  
 in pursuing the ABR's 15-month Pathway Leading to Specialty Certification in Diagnostic Radiology and Pediatric Radiology Certification. I also confirm that I assume responsibility for the planning, provision, and oversight of the required training outlined in Section III and the proposed curriculum outlined in Section IV, as applicable.

\_\_\_\_\_  
 ABR Certified Pediatric Faculty Preceptor's Signature

\_\_\_\_\_  
 Date

I, \_\_\_\_\_, agree to support the candidate named in Section I  
 Program Director (PRINT)  
 in pursuing the ABR's 15-month Pathway Leading to Specialty Certification in Diagnostic Radiology and Subspecialty Certification in Pediatric Radiology. I also confirm that our program meets the requirements outlined in Section III and the proposed curriculum outlined in Section IV, as applicable.

\_\_\_\_\_  
 Residency Program Director's Signature

\_\_\_\_\_  
 Date

**IN ORDER TO MAINTAIN VALIDITY OF THIS AGREEMENT, PLEASE INFORM THE ABR IMMEDIATELY IF THE PROGRAM DIRECTOR AND/OR THE PEDATRIC RADIOLOGY FACULTY PRECEPTOR CHANGE(S), OR IF THE PROPOSED CURRICULUM PLAN CHANGES SUBSTANTIVELY DURING THE COURSE OF THE ENROLLED CANDIDATE'S RESIDENCY PROGRAM.**