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**ADVANCED STANDING CREDIT REQUEST FOR  
OSTEOPATHIC FAMILY PRACTICE AND  
MANIPULATIVE TREATMENT  
RESIDENCY TRAINING PROGRAMS**

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**SECTION A – INSTRUCTIONS**

- A. The Program Director must submit a letter to the ACOFP Committee on Education and Evaluation (CEE) requesting Advanced Standing Credit for the Resident.
- B. The Program Director must submit a list of rotations from the previous residency training program.
- C. The Program Director must complete the Advanced Standing Request Form and forward all documentation to the ACOFP Residency Training Department at [ResidencyPrograms@acofp.org](mailto:ResidencyPrograms@acofp.org) or at 847-228-9755.
- D. The ACOFP CEE will review the Advanced Standing Request Form at its next scheduled meeting. The Committee meets twice a year in January and September. The deadline for submission of documentation is four (4) weeks prior to the meeting.
- E. The ACOFP CEE will forward a recommendation to the American Osteopathic Association (AOA) Program and Trainee Review Council (PTRC).
- F. The Program Director and the Resident will be notified of the results in writing within two (2) weeks of the ACOFP CEE decision.

## **SECTION B - GUIDELINES FOR ADVANCED PLACEMENT**

According to the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment, Rev. BOT 2/2010, Effective 7/1/2010, Appendix III:

### **Guidelines for Advanced Placement**

- A. Residents entering osteopathic family practice residency programs who have taken previous residency training in accredited osteopathic or allopathic residency programs may request advanced placement. The Program Director of the accepting program is responsible for reviewing previous training and comparing it to the training standards of this document. In no instance is the Program Director compelled to recommend advanced standing.
- B. The Program Director shall forward requests for advanced standing to the ACOFP Committee on Education and Evaluation (CEE). The CEE shall report to the AOA Program and Trainee Review Council (PTRC) all approvals for advanced placement within 60 days of receipt.
- C. The CEE will review all requests for advanced standing and will grant credit based on the following criteria:
  - 1. A maximum of twelve (12) months (52 weeks) of advanced standing may be granted for AOA-approved OGME-1 training.
  - 2. For prior training in Osteopathic Family Practice, month-for-month credit for previous training may be awarded.
  - 3. For prior training in any discipline other than Osteopathic Family Practice, the program director will evaluate completed rotations to determine if any are applicable to Osteopathic Family Practice. A maximum of six (6) months (24 weeks) of advanced standing, beyond an AOA-approved OGME-1 year, may be recommended for approval.
  - 4. For prior training completed in Allopathic Family Medicine, AOA approval of the OGME-1 year is required. A maximum of twelve (12) months (52 weeks) may be granted beyond the OGME-1 year.
- D. All transferring residents must complete the ambulatory continuity training requirements described in standards 5.40 and 5.41. The CEE may modify this requirement when a resident transfers due to a program closure.

**SECTION C – CURRENT PROGRAM INFORMATION**

<b>1. Program Name</b>	<b>2. Program Street Address</b>	<b>3. Program City/State/Zip</b>
<b>4. Phone Number</b>	<b>5. Fax Number</b>	<b>6. E-mail</b>
<b>7. Website URL</b>	<b>8. AOA Program Number</b> <i>(six digits)</i>	<b>9. Specialty/Subspecialty</b>
<b>10. Name of Sponsoring Institution</b> <i>(if the Base Institution is not AOA accredited)</i>	<b>11. Name of Osteopathic Postdoctoral Training Institution (OPTI)</b>	
<b>12. Name of College of Osteopathic Medicine Affiliate</b>	<b>13. Is this Currently an ACGME Approved Program?</b>	
	_____Yes          _____No	
<b>14. Director of Medical Education</b>	<b>15. Program Director</b>	

**SECTION D – RESIDENT INFORMATION**

<b>Resident AOA Number</b>		
<b>1. Name</b>	<b>2. Mailing Address</b>	<b>3. City/State/Zip</b>
<b>4. Phone Number</b>	<b>5. Fax Number</b>	<b>6. E-mail</b>
<b>7. Credit Requested</b> <i>(list number of months)</i>	<b>8. Date of Entry into Your Program</b>	<b>9. Date Resident is Expected to Complete Your Program</b>

**SECTION E – PREVIOUS PROGRAM INFORMATION**

<b>1. Program Name</b>	<b>2. Program Street Address</b>	<b>3. Program City/State/Zip</b>
<b>4. Phone Number</b>	<b>5. Fax Number</b>	<b>6. E-mail</b>
<b>7. Specialty/Subspecialty</b>	<b>8. Start Date</b>	<b>9. End Date</b>
<b>10. Was the previous program ACGME or Osteopathic?</b>		
<p style="text-align: center;"> <input type="checkbox"/> ACGME                      <input type="checkbox"/> Osteopathic         </p>		
<b>11. The Resident’s previous graduate training was carefully evaluated and it is judged to be comparable to the training the Resident would have received at this program. Please list any additional comments below:</b>		
<b>COMMENTS</b>		

<b>12. Program Director Signature</b>	<b>13. Date Submitted</b>