Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). Do not return the completed form to this address.

I. INTRODUCTION

This form is to be used to appoint individuals as trainees to institutional Ruth L. Kirschstein-National Service Research Award (Kirschstein-NRSA) programs (e.g., T32, T34, T35) and applicable non-NRSA individual and institutional research training programs (e.g., the NIH intramural research training award program and T15 training grants). It can also be used to document the appointment of scholars to institutional career development awards (e.g., K12) and individual participants to research education awards (e.g., R25).

Please read carefully the following instructions, including the Privacy Act Statement at the end of this document. All items on the form must be completed unless otherwise indicated in these instructions.

II. GENERAL INSTRUCTIONS

A. Definitions:

Types of Awards

Kirschstein-NRSA. Awards that provide undergraduate, predoctoral, and postdoctoral research training support under the authority of Section 487 of the PHS Act (42 USC 288). All Kirschstein-NRSA trainees must meet specific citizenship requirements – for details, see Item 8.

Non-NRSA Research Training. Awards that provide predoctoral and postdoctoral research training support through non-NRSA funding authorities. These training programs may or may not have the same provisions and requirements as Kirschstein-NRSA awards (e.g., specific citizenship requirements).

Career Development. Awards that provide doctoral-level investigators an opportunity to enhance their research careers. Individuals appointed to institutional career development awards must meet specific citizenship requirements—for details, see Item 8.

Research Education. Awards that provide support for programs intended to attract investigators to a specific field of study. Individuals appointed to research education award
programs may or may not be subject to specific citizenship requirements—for details, see Item 8.

**Types of Appointments**

- **Trainee.** A person appointed to and supported by an institutional Kirschstein-NRSA or non-NRSA research training award.
- **Scholar.** A person appointed to and supported by an institutional career development award.
- **Participant.** A person appointed to and supported by a research education award.

**B. Application**

A “Statement of Appointment” form covers the support of an individual for a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a Kirschstein-NRSA or other applicable PHS institutional training grant. This form may also be used to document the salary and other support provided to an individual as a scholar or participant under a career development or research education program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs. If there are multiple Program Directors on the award, the contact PD should sign.

For new postdoctoral trainees appointed to Kirschstein-NRSA institutional grants, a signed and dated **payback agreement** must be submitted with this appointment form before a stipend or other allowance may be paid.

**C. Submission**

The original should be sent to the awarding component. A copy should also be given to the trainee, scholar, or participant, the Program Director, and Business Official.

### III. ITEM-BY-ITEM INSTRUCTIONS

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03 would be listed as Type: 5; Activity Code: T32; ID Serial Number: GM12453-03.

**Item 2. Trainee/Scholar/Participant Name.** Self-explanatory.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.**

- **New Appointment:** When an individual has not been previously supported by this grant.
- **Reappointment:** When an individual was supported by this grant during a previous budget period, the appointment covered by this form is designated a reappointment. Skip the shaded items if the information provided will be the same as that reported during the prior budget period. Always complete the non-shaded items.
- **Amendment:** “Amendment” pertains only to a change of item 15 (Appointment Period); or 20 (Support from this Grant) during a period of appointment for which a “Statement of Appointment” form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only items 1, 2, 4, 6, 22, 23, and the item(s) to be amended.

**Item 5. Prior NRSA Support.** Provide information on support from any Kirschstein-NRSA grants and
awards received prior to this grant year.

**Item 6. Social Security Number.** Trainees/scholars/participants are asked to voluntarily provide the last four digits of their Social Security Numbers. This information provides the agency with vital information necessary for accurate identification and review of appointments and for management of PHS grant programs. See the Privacy Act Statement at the end of these instructions for further information concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** Check the box corresponding to the trainee’s, scholar’s, or participant’s citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

A **noncitizen national** is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Kirschstein-NRSA trainees and institutional career development scholars must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. Individuals on temporary or student visas are not eligible. Trainees or scholars in these programs who are permanent residents of the U.S. must submit a notary’s signed statement with this appointment form certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

Trainees in non-NRSA research training programs and participants in research education award programs should consult the applicable Funding Opportunity Announcement (FOA) or the NIH intramural research training award program for citizenship requirements.

**Item 9. Permanent Address.** Provide mailing and e-mail addresses by which the appointed individual can be reached after completion of support from the program. (Do not give current addresses unless they are considered permanent as defined above.)

