



WILDERNESS MEDICINE FELLOWSHIP CERTIFICATION APPLICATION

New Application

The following questions will provide the WMS an opportunity to systematically evaluate whether the WM fellowship complies with certification requirements. Responses should be concise and focused.

PERSONNEL

Program Director

Name:

Academic Rank:

Work Address:

Phone:

Email:

Date Appointed as Fellowship Director:

Wilderness Medicine Fellowship Training Graduate? Program:

** Please attach CV of Program Director*

Year:

Additional Fellowship Director (*Assistant, Associate, or Co-Director*) information (*if applicable*)

Name:

Academic Rank:

Work Address:

Phone:

Email:

Date Appointed as Fellowship Director:

Wilderness Medicine Fellowship Training Graduate? Program:

** Please attach CV of Additional Fellowship Director*

Year:



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FACULTY

List additional faculty and a brief description of their responsibilities

Name	Responsibilities

PROGRAM INFORMATION

How many Fellows does the program train per year?

Length of the program?

Does the Fellowship offer an advanced degree?

If yes, which degree?

FUNDING

Does the Fellowship have any outside funding? If so, please describe.



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EDUCATIONAL RESPONSIBILITIES

Describe the resources and effective time/ability for the program director(s) to teach, supervise, and formally evaluate Fellows.

EDUCATIONAL PROGRAM

Briefly describe the learning activity(ies) by which Fellows obtain their Wilderness Medicine education.



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If applicable, please list the names and dates of graduation for all prior Fellowship Program graduates. *(Add sheets, if necessary.)*

Fellowship Alumni	Graduation Year	Current Position (academic physician, private practice, etc.)	WMS Member? Y/N

Provide an example didactic curriculum if available, including didactic sessions, including teaching conferences, journal club, and other educational activities in which program faculty members and Fellows will participate.

Didactic Educational Modality	Approximate Hours
Resident Conference Attendance	
Medical Student Clerkship	
WM CME Conference	
Journal Club	
WMS Conference Attendance	
Other (specify)	

Field Experiences	Approximate Hours
SAR	
Event Medicine	
AWLS (etc.)	
Other (specify)	



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PROCEDURAL SKILLS

Briefly note the learning activity(ies) by which Fellows develop skills in Wilderness Medicine.

Skills Experiences	Approximate Hours

PATIENT CARE

Briefly describe the Fellow clinical settings and responsibilities

Number of shifts/month and length:

Describe how the Department Chair or Division Chief supports the Fellowship:



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PATIENT CARE CONTINUED

Describe the process of feedback and evaluation of Fellow(s). If an evaluation form is used, attach a copy which will meet this requirement.

Clinical setting(s), (e.g., potential patient volume, available clinical services, etc.) setting (e.g., mountain medicine clinic, rural EMS, medical support team of wilderness event, etc.) at which Wilderness Medicine Fellow(s) (will) provide direct patient care and/or supervision of trainees providing care to patients in that/those setting(s);

Clinical setting and experience	Approximate hours

How is the Wilderness Medicine Fellow trained in the diagnosis and management of local injuries, illnesses, and/or diseases in a resource-appropriate manner.

Diagnosis and management	Approximate hours



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SCHOLARSHIP

Briefly describe how Fellows develop and demonstrate competence in applying knowledge of study designs, statistical methods to Wilderness Medicine research.

CURRICULUM ORGANIZATION AND FELLOW EXPERIENCES

Describe how the Fellow is educated on the Core Competencies of Wilderness Medicine as outlines in the document Core Content for Wilderness Medicine Fellowship Training of Emergency Medicine Graduates (Lipman et al.)



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THE LEARNING AND WORKING ENVIRONMENT

SUPERVISION AND ACCOUNTABILITY

Discuss how the program handles complaints or concerns raised by Fellows. Please describe any mechanism by which the Fellow can address any concerns in a confidential and protected manner and steps undertaken to minimize fear of intimidation or retaliation.

APPLICATION CHECKLIST

- Application**
- Program Director CV**
- Additional Fellowship Director CV**
- Evaluation Form(if applicable)**