



Breast Surgical Oncology Fellowship Complement Increase/Decrease Form



Please submit this form to fellowship@surgonc.org for review at one of the regular Breast Surgical Oncology Training Committee meetings. In addition to this form, please provide the following:

- A block diagram of the new proposed complement and case logs (institutional or if an unaccredited fellow is present).
- A letter with proof of stable funding to support the complement increase.

PROGRAM INFORMATION

Program Name: _____ Date: _____

Program Director Name:

_____ *Last* _____ *First* _____ *M.I.*

Program Coordinator:

_____ *Last* _____ *First* _____ *M.I.*

Email: _____

<input type="checkbox"/> Complement Increase	<input type="checkbox"/> Complement Decrease	Current # of Approved Fellowship Positions

_____ # of Positions Requested

Rationale for request, including how the complement increase will confer an educational benefit to current and future fellows:

Additional Comments:

It should be noted that requests for increases in complement must include documentation of:

- a) Historical case volumes to support an additional fellow.
- b) Evidence of an organized educational curriculum and the educational rationale in support of the additional fellow position.
- c) Detailed schedule that demonstrates how the additional fellow would integrate into the yearly schedule within the context of the other fellows and trainees.

If an increase in complement is granted, it will go into effect for the Match following the approval in complement increase.

A complement increase should not be requested for case coverage or to increase the workforce for service needs. If approved, the program will be required to provide the BSO (Breast Surgical Oncology) Training Committee with a progress report in one year. Requests for complement increases based solely on the program's service needs will not be viewed favorably.

Program Director Signature

Date

If you have any questions, please email fellowship@surgonc.org

Updated May 2024