**Items 10-13. Race/Ethnicity/Disability/Disadvantaged Background.** Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect their appointments.

This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. (See the Privacy Act Statement at the end of these instructions for more information.)

**10. Are you Hispanic (or Latino)?**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino”.

**11. What is your racial background?**

**Check one or more.**

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

12. Do you have a disability?

Disability: A physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990, as amended.

13. Are you from a disadvantaged background?

Applies to high school and undergraduate appointees only.

Disadvantaged Background: An individual is considered to be from a disadvantaged background if he or she:

1. Comes from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at http://aspe.hhs.gov/poverty/index.shtml.

2. Comes from an educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career.

Item 14. Field of Training (FOT). Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment.
<table>
<thead>
<tr>
<th>130</th>
<th>Anatomy</th>
<th>142</th>
<th>Developmental Biology/Embryology</th>
<th>175</th>
<th>Pathology, Human &amp; Animal</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>Bacteriology</td>
<td>139</td>
<td>Ecology</td>
<td>180</td>
<td>Pharmacology, Human &amp; Animal</td>
</tr>
<tr>
<td>100</td>
<td>Biochemistry</td>
<td>145</td>
<td>Endocrinology</td>
<td>185</td>
<td>Physiology, Human &amp; Animal</td>
</tr>
<tr>
<td>102</td>
<td>Bioinformatics</td>
<td>148</td>
<td>Entomology</td>
<td>115</td>
<td>Plant Genetics</td>
</tr>
<tr>
<td>103</td>
<td>Biomedical Sciences (see also Statistics in MATHEMATICS and SOCIAL SCIENCES)</td>
<td>167</td>
<td>Environmental Toxicology</td>
<td>120</td>
<td>Plant Pathology/Phytopathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>137</td>
<td>Evolutionary Biology</td>
<td>125</td>
<td>Plant Physiology</td>
</tr>
<tr>
<td>133</td>
<td>Biometrics &amp; Biostatistics</td>
<td>170</td>
<td>Genetics/Genomics, Human &amp; Animal</td>
<td>155</td>
<td>Structural Biology</td>
</tr>
<tr>
<td>105</td>
<td>Biophysics (also in Physics)</td>
<td>151</td>
<td>Immunology</td>
<td>169</td>
<td>Toxicology</td>
</tr>
<tr>
<td>107</td>
<td>Biotechnology</td>
<td>152</td>
<td>Marine Biology &amp; Biological Oceanography</td>
<td>168</td>
<td>Virology</td>
</tr>
<tr>
<td>129</td>
<td>Botany/Plant Biology</td>
<td>157</td>
<td>Microbiology</td>
<td>189</td>
<td>Zoology</td>
</tr>
<tr>
<td>158</td>
<td>Cancer Biology</td>
<td>154</td>
<td>Molecular Biology</td>
<td>198</td>
<td>Biology/Biomedical Sciences, General</td>
</tr>
<tr>
<td>136</td>
<td>Cell/Cellular Biology &amp; Histology</td>
<td>160</td>
<td>Neurosciences &amp; Neurobiology</td>
<td>199</td>
<td>Biology/Biomedical Sciences, Other</td>
</tr>
<tr>
<td>104</td>
<td>Computational Biology</td>
<td>163</td>
<td>Nutrition Sciences</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>166</td>
<td>Parasitology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>212</td>
<td>Health Systems/Service Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>290</td>
<td>Clinical and Translational Sciences</td>
<td>222</td>
<td>Kinesiology/Exercise Physiology</td>
<td>245</td>
<td>Rehabilitation/Therapeutic Services</td>
</tr>
<tr>
<td>210</td>
<td>Environmental Health</td>
<td>240</td>
<td>Medicinal/Pharmaceutical Sciences</td>
<td>200</td>
<td>Speech-Language Pathology &amp; Audiology</td>
</tr>
<tr>
<td>220</td>
<td>Epidemiology</td>
<td>230</td>
<td>Nursing Science</td>
<td>250</td>
<td>Veterinary Sciences</td>
</tr>
<tr>
<td>227</td>
<td>Gerontology (Also in Social Sciences)</td>
<td>207</td>
<td>Oral Biology/Oral Pathology</td>
<td>298</td>
<td>Health Sciences, General</td>
</tr>
<tr>
<td>217</td>
<td>Health Policy Analysis</td>
<td>215</td>
<td>Public Health</td>
<td>299</td>
<td>Health Sciences, Other</td>
</tr>
</tbody>
</table>

**CHEMISTRY**

| 526  | Organic Chemistry             | 539  | Chemistry, Other                 |      |                          |

**PHYSICS**

| 565  | Biophysics (also in BIOLOGICAL SCIENCES) | 577  | Medical Physics/Radiological Science | 579  | Physics, Other           |

**COMPUTER SCIENCES**

| 410  | Information Sciences & Systems (see also Bioinformatics in BIOLOGICAL SCIENCES) | 419  | Computer & Information Science, Other |      |                          |

**MATHMATICS**

| 450  | Statistics (also in SOCIAL SCIENCES; see also Biometrics and Statistics in BIOLOGICAL SCIENCES) |      |                                  |      |                          |

**ENGINEERING**

| 386  | Bioengineering & Biomedical Engineering | 399  | Engineering, Other               |      |                          |
Item 15. Period of this Appointment. The period shown must always be 8 weeks or more and in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS.

Item 16. Education. List undergraduate, master’s, and doctoral degrees and the month and year earned.

Item 17. Specialty Boards. If applicable, select a specialty from the attached list. If not applicable, indicate N/A.

Items 18-19. Degrees Sought. Provide the degree sought under the award and the expected completion date (mm/yyyy). Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.). Appointees in dual-degree programs (e.g., M.D./Ph.D., D.D.D./Ph.D.) should report all degrees being sought.

Item 20. Support for Period of Appointment. Indicate the total amount the appointee expects to receive from the grant during the appointment period. For trainees, provide the stipend amount. CDC trainees should provide the stipend amount, tuition/fees, and travel. For career development scholars and research education award participants, report only the salary or subsistence allowance to be received from the grant.

Item 21. Statement of Nondelinquency on U.S. Federal Debt. A “Statement of Nondelinquency on Federal Debt” is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.
The trainee must check the appropriate box. If the “Yes” box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of “delinquency” apply:

• For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)

• For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.


Item 23. Certification, Signature, and Address of Program Director. Self-explanatory.

Privacy Act Statement. The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0036, Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (DCIS), and Cooperative Agreement Information, HHS/NIH: http://oma.od.nih.gov/ms/privacy/pa-files/0036.htm.
Department of Health and Human Services
Public Health Services

**Statement of Appointment**

*(Please Type)*

**Follow attached instructions carefully.** Submit this form to the PHS awarding component at the time the individual is appointed, is reappointed, or the reported appointment is amended. For a new postdoctoral trainee under a Kirschstein-NRSA award, a signed and dated payback agreement must accompany this form.

1. **PHS GRANT NUMBER**
   - Type
   - Activity
   - ID Serial No.

2. **APPOINTEE’S NAME** *(Last, first, initial)*

3. **SEX**
   - M
   - F
   - Do Not Wish to Provide

4. **TYPE OF ACTION** *(Check only one type)*
   - NEW appointment (NOT previously supported by this grant)
   - REAPPOINTMENT (Previously supported by this grant)
   - AMENDMENT of items checked: 15, 20

5. **PRIOR NRSA SUPPORT** *(Individual or institutional)*
   - NO
   - YES (If “Yes,” see instructions)

6. **SOCIAL SECURITY NO.**
   - XXX-XX-

7. **BIRTHDATE** *(Month, day, year)*

8. **CITIZENSHIP** *(See instructions)*
   - U.S. Citizen or Noncitizen National
   - Non-U.S. Citizen
     - With a Permanent U.S. Resident Visa (“Green Card”)
     - With a Temporary
     - Not Residing in the U.S.
     - If not a U.S. citizen, of which country are you a citizen?

9. **PERMANENT MAILING ADDRESS**
   - E-mail

10. **Are you Hispanic (or Latino)?**
    - YES
    - NO
    - Do Not Wish to Provide

11. **What is your racial background?** *(Check one or more)*
    - American Indian or Alaska Native
    - Native Hawaiian or other Pacific Islander
    - Asian
    - Black or African American
    - White
    - Do Not Wish to Provide

12. **Do you have a disability?**
    - YES
    - NO
    - Do Not Wish to Provide

   If yes, which of the following categories describe your disability(ies):
   - Hearing
   - Mobility/Orthopedic Impairment
   - Visual
   - Other

13. **Are you from a disadvantaged background?** *(Applies to high school and undergraduate appointees only)*
    - Not Applicable
    - YES
    - NO
    - Do Not Wish to Provide

14. **FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT** *(for this appointment)*
    - Enter a 3 digit code from instructions:

15. **PERIOD OF APPOINTMENT** *(Month, day, year)*
    - From:
    - To:

16. **EDUCATION – AFTER HIGH SCHOOL** *(Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)*

<table>
<thead>
<tr>
<th>(a) Name of Institution and Location (List most recent first)</th>
<th>(b) Degree(s) Received</th>
<th>(c) Major Field</th>
<th>(d) Minor Field</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree</td>
<td>Mo./Yr.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHS 2271 (Rev. 03/17) Page 1 of 2
17. NAME OF SPECIALTY BOARDS (if applicable)

18. DEGREE(S) SOUGHT  □ YES  □ NO  If yes, indicate type of degree(s)

Are you in a dual degree program (e.g., M.D./Ph.D.)?  □ YES  □ NO

19. EXPECTED COMPLETION DATE FOR DEGREE(S) (mm/yyyy, if applicable)

20. SUPPORT FOR PERIOD OF APPOINTMENT

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Total for this Grant (Omit cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend / Salary / Other Compensation</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)? □ NO  □ YES (If “Yes,” please explain below.)

22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(a) SIGNATURE OF APPOINTEE
(b) DATE

23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.

(a) SIGNATURE OF PROGRAM DIRECTOR
(b) DATE

(c) NAME OF PROGRAM DIRECTOR

(d) INSTITUTION’S NAME, ADDRESS, AND PHONE NO.
(Street, city, state, zip code)
Specialty Boards

If applicable, select a single specialty or subspecialty to complete item 17. If more than one applies, select the one most closely related to the field of career development or research training for this appointment.

Allergy and Immunology
Anesthesiology
Anesthesiology (General)
Critical Care Medicine
Hospice and Palliative Medicine
Pain Medicine
Pediatric Anesthesiology
Sleep Medicine
Colon and Rectal Surgery
Colon and Rectal Surgery
Dermatology
Dermatology (General)
Dermatopathology
Pediatric Dermatology
Dental
Dental Public Health
Endodontics
Oral and Maxillofacial Pathology
Oral and Maxillofacial Radiology
Oral and Maxillofacial Surgery
Orthodontics and Dentofacial Orthopedics
Pediatric Dentistry
Periodontics
Prosthodontics
Emergency Medicine
Emergency Medicine (General)
Anesthesiology Critical Care Medicine
Emergency Medical Services
Hospice and Palliative Medicine
Internal Medicine-Critical Care Medicine
Medical Toxicology
Pediatric Emergency Medicine
Sports Medicine
Undersea and Hyperbaric Medicine
Family Medicine
Family Medicine (General)
Adolescent Medicine
Adult Congenital Heart Disease
Geriatric Medicine
Hospice and Palliative Medicine
Sleep Medicine
Sports Medicine
Internal Medicine
Internal Medicine (General)
Adolescent Medicine
Advanced Heart Failure and Transplant Cardiology
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Critical Care Medicine
Endocrinology, Diabetes and Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Hospice and Palliative Medicine
Infectious Disease
Interventional Cardiology
Medical Oncology
Nephrology
Pulmonary Disease
Rheumatology
Sleep Medicine
Sports Medicine
Transplant Hepatology
Medical Genetics
Clinical Biochemical Genetics
Clinical Cytogenetics
Clinical Genetics (M.D.)
Clinical Molecular Genetics
Medical Biochemical Genetics
Molecular Genetic Pathology
Neurological Surgery
Nuclear Medicine
Nursing
Acute Care Nurse Practitioner
Adult Nurse Practitioner
Adult Psychiatric and Mental Health Nurse Practitioner
Advanced Clinical Diabetes Management, Nurse Practitioner
Gerontological Nurse Practitioner
Clinical Nurse Specialist in Adult Psychiatric and Mental Health Nursing
Clinical Nurse Specialist in Advanced Diabetes Nursing
Clinical Nurse Specialist in Child and Adolescent Psychiatric and Mental Health Nursing
Clinical Nurse Specialist in Gerontological Nursing
Clinical Nurse Specialist in Home Health Nursing
Clinical Nurse Specialist in Pediatric Nursing
Clinical Nurse Specialist in Public/Community Health Nursing
Family Nurse Practitioner
Family Psychiatric and Mental Health Nurse Practitioner
Pediatric Nurse Practitioner
School Nurse Practitioner
Obstetrics and Gynecology
Obstetrics and Gynecology (General)
Critical Care Medicine
Female Pelvic Medicine and Reconstructive Surgery
Gynecologic Oncology
Hospice and Palliative Medicine
Maternal and Fetal Medicine
Reproductive Endocrinology/Infertility
Ophthalmology
Orthopedic Surgery
Orthopedic Surgery (General)
Orthopedic Sports Medicine
Surgery of the Hand
Otolaryngology
Otolaryngology (General)
Neurology
Pediatric Otolaryngology
Plastic Surgery Within the Head and Neck
Sleep Medicine
Pathology
Pathology - Anatomic/Pathology - Clinical
Pathology - Anatomic Pathology - Clinical
Pathology - Hematology
Pathology - Medical Microbiology
Pathology - Molecular Genetic Pathology
Pathology - Pediatric
Pediatrics
Pediatrics (General)
Adolescent Medicine
Child Abuse Pediatrics
Developmental-Behavioral Pediatrics
Hospice and Palliative Medicine
Medical Toxicology
Neonatal-Perinatal Medicine
Neurodevelopmental Disabilities
Pediatric Cardiology
Pediatric Critical Care Medicine
Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology-Oncology
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Pulmonology
Pediatric Rheumatology
Pediatric Transplant Hepatology
Sleep Medicine
Sports Medicine
Physical Medicine and Rehabilitation
Physical Medicine and Rehabilitation (General)
Brain Injury Medicine
Hospice and Palliative Medicine
Neuromuscular Medicine
Pain Medicine
Pediatric Rehabilitation Medicine
<table>
<thead>
<tr>
<th>Spinal Cord Injury Medicine</th>
<th>Clinical Neurophysiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Medicine</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Forensic Psychiatry</td>
</tr>
<tr>
<td>Plastic Surgery (General)</td>
<td>Geriatric Psychiatry</td>
</tr>
<tr>
<td>Plastic Surgery Within the Head and Neck</td>
<td>Hospice and Palliative Medicine</td>
</tr>
<tr>
<td>Surgery of the Hand</td>
<td>Neurodevelopmental Disabilities</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Neurology with Special Qualifications in Child Neurology</td>
</tr>
<tr>
<td>Aerospace Medicine</td>
<td>Neuroradiology</td>
</tr>
<tr>
<td>Clinical Informatics</td>
<td>Neuromuscular Medicine</td>
</tr>
<tr>
<td>Medical Toxicology</td>
<td>Pain Medicine</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>Psychosomatic Medicine</td>
</tr>
<tr>
<td>Public Health and General Preventive Medicine</td>
<td>Sleep Medicine</td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine</td>
<td>Vascular Neurology</td>
</tr>
<tr>
<td>Psychiatry and Neurology</td>
<td>Radiology</td>
</tr>
<tr>
<td>Neurology (General)</td>
<td>Diagnostic Radiology</td>
</tr>
<tr>
<td>Psychiatry (General)</td>
<td>Hospice and Palliative Medicine</td>
</tr>
<tr>
<td>Addiction Psychiatry</td>
<td>Interventional Radiology and Diagnostic Radiology</td>
</tr>
<tr>
<td>Brain Injury Medicine</td>
<td>Medical Physics</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>Nuclear Radiology</td>
</tr>
<tr>
<td></td>
<td>Pediatric Radiology</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>Vascular and Interventional Radiology</td>
<td>Thoracic and Cardiac Surgery (General)</td>
</tr>
<tr>
<td>Surgery</td>
<td>Congenital Cardiac Surgery</td>
</tr>
<tr>
<td>Complex General Surgical Oncology</td>
<td>Urology</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>Urology (General)</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Female Pelvic Medicine and Reconstructive Surgery</td>
</tr>
<tr>
<td>Surgery of the Hand</td>
<td>Pediatric Urology</td>
</tr>
<tr>
<td>Surgical Critical Care</td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td></td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td></td>
</tr>
<tr>
<td>Thoracic and Cardiac Surgery (General)</td>
<td></td>
</tr>
<tr>
<td>Congenital Cardiac Surgery</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Urology (General)</td>
<td></td>
</tr>
<tr>
<td>Female Pelvic Medicine and Reconstructive Surgery</td>
<td></td>
</tr>
</tbody>
</table